

Sinai Hospital
Stevenson University
Medical Technology Program

Medical Technology Program
Stevenson University
1525 Greenspring Valley Road
Stevenson, MD 21153
(410) 601-1113
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<http://www.stevenson.edu/academics>

**APPLICATION FOR ADMISSION
CATEGORICAL CERTIFICATE TRAINING PROGRAM**

Option for Biology, Biotechnology and Chemistry BS Graduates

**APPLICATION FOR ADMISSION
SINAI HOSPITAL/STEVENSON UNIVERSITY
Categorical Certificate Training Program**

Purpose:

There is a critical shortage of Medical Laboratory Scientists (a.k.a. Medical Technologists) nationwide, which is expected to get worse as sizeable numbers of the current laboratory workforce retires. This training program provides rapid training for individuals who possess a bachelor's degree in biology, biotechnology, chemistry or other basic science to enter the clinical laboratory workforce. The program includes a clinical practicum experience in the chosen discipline.

Students who successfully complete all the requirements of a structured program in one of the specialty disciplines under the auspices of a NAACLS-accredited Medical Technology Program receive a Certificate of Completion and are eligible to take a categorical examination for certification as a Categorical Medical Technologist through the American Society for Clinical Pathology Board of Certification.

Admission Criteria:

Consideration for admission to the Categorical Certificate Program is based on the following criteria:

- An applicant must have obtained a **baccalaureate degree** from a regionally accredited college/university **with a combination of 30 semester hours of biology and chemistry**. Graduates of non-U.S. schools must have a transcript evaluation for U.S. degree equivalency.
- English proficiency is required. See Admission Policies in the University Catalog.
- Minimum cumulative GPA of 2.8 (scale of 4.0) in all college work attempted.
- Grade of "C" or better in all prerequisite coursework in chemistry or biological sciences that pertains to the courses in the specialty discipline the student wishes to pursue (page 4); and
- Ability to meet published non-academic **Essential Functions** (page 5).

Directions for Applying to the Categorical Certificate Training Program:

The Categorical Certificate applicant is classified as a non-degree seeking student; therefore, does not need to apply to the University. However, the applicant must fill out the program's *Application for Admission* form found in this packet. The applicant must submit the following five (5) items:

1. **Application for Admission to the Categorical Certificate Program 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/ business 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. **Transcripts**

- An **official transcript from every institution** where college-level credit was earned must be submitted in an officially sealed envelop.
- Official transcripts for courses completed after your application is mailed must be received within one month of conclusion of the course.

5. **Courses In Progress Form**

This form should include the semester and the location where all remaining prerequisite requirements will be completed.

Application Deadline:

Applications are assessed on a rolling basis, but it is recommended that application documents be **received by February 16 for fall admission and October 30 for spring admission. Incomplete files will not be processed.** You will be notified of your acceptance or rejection in writing via US Mail within two weeks of receiving your complete application packet.

Mail application documents to:

Vivi-Anne Griffey
Program Director, Medical Technology
Stevenson University
1525 Greenspring Valley Road
Stevenson, MD 21153

CATEGORICAL CERTIFICATE OPTIONS

The categorical certificate options are (all programs are three semesters in length):

Technologist in Blood Banking – BB(ASCP) - 17 credits

Spring Semester

*MT 210 - Principles of Laboratory Science (3)

MT 335 - Clinical Laboratory Management (3)

Fall Semester

MT 338 - Molecular & Immunologic Diagnostics (4)

MT 405 - Transfusion Medicine (4)

Spring Semester

MT 434 - Clinical Immunohematology Practice (3)

Prerequisites

Molecular Biology, Organic Chemistry I and Statistics.

