Admission Requirements: AACC-MLT or CCBC-MLT Transfer Students

This application is for students who have graduated with an associate's degree from the Medical Laboratory Technology (MLT) Program at Anne Arundel Community College or the Community Colleges of Baltimore County and wish to complete a Bachelor of Science degree in Medical Technology (MT).

1. Applying for admission to Stevenson University is a separate process from applying to the MT program.

2. Stevenson University has an articulation agreement with these institutions for transfer of credits, but this does not guarantee admission to the University or to the MT program.

3. All MLT transfer students must first be accepted into Stevenson University before consideration by the medical technology admissions committee.

4. Substitution of medical laboratory technician courses (MLT or MLTC) for equivalent medical technology (MT) courses, as stated in the articulation agreement, will only be allowed if the MLT graduate is ASCP-BOC certified and documentation is provided.

5. Contact the program director of your MLT program for details of what courses will/will not transfer and the tentative curricular plan for MLT(ASCP) transfer students.

6. If the applicant has completed the MLT program at AACC or CCBC, but is not ASCP-certified, he/she may be accepted to the University as a Transfer Student. See Application for Admission for Transfer Students.

7. Applications to the University and to the Medical Technology (MT) Program may be submitted concurrently. Please note: The University needs enough time to act on your application for admission to the University prior to consideration by the MT Admissions Committee.

8. A complete Application for Admission to the MT program, including recommendations, must be received by the Program Director by February 15 to be considered for admission to the Medical Technology program for fall admission. Incomplete files will not be processed.

For a complete description of the admission requirements for the University and to the Medical Technology Program go to http://www.stevenson.edu/academics.
Medical Technology Program
Stevenson University
1525 Greenspring Valley Road
Stevenson, MD 21153
(410) 601-1113
vgriffey@lifebridgehealth.org
http://www.stevenson.edu/academics

Application for Admission:
MLT(ASCP) CCBC or AACC Transfer Students
BS in Medical Technology
Application for Admission:  
MLT(ASCP) CCBC or AACC Transfer Students

To the Student:  
The Medical Technology (MT) Program accepts only 10 students per class to continue into the junior year of the Medical Technology major and, selection will be determined by the Medical Technology Admissions Committee. Applicants will be notified of the committee’s decision in writing prior to the date of pre-registration for the fall semester.

Admission Criteria  
Consideration for admission to the MT program is based on the following criteria:

- Minimum cumulative GPA of 2.8 (scale of 4.0) in all College work attempted;
- Grade of “C” or better in all prerequisite courses in chemistry, biological sciences and mathematics;
- Completion of all prerequisite courses according to the articulation agreement by the start of the fall semester of the junior year in the program; and
- Ability to meet published non-academic Essential Functions (page 5).

Directions for Applying to the Medical Technology Program  
The applicant must submit the following:

1. Application for Admission: MLT(ASCP) CCBC or AACC Transfer Students  
   a. Download or print the application form.
   b. Type or print legibly with a ballpoint pen.
   c. Sign the application form.

2. Letters of Recommendation  
   a. Two letters of recommendation are required from MLT course instructors and/ or the MLT Program Director who are able to address both your academic and technical laboratory skills.
   b. Request these letters well in advance of the due date, at least 2 weeks.
   c. Give each recommender the signed form provided in the application packet.
   d. A recommendation consists of:
      1) “Applicant Characteristics” and,
      2) A letter of recommendation typed on college/ university letterhead.
   e. The recommender should mail the Recommendation Form and letter together in a sealed and signed envelop directly to the MT Program Director.

3. Personal Statement of Academic Goals  
   a. All Personal Statements must be typed and should not exceed two pages.
   b. Put your full name at the top of your statement.
   c. Applicant should discuss:
      1) Reason for entering the field of medical technology
      2) Career/professional goals
      3) Strengths and weaknesses in coping with a rigorous science-based curriculum
4) Any other information you believe is important for the Admissions Committee to know about you

4. **Official transcript from every institution** where college-level credit was earned must be submitted in an officially sealed envelop.

5. **Photocopy of ASCP-BOC Certification verification.**

6. **Courses in Progress Form (if applicable)**
   This form should include the semester and the location where any remaining prerequisite requirements will be completed. Official transcripts for courses completed after your application is mailed must be received within one month of conclusion of the course.

