

**ADMISSION REQUIREMENTS FOR GRADUATES  
WITH BS DEGREE IN BIOLOGY/CHEMISTRY (or related science)**

**This application is for students who already have a bachelor's degree in biological sciences, chemistry, or a related field and wish to apply for admission to the Medical Technology program for a *second* BS degree in Medical Technology.**

1. **ALL TRANSFER STUDENTS MUST FIRST BE ACCEPTED INTO STEVENSON UNIVERSITY BEFORE CONSIDERATION BY THE MEDICAL TECHNOLOGY ADMISSIONS COMMITTEE.** Applications can be submitted concurrently, but please give the University enough time to review and act on your application for admission **by February 1.**
2. The student must have completed or be currently enrolled in the following prerequisite coursework (see below) at the time of application to the Medical Technology Program.
3. Complete application documents, including recommendations, must be received by **February 16 for fall admission and October 30 for spring admission** to be considered for admission to the Medical Technology program. **Incomplete files will not be processed.**

For a complete description of the admission requirements for the University and the Medical Technology Program go to <http://www.stevenson.edu/academics>.

<b><u>Course</u></b>	<b><u>Credits</u></b>
Human Anatomy & Physiology	4
Microbiology	4
Statistics	3-4
Organic Chemistry I & II	8
or	
Organic Chemistry I & Biochemistry	7-8



Program in Medical Technology  
Stevenson University  
1525 Greenspring Valley Road  
Stevenson, MD 21153  
(410) 601-1113  
[vgriffey@lifebridgehealth.org](mailto:vgriffey@lifebridgehealth.org)

<http://www.stevenson.edu/academics/>

**APPLICATION FOR ADMISSION**  
**(Second BS degree in Medical Technology)**  
**for Graduates with a BS Degree in**  
**Biology, Chemistry or Related Field**

**APPLICATION FOR ADMISSION  
SINAI HOSPITAL/STEVENS UNIVERSITY  
Medical Technology Program  
BS in Medical Technology**

**To the Student:**

The Medical Technology 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. You will be notified of the committee's decision in writing via US mail.

**Admission Criteria:**

Consideration for admission to the Medical Technology (MT) major 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 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 4).

**Directions for Applying to the Medical Technology Program:**

The applicant must submit the following four (4) items:

1. **Application for Admission for Graduates with a BS Degree in Biology, Chemistry or Related Field form.**
  - Download and print the application form.
  - Type or print legibly with a ballpoint pen.
  - Please make sure you **sign the application form.**
  
2. **Letters of Recommendation**
  - Applicants must submit **two letters** of recommendation using the form provided in the application packet.
  - At least one recommendation should be from an academic source who can **address both your academic and technical laboratory skills.**
  - Give each recommender the signed form provided in the application packet. A recommendation consists of the "Applicant Characteristics" and a letter of recommendation from each recommender. The letter must be typed on **college/ company letterhead** and, the form and letter mailed together in a **sealed, signed envelop** directly to the MT Program Director.
  
3. **Personal Statement of Academic Goals**
  - All Personal Statements **must be typed** and should not exceed two pages.
  - Put your full name at the top of your statement.
  - 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

#### 4. **Courses In Progress Form**

This form should include the semester and the location where all 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:**

Complete application documents must be received by **February 16 for fall admission and October 30 for spring 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 (3<sup>rd</sup>) 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. Ambulate adequately to collect blood specimens from patients
4. Perform laboratory procedures accurately within an established time-frame while maintaining efficiency and organization.
5. Exercise independent judgment and use critical thinking skills to solve problems.
6. Communicate in a professional and positive manner with faculty, classmates, patients, laboratory personnel, and other healthcare and non-healthcare personnel.
7. Maintain patient confidentiality and exercise ethical judgment, integrity, honesty, dependability, and accountability in the classroom and clinical laboratory.



**RECOMMENDATION  
SINAI HOSPITAL/STEVENSON UNIVERSITY  
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 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](http://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:

<p>_____ I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.</p>	<p>_____ I retain my right of access to this letter of evaluation.</p>
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Student's Name (Print) \_\_\_\_\_ Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To the Recommender:**

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

Applicant Characteristics	Excellent (Top 10%)	Above Average (Top 10-25%)	Average (Top 25-50%)	Below Average (Bottom 50%)
Analytical ability				
Breadth of General Knowledge				
Ability to Express Self Orally				
Writing Ability				
Perseverance				
Emotional Maturity/Judgment				
Organizational Skills				
Manual Dexterity				
<b>Overall Academic Potential</b>				

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

**COURSES IN PROGRESS**  
**SINAI HOSPITAL/STEVENSON UNIVERSITY**  
**Medical Technology Program**

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. **Please 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 to  
Medical Technology Program  
Transfer Applicant Checklist**

- \_\_\_\_\_ Minimum cumulative **GPA of 2.8**
- \_\_\_\_\_ Completion of, or anticipation of, **ALL** prerequisite courses listed in application
- \_\_\_\_\_ Grade of "C" or better in **ALL** prerequisite courses in chemistry, biology and math
- \_\_\_\_\_ Accepted into Stevenson University
- \_\_\_\_\_ Application page, **signed and dated**
- \_\_\_\_\_ Ability to meet published Non-academic Essential Functions (see Application)
- \_\_\_\_\_ Personal statement of Academic goals
- \_\_\_\_\_ **Two letters of recommendation** from biology and/or chemistry instructors, who can **address both your academic and technical laboratory skills**
- \_\_\_\_\_ Complete application documents postmarked **by February 16** to:

Vivi-Anne Griffey  
Program Director, Medical Technology  
Stevenson University  
1525 Greenspring Valley Road  
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