



CALHOUN
COMMUNITY
COLLEGE

**Clinical Laboratory Technician
Program
Application 2010**

CLT Program Application Checklist

1. Prior to application to the program, the following must be completed and Submitted to Calhoun Community College ADMISSIONS OFFICE:

- Calhoun Community College Application for Admission
- Official transcripts from all colleges previously attended
- ACT reading score of 17 or higher OR comparable COMPASS score of 76 or higher

Acceptance into the CLT Program is a selective multi-step process. Applicants will be ranked by points using information the student provides to the CLT Program. Selection into the CLT Program will be based on the following:

	Available Points
Completion CLT-100 Phlebotomy	5
Calhoun College Completed Credit Hrs:	
> 11 hrs.	5
9 - 11 hrs.	4
6 - 8 hrs.	3
< 6 hrs.	2
Selected Courses:	A = 30 pts B = 20 pts C = 10 pts
College – Math 100	
College – Bio 103/BIO 201/ BIO 202	
College – CHM 104/CHM 111	
High School – Algebra II or higher	
High School – Highest Level Biology	
High School – Chemistry	
TOTAL APPLICANT POINTS	100

2. Submit completed forms to the Allied Health Department Secretary:

- CLT Program Application*
- Clinical Laboratory Observation Form* (documenting a minimum of 3 hours of clinical laboratory observation.)
- Copy of *ACT or COMPASS score*
- Transcripts* from all colleges previously attended (Unofficial copies of Calhoun Transcript or Transcript Equivalency Report for all colleges other than Calhoun Community College)
- Confidentiality Statement*
- Essential Functions* statement signed and dated
- Keyboarding/computer* course or documentation of >24 wpm (visit <http://www.typingtest.com>)

ALL information requested must be completed and included for your application packet to be considered complete. Incomplete or missing documentation will result in the application NOT being considered for admission. Application packets MUST be delivered in person or received by mail by the deadline date. Information will NOT be accepted via fax.

Upon acceptance into the CLT program and prior to clinical rotations, CLT students are required to submit preclinical requirements documentation including but not limited to Health Screen, Hepatitis B vaccination, tuberculosis screening, drug screen, and background check.

CLINICAL LABORATORY TECHNICIAN



CALHOUN
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COLLEGE

APPLICATION FOR ADMISSION

DEADLINE JUNE 15

Date rec'd in AH office _____

REQUIRED INFORMATION (print or type)

Name _____ Soc Sec # _____

Mailing Address _____

City _____ State _____ Zip _____ Email address _____

Home Phone (_____) _____ Cell Phone (_____) _____

EDUCATIONAL INFORMATION (Attach all transcripts and test scores)

High School Attended & Address _____

H.S. GPA _____ Graduation Date _____

or Date of GED _____ (submit copy)

List all colleges attended beginning with most current

College _____ Dates Attended _____ to _____

Address _____ Overall GPA _____ Credit Hrs _____

College _____ Dates Attended _____ to _____

Address _____ Overall GPA _____ Credit Hrs _____

Mail or return completed application and forms to:

Calhoun Community College
Allied Health Division Secretary-CLT
PO Box 2216
Decatur AL 35609-2216

SIGNATURE _____



If you have ever been convicted of a crime, other than minor traffic violations, you are advised to consult with the Medical Laboratory Technician licensing board regarding your licensing eligibility: American Society for Clinical Pathology Board of Registry, Phone (800) 267-2727. Website: www.ascp.org

ESSENTIAL FUNCTIONS

The **Essential Functions** are requirements for students entering and participating in the Clinical Laboratory Technology Program. Requirements for students entering and participating in the Clinical Laboratory Technology Program include but are not limited to the ability to:

1. lift 40 pounds.
2. hear high and low frequency sounds within normal range, with or without corrective devices.
3. see with 20-40 visual acuity, with or without corrective lenses.
4. feel veins and pulses.
5. smell body and environmental odors.
6. coordinate eye and hand movements.
7. coordinate motor movements.
8. see different color spectrums.
9. read, comprehend and write legibly in the English language.
10. send and receive verbal messages in the English language and to respond appropriately.
11. perform correctly simple mathematical computations
12. walk and transport equipment without assistance.
13. reach and position overhead equipment used in the laboratory.
14. be oriented to reality and not be mentally impaired by mind-altering substances.

I have reviewed the **Essential Functions** for this program and I certify that to the best of my knowledge I have the ability to perform these functions. I understand that a further evaluation of my ability may be required and conducted by the CLT faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program. Describe any special accommodations requested: _____

SIGNATURE OF APPLICANT

DATE

Students admitted to the program are expected to have & maintain a satisfactory level of health, including freedom from chemical dependency and communicable diseases. A medical examination form must be submitted as required. Students progressing to clinical semesters of the CLT clinical experience must provide evidence of hospitalization insurance, student malpractice coverage, and proof of Hepatitis B immunizations prior to entry into the laboratory clinical rotation.

I have read and understand the requirements for making application and the procedure for selection and notification of applicants as stated in the CCC catalog. I understand that my academic records will be reviewed by the admissions committee. I understand that all application materials, including COMPASS test scores, official high school and college transcripts, and one hospital clinical laboratory department observation visit form must be submitted to the Clinical Laboratory Technology Program no later than 4:00pm, MARCH 30 FOR SUMMER ADMISSION OR JUNE 15 FOR FALL ADMISSION.