**Application Deadline**
A complete Application for Admission, including recommendations, **must be received by the Program Director by February 15 for fall admission. Incomplete files will not be processed.**

**Mail application documents to:**
Vivi-Anne Griffey  
Program Director, Medical Technology  
Stevenson University  
1525 Greenspring Valley Road  
Stevenson, MD 21153

**Medical Requirements**
All full-time, part-time and categorical certificate students admitted to the junior (3rd) year of the MT program must submit the following forms:
- Stevenson University **Student Health Form** to the Wellness Center
- **Supplemental Immunization Form for Medical Technology Students** to the Administrative Assistant in the School of the Sciences.

The forms can be printed from the Wellness Center and Medical Technology websites.

1. Laboratory confirmation of immune status by positive immune titer is required for the following:
   - Measles, Mumps, Rubella (MMR immunity profile)
   - Varicella (Varicella-Zoster Virus IgG Antibody)
   - Hepatitis B (Hepatitis B surface antibody = anti-HBs)

2. You may choose to decline the hepatitis vaccine, but you must sign the Hepatitis Declination Form that you understand you will be at risk of acquiring hepatitis B.

3. Students enrolled in MT courses (except MT 210) must submit documentation of all required immunizations and titers listed in the **Supplemental Immunization Form** by **July 1 for fall courses** and **January 2 for spring courses**. If the documentation of immunizations and titers or signed declination form is not on file by the deadline, the student will be dropped from any registered MT course.
4. Students entering the senior (4th) year of the program must also present documentation of a negative tuberculosis screening test (PPD or chest x-ray) prior to the start of classes in the fall semester.

Non-Academic Essential Functions
In order to participate in the program, students must be able to comply with program-designated Essential Functions. The Essential Functions are the non-academic requirements of the program comprising the physical, emotional and professional demands of the medical technologist. To ensure that the decision to pursue a career in Medical Technology is the correct one for the individual student, each applicant is asked to determine if they are able to comply with all of the Essential Functions listed below.

The Medical Technology student must be able to:

1. Possess visual acuity sufficient to:
   a. Differentiate colors and color changes in the performance of laboratory tests and procedures.
      Color blindness, of itself, does not preclude admission.
   b. Identify cellular components and microorganisms utilizing a microscope.
   c. Read laboratory instrument procedure manuals, standard operating procedures specimen labels and other pertinent materials for patient care and professional practice.

2. Possess sufficient manual dexterity in order to:
   a. Process specimens and perform laboratory testing procedures.
   b. Lift and handle typical hand-held medical laboratory equipment and tools.
   c. Operate clinical laboratory instruments and equipment, including computers.
   d. Perform delicate manipulations that require good eye-hand coordination.

3. Perform laboratory procedures accurately within an established time-frame while maintaining efficiency and organization.

4. Exercise independent judgment and use critical thinking skills to solve problems.

5. Communicate in a professional and positive manner with faculty, classmates, patients, laboratory personnel, and other healthcare and non-healthcare personnel.

6. Maintain patient confidentiality and exercise ethical judgment, integrity, honesty, dependability, and accountability in the classroom and clinical laboratory.
Application for Admission:
MLT(ASCP) CCBC or AACC Transfer Students

Please Type or Print

1. Legal Name: __________________________________________________ Last   First   Middle

2. Date of Request: ______________________________

3. ASCP-BOC Certification #: ______________________

4. Current Mailing Address: _________________________________________ Street

City  State  Zip Code

5. Telephone Numbers: (Home) ______________________________________

     (Cell)   ______________________________________

6. Email address: _________________________________________________

7. Letters of Recommendation Requested from:

I am in full understanding of the conditions for admission to the Medical Technology Program.
I understand that completion of this application process does not guarantee admission to the Medical Technology Program.
I am aware that the Medical Technology Program has only 10 total spaces per year, and I am in full understanding of the conditions for progression and alternate status.
I have received a copy of the “Non-academic Essential Functions” of the program. These requirements have been sufficiently explained to me and I believe I am capable of meeting the “Non-academic Essential Functions”, with or without reasonable accommodation.

