



The William O. Green, Jr., M.D.  
**Medical Laboratory Science Program**  
 The Valley Hospital  
 223 No. Van Dien Avenue  
 Ridgewood, N.J. 07450  
 201-447-8234  
 201-447-8657 fax  
 Marietta Tomlin, MS, MLS(ASCP)CM  
[mtomlin@valleyhealth.com](mailto:mtomlin@valleyhealth.com)

**APPLICATION FOR ADMISSION**

*The William O. Green, Jr., M.D.*  
**Medical Laboratory Science Program**

Telephone: (201) 447-8234  
 FAX: (201) 447-8657

Please include a check for \$50.00, payable to The Valley Hospital, for the non-refundable application fee.

**PLEASE PRINT CLEARLY:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone#: \_\_\_\_\_ Social Security#: \_\_\_\_\_ College or University: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

Education: Please check one.  Presently enrolled in a Medical Technology /Medical Lab Science degree program  
 Completed a baccalaureate degree in \_\_\_\_\_ Subject: \_\_\_\_\_ Year: \_\_\_\_\_

Place an "X" in the box next to those courses you have already completed, and a "P" for those you are planning to take.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> General Biology I (Cell Biology or equivalent)     | <input type="checkbox"/> General Chemistry I       | <input type="checkbox"/> Organic Chemistry I                        |
| <input type="checkbox"/> General Biology II (Genetics or equivalent)        | <input type="checkbox"/> General Chemistry II      | <input type="checkbox"/> Organic Chemistry II/Biochemistry with lab |
| <input type="checkbox"/> General Immunology                                 | <input type="checkbox"/> General Microbiology      | <input type="checkbox"/> Human Anatomy & Physiology I & II          |
| <input type="checkbox"/> Biostatistics (General Statistics or College Math) | <input type="checkbox"/> General Molecular Biology | <input type="checkbox"/> Medical Terminology                        |

Present cumulative grade point average: \_\_\_\_\_ Present cumulative Science grade point average: \_\_\_\_\_

References: Please print the name, title, address and telephone number of those individuals from whom you will be requesting a personal reference. You may use the "Request for Recommendation" enclosed in the application packet.

- |                            |                            |
|----------------------------|----------------------------|
| 1. _____<br>_____<br>_____ | 3. _____<br>_____<br>_____ |
| 2. _____<br>_____<br>_____ |                            |

Employment History: List positions held since high school.  
 \_\_\_\_\_  
 \_\_\_\_\_

Will you be able to commute to The Valley Hospital on a daily basis? \_\_\_\_\_

**TECHNICAL STANDARDS:**

Technical Standards represent the essential non-academic requirements of the program that all students must master to successfully participate in the program and become employable. All students, and thereby, all applicants are expected to:

1. Possess good eyesight or good corrected vision in order to read typewritten text and patient data from computer screens.
2. Be able to effectively read, write, and communicate in the English language.
3. Be able to discriminate color in order to identify reagents and other materials such as laboratory-prepared culture media, stained cell preparations, and physical properties of various body fluids.
4. Possess good manual dexterity as required in such tasks as: performing phlebotomy; operating delicate instruments including whole blood analyzers and chemistry serum analyzers; handling small containers of potentially biohazardous specimens (one inch by one-half inch); utilizing sample measuring devices; and adequately focusing and manipulating a microscope.
5. Be able to perform some heavy lifting including reagent packages of approximately fifty pounds.
6. Possess enough hearing ability with or without auditory aids to understand the normal speaking voice.
7. Be able to traverse the Hospital and laboratory corridors, passageways, and doorways (minimum width: three feet).

Corrective devices and reasonable accommodations may be utilized to satisfy Technical Standards.

I have read the above Technical Standards and fully understand them. Any questions that I have concerning them and how they apply to me have been answered by the program representatives to my satisfaction. It is my belief that I can satisfy each