SIGNATURE OF APPLICANT

DATE



CLINICAL
LABORATORY
TECHNOLOGY

OBSERVATION VISIT INFORMATION

Clinical Laboratory Technology Program Applicant:

An integral part of your application to the CLT program is the completion of an Observation Visit in a hospital Clinical Laboratory Department. This visit will serve to increase your knowledge and awareness of the field of Clinical Laboratory Technology. You are **required** to complete **one** Observation Visit, a minimum of **three hours** in length, and it must be scheduled between the hours of 7:00 AM – 11:00 AM.

It is the responsibility of the applicant to schedule the Observation Visit. At the bottom of this letter is a list of clinical sites and contact information. Observation Visits are not limited to these sites, and applicants may choose to visit a hospital not on this list by contacting that facility's Clinical Laboratory Department to request a scheduled Observation Visit. If you have difficulty in scheduling a visit, please contact the Clinical Laboratory Technology Program at 306-2786.

IMPORTANT POINTS TO REMEMBER

- Observation visits MUST be scheduled in advance and** completed prior to the application deadlines.
- Please dress appropriately for the OBSERVATION VISIT.** (No open-toed shoes, blue jeans, short skirts, or caps are to be worn.)
- Take the CLINICAL LABORATORY OBSERVATION FORM with you to the Observation Visit and present it to the technologist at that facility.** Fill in your name at the top the page and the technologist will check the appropriate areas observed and must sign the form
- The technologist at the facility will not turn the form in to the college.** You MUST submit the form when you make application to the CLT program.
- Complete the APPLICANT SUMMARY** section at the bottom of the CLINICAL LABORATORY OBSERVATION FORM after your Observation Visit for your application to be considered for admission.
- The **CLINICAL LABORATORY OBSERVATION FORM** must be submitted to the Clinical Laboratory Technology Program with your application packet prior to the application deadline.

Clinical Sites

Athens Limestone Hospital, Athens, AL	Venita Chaney	256-233-9136
Decatur General Hospital, Decatur, AL	Joe Britnell or Barbara McDonnell	256-341-2297 256-341-2676
Huntsville Hospital, Huntsville, AL	Sharon Preston	256-265-8059
Marshall Medical Center North, Arab, AL	Roy McCollum	256-571-8000
Marshall Medical Center South, Guntersville, AL	Vanessa Williams	256-830-3504
Russell Medical Center, Alexander City, AL	Bonnie Burks	246-378-4788



CALHOUN
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CLINICAL
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TECHNOLOGY

CLINICAL LABORATORY OBSERVATION FORM

Name of Applicant: _____ Date of Visit: _____

Clinical Laboratory Visited: _____

Medical Technologist: Please check the appropriate blanks listed and sign below.

Routine Procedures	Observed	Not Available	Tech. Initials
1. Hematology	_____	_____	_____
2. Chemistry	_____	_____	_____
3. Blood Bank	_____	_____	_____
4. Serology	_____	_____	_____
5. Bacteriology	_____	_____	_____
6. Urinalysis	_____	_____	_____
7. Venipuncture	_____	_____	_____

Total Amount of Time spent in Clinical Laboratory _____

To the Applicant: In the space provided below, give a summary of your visit at this clinical laboratory. (Sign and date form after summary.)

Applicant Signature

Date

Med Tech Signature

Date

Please read and sign the CONFIDENTIALITY STATEMENT and NON-DISCRIMINATION STATEMENT on the next page



PLEASE READ AND SIGN THE FOLLOWING STATEMENTS

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my Clinical Laboratory observation as a student at (fill in name of medical center) _____, I must hold medical information in confidence. I understand that any violation of this policy will result in legal action.

DATE

SIGNATURE OF APPLICANT

NON-DISCRIMINATION STATEMENT

I understand and agree that in the performance of my Clinical Laboratory observation as a student at (fill in name of medical center) _____, I will not harass the employees or visitors nor discriminate against any patient in rendering patient care (including, but not limited to the equality and quantity of patient care) because of race, color, national origin, sex, age, marital status, religion, veteran's status, financial status, or mental or physical handicap. I understand that any violation of this policy will result in legal action.

DATE

SIGNATURE OF APPLICANT

CLT CURRICULUM

COURSE	TITLE	HRS
ORI 101	Orientation to College	1
MTH 100	Intermediate College Algebra	3
ENG 101	English Composition I	3
ENG 102 <u>OR</u> HUM	English Composition II <u>OR</u> Humanities Elective	3
BIO 201	Anatomy & Physiology I	4
BIO 202	Anatomy & Physiology II	4
SPH106/107/116	Speech Elective	3
PSY 200	General Psychology	3
<i>General Education Total*</i>		24
CLT 100	Phlebotomy	2
CLT 111	Urinalysis and Body Fluids	3
CLT 121	CLT Hematology	5
CLT 131	Laboratory Techniques	3
CLT 141	CLT Microbiology I	5
CLT 142	CLT Microbiology II	5
CLT 151	CLT Clinical Chemistry	5
CLT 161	Integrated Lab Simulation	2
CLT 191	CLT Immunohematology	5
CLT 293	CLT Clinical Seminar	2
CLT 294	CLT Clinical Practicum I	3
CLT 295	CLT Clinical Practicum II	3
CLT 296	CLT Clinical Practicum III	3
CLT 297	CLT Clinical Practicum IV	3
<i>CLT Specific Coursework Total</i>		49
<i>TOTAL HOURS REQUIRED</i>		73

*It is recommended for all or most General Education Requirements to be completed before enrollment into the CLT program