Student’s Signature   ____________________________   Date

Student’s Name (Print)

For Office Use Only:
Received by:
Signature   ____________________________   Date
Recommendation Form  

To the Student:  
Give a copy of this recommendation form to the person who will offer recommendation on your behalf. This recommendation is required for a complete application and must be returned to the above address in a sealed, signed envelop.

Read your rights provided by the Family Educational Rights and Privacy Act of 1974 on the Stevenson University website (www.stevenson.edu). The student must initial one of the following statements and sign this form before submitting it to the evaluator. This request is in compliance with Federal Law P.L. 93-380 (Family Educational Rights and Privacy Act of 1974).

I have read the summary of the Family Education Rights and Privacy Act on the Stevenson University website. I understand that federal legislation provides me with a right of access to confidential letters of evaluation relating to applications for admission to another school, for a job, or for an award, and that no school or person can require me to waive this right. In connection with my application to the Medical Technology program:

- [ ] I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.
- [ ] I retain my right of access to this letter of evaluation.

Student’s Name (Print)    Student’s Signature    Date

To the Recommender:
1) Please give your impression of the applicant by placing a “√” in the most appropriate boxes in the chart below and sign at the bottom of this form.
2) Additionally, provide a written assessment on college letterhead of the applicant’s strengths, weaknesses and any characteristics that would help the Admissions Committee evaluate his/her potential to succeed in a medical technology program. Attach it to this form and return the evaluation to the address listed at the top of this form.

<table>
<thead>
<tr>
<th>Applicant Characteristics</th>
<th>Excellent (Top 10%)</th>
<th>Above Average (Top 10-25%)</th>
<th>Average (Top 25-50%)</th>
<th>Below Average (Bottom 50%)</th>
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<td>Analytical ability</td>
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<td>Breadth of General Knowledge</td>
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<td>Ability to Express Self Orally</td>
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<td>Writing Ability</td>
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<td>Perseverance</td>
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<td>Emotional Maturity/Judgment</td>
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<td>Organizational Skills</td>
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<td>Manual Dexterity</td>
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<td>Overall Academic Potential</td>
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Signature: ______________________________________ Date: ____________________

Name (Please Print): __________________________________________________________
Courses in Progress Form

Indicate all courses you are currently enrolled in or you expect to enroll in during the current academic year and return this form with your application packet. **Type or print legibly in ink.**

Applicant: _____________________________________ SS#: ____________________

Last   First   MI
______________________________________________________________________

College: _______________________________________________________________

Term: ☐ Fall    ☐ Winter    ☐ Spring    ☐ Summer

Began (mm/dd/yyyy): _________________  Ended (mm/dd/yyyy): _________________

Course #   Course Title               Credits-Semester (S) or Quarter (Q) Hours
_______   _____________________   _______
_______   _____________________   _______
_______   _____________________   _______
______________________________________________________________________

College: _______________________________________________________________

Term: ☐ Fall    ☐ Winter    ☐ Spring    ☐ Summer

Began (mm/dd/yyyy): _________________  Ended (mm/dd/yyyy): _________________

Course #   Course Title               Credits-Semester (S) or Quarter (Q) Hours
_______   _____________________   _______
_______   _____________________   _______
_______   _____________________   _______
______________________________________________________________________

College: _______________________________________________________________

Term: ☐ Fall    ☐ Winter    ☐ Spring    ☐ Summer

Began (mm/dd/yyyy): _________________  Ended (mm/dd/yyyy): _________________

Course #   Course Title               Credits-Semester (S) or Quarter (Q) Hours
_______   _____________________   _______
_______   _____________________   _______
_______   _____________________   _______
______________________________________________________________________

Signature: ________________________________ Date: ____________________
Application for Admissions
AACC / CCBC MLT Transfer

Applicant Checklist - Do not submit with application

1. Associate’s degree plus ASCP-certification as Medical Laboratory Technician
2. Minimum cumulative GPA of 2.8
3. Grade of “C” or better in ALL prerequisite courses in chemistry, biology and math
4. Completion of, or anticipation of completing, any additional prerequisite courses stated in articulation agreement by August 1 prior to 3rd-year status
5. Accepted to Stevenson University
6. Application page, signed and dated
7. Ability to meet published Non-academic Essential Functions (see Application)
8. Personal statement
9. Two letters of recommendation from MLT instructors/ Program Director who address both your academic and technical laboratory skills
10. Application submitted in order to be received by Program director by February 15