## **Application for Admission Application deadline: November 19.** Applications received after this date will be evaluated on a first-come, first-serve basis, and consideration will be dependent upon openings in the class. Class Year Applying For: Date: 78 Medical Center Drive Name (First MI Last): Fishersville, Virginia 22939 Phone: 540-332-4539 Fax: 540-332-4543 Preferred Name: Are you at least 18 years of age? www.augustahealth.com/cls Email: Are you applying as a 3+1?Phone Number: 4+1? Current Address: Unsure City, State, Zip: Have you ever been employed by Augusta Health Care, Inc.? Permanent Address: Yes City, State, Zip: No Communication regarding your application will be via e-mail. In the above listing, current address is your address while at college (if applicable) and your permanent address is where you return when college is not in session. If this does not apply to you complete only the permanent address section. Education History - Please list all colleges/universities attended, including transfer credit, online courses, community colleges, undergraduate, graduate, and professional coursework. Location Reason for Major or Degree Date of Graduation Name of School (City, State) Attending (if applicable) (if applicable) For 'reason for attending' please state degree seeking, transfer credit, personal interest, pre-requisite completion, or other. If 'other' please describe on a separate document. Also, if you need additional space for more information or other schools, please submit a separate document. Please list any courses you are currently taking or plan

to take prior to admission:

<b>Employment History</b> List r	most recent first; if additional space is	needed please a	ittach a separate sheet.
1. Company Name:		Position Title:	
Dates of Employment:	Reason for	Leaving:	
Briefly describe your job duties:			
2. Company Name:	Po		
Dates of Employment:	Reason for	Leaving:	
Briefly describe your job duties:			
3. Company Name:		Position Title:	
Dates of Employment:	Reason for	Leaving:	
these individuals with a copy of th		nd on our web si	ecommendation for you. Please provide ite. Have them return the form/letter to etters in your application packet.
1. Name			
Briefly describe how you know this person. (Ex: professor, employer, frie coworker, church, volunteer group,			
Length of time known:			
1. Name			
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Length of time known:			
1. Name			
Briefly describe how you know this person. (Ex: professor, employer, frie coworker, church, volunteer group,			
Length of time known:			

Additional Questions			
Have you ever attended any other clinical/medical laboratory program? Yes No			
If yes, please list school and dates of attendance:			
Were/are you a member of the U.S. Armed Forces? Yes No			
If yes, please list dates of active duty:			
If admitted to the program, can you provide documentation establishing your identity and eligibility to be legally admitted as an Augusta Health School of Clinical Laboratory Science student in the United States?  Are you legally authorized to work in the United States?  Yes No			
<b>Essay</b> On a separate piece of paper please provide a one page typed essay using normal font, margins, and spacing indicating why you want to become a Clinical Laboratory Scientist and describing why Augusta Health School of Clinical Laboratory Science is where you want to spend your clinical year of training. <b>Essential Functions</b>			
Essential functions are a set of requirements that students must meet for admission, retention and graduation from the program. Prior to admission each student must agree that they can, and are prepared to, meet these requirements with or without reasonable accommodation. It is the responsibility of the student with disabilities to request accommodations that he/she feels are reasonable and are needed to execute the essential function requirements described below.			
The Clinical Laboratory Science student must possess the following skills:			
Observation: Distinguish objects macroscopically and microscopically; read and comprehend text, numbers, and graphs displayed in print and on video display monitors.  Movement: Maneuver safely and efficiently in the workspace in order to perform assigned tasks.  Communication: Read and comprehend educational and technical materials printed in English; communicate in the English language clearly, accurately, and professionally, both verbally and in a written format; follow verbal and written instructions in English.  Intellect: Receive, process, and utilize information in order to achieve satisfactory performance in all tasks; demonstrate judgment and critical thinking skills.  Behavior: Work independently or in a team; manage time efficiently; demonstrate respect to all regardless of individual values and opinions; adapt to working with unpleasant biologicals; and maintain sound psychological health and emotional stability.			
By signing below you agree that you can, and are prepared to, meet these requirements with or without reasonable accommodation.			
Sign Here: Date			
Attestation			
I certify that the information given by me in this application is true in all respects. I agree that if I am accepted into the School of Clinical Laboratory Science and the information is found to be false in any way, I may be subject to dismissal without notice, if and when discovered. I authorize the use of information in this application to verify my statements, and I authorize all references to answer questions concerning my character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I acknowledge that Augusta Health will conduct a drug-screening test and criminal background check as part of this application process.			
By signing below you acknowledge that you have read and agree to the above statement.			
Sign Here: Date			
Augusta Health School of Clinical Laboratory Science pledges equal opportunity and does not discriminate on the basis of race/ethnicity, color, religion, sex, marital status, national origin, ancestry, age, sexual orientation, disability or veteran status.			