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: Currently-enrolled
Stevenson University Students
BS in Medical Technology
Application for Admission: Currently-enrolled SU Students
BS in Medical Technology

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 University work attempted;
- Grade of “C” or better in all prerequisite courses in chemistry, biological sciences and mathematics;
- Completion of at least 60 credit hours, including prerequisite courses in biology, chemistry and mathematics by the start of the fall semester of the junior year in the program; and
- Ability to meet published non-academic Essential Functions (page 3).

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

1. Application for Admission: Currently-enrolled SU 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 biology and/or chemistry instructors 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 university letterhead.
   e. The recommender should mail (or place in Ms Griffey’s mailbox in KH 105) 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:
      ▪ Reason for entering the field of medical technology
      ▪ Career/professional goals
      ▪ Strengths and weaknesses in coping with a rigorous science-based curriculum
- Any other information you believe is important for the Admissions Committee to know about you

**Application Deadline**
A complete Application for Admission, including recommendations, **must be submitted to Ms. Griffey (CH 216C) or administrative assistant for SoS, Ms. Craig (KH 224), by February 15.**

**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: Currently-enrolled SU Students
BS in Medical Technology

Please Type or Print

1. Legal Name: __________________________________________________ Last   First   Middle
2. Date of Request: ______________________________
3. Current Mailing Address: _________________________________________ Street

                                         City  State  Zip Code
4. Telephone Numbers: (Home) ______________________________________

                (Cell) ______________________________________
5. Email address: _________________________________________________
6. 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
Medical Technology Program
c/o Vivi-Anne Griffey, Program Director
Stevenson University
1525 Greenspring Valley Road
Stevenson, MD 21153

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

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 typed assessment on university 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 in a sealed, signed envelop to the address listed at the top of this form.

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<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): ______________________________________________________
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Applicant Checklist - Do not submit with application

1. Minimum cumulative **GPA of 2.8**
2. Grade of “C” or better in **ALL** prerequisite courses in chemistry, biology and math
3. Completion of, or anticipation of completing, **ALL** prerequisite courses by **August 1** prior to 3rd-year status
4. Completion of, or anticipation of, earning 60 credit hours **by August 1** prior to 3rd-year status
5. Application page, **signed and dated**
6. Ability to meet published Non-academic Essential Functions (see Application)
7. Personal statement
8. **Two** letters of recommendation from biology and/or chemistry instructors who address your academic AND technical laboratory skills
9. Application submitted to Ms. Griffey (CH 216C) or Ms. Craig (KH 224) **by February 15**