Technologist in Clinical Chemistry – C(ASCP) - 20 credits

(BS in Chemistry OR 30 semester hrs with 16 in chemistry is required for this option)

Spring Semester

*MT 210 - Principles of Laboratory Science (3)

MT 335 - Clinical Laboratory Management (3)

Fall Semester

CHEM 325 - Physiological Chemistry (4)

MT 338 - Molecular & Immunologic Diagnostics (4)

MT 425 - Clinical Biochemistry (3)

Spring Semester

MT 431 - Clinical Chemistry Practice (3)

Prerequisites

Anatomy & Physiology, Molecular Biology, Organic Chemistry II or Biochemistry and Statistics.

Technologist in Clinical Microbiology – M(ASCP) - 17 credits

(30 semester hrs with 16 in microbiology is required for this option)

Spring Semester

*MT 210 - Principles of Laboratory Science (3)

MT 335 – Clinical Laboratory Management (3)

Fall Semester

MT 338 - Molecular & Immunologic Diagnostics (4)

MT 420 - Clinical Microbiology (4)

Spring Semester

MT 433 - Clinical Microbiology Practice (3)

Prerequisites

Molecular Biology, Organic Chemistry I, Pathogenic Microbiology and Statistics.

Technologist in Hematology – H(ASCP) – 20 credits

Spring Semester

MT 210 – Principles of Laboratory Science (3)

MT 310 – Hematology I (4)

MT 335 – Clinical Laboratory Management (3)

Fall Semester

MT 410 – Hematology II (3)

MT 338 – Molecular & Immunologic Diagnostics (4)

Spring Semester

MT 433 – Clinical Hematology Practice (3)

Prerequisites

Anatomy & Physiology, Molecular Biology, Organic Chemistry I and Statistics.

***MT 210 is also offered as an on-line summer course.**

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.

Tuition and Fees:

The categorical certificate student will enter Stevenson University as a non-degree-seeking student subject to the tuition and fees of all part-time students (students enrolled in 11 credits or less per semester). Tuition and fees are subject to change without prior notification. Updated tuition information may be obtained from the Admissions Office at 410-486-7001 or in the University catalog.

Financial Aid:

Non-degree seeking students are limited to part-time status and may not receive financial aid.

Completion of Program:

Students who successfully complete all the requirements in one of the specialty disciplines of the Medical Technology Program will receive a Certificate of Completion in that discipline (e.g. Clinical Microbiology).

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.
5. Students are financially responsible for any costs incurred due to illness or injury experienced by the student in conjunction with the student labs and clinical practicum. It is **strongly recommended** that students maintain personal medical insurance.

Program Policies:

Students enrolled in the Categorical Certificate Training Program are subject to the same program policies as degree-seeking medical technology students, as stated in the Catalog.

**COURSES IN PROGRESS
SINAI HOSPITAL/ STEVENSON UNIVERSITY
Categorical Certificate Training 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: _____

**RECOMMENDATION
SINAI HOSPITAL/ STEVENSON UNIVERSITY
Categorical Certificate Training 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). 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 written assessment **on college/business 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				
Overall Academic Potential				

Signature: _____ Date: _____

Name (Please Print): _____

**Application for Admissions to
Medical Technology Program
Categorical Certificate Applicant Checklist**

- _____ BS degree in biology, biotechnology, chemistry or related science
- _____ Total combined 30 semester credits in chemistry and biology
- _____ Minimum cumulative **GPA of 2.8**
- _____ Grade of "C" or better in **ALL** prerequisite courses in chemistry and biology
- _____ Completion of, or anticipation of, **ALL** prerequisite courses listed in application
- _____ Official transcript from each academic institution attended
- _____ If applicable, Courses In Progress form
- _____ Application page, **signed and dated**
- _____ Ability to meet published Non-academic Essential Functions (see Application)
- _____ Personal statement
- _____ Two letters of recommendation (one must be from an academic source)
- _____ Complete application documents postmarked **by February 16** to:

Vivi-Anne Griffey
Program Director, Medical Technology
Stevenson University
1525 Greenspring Valley Road
Stevenson, MD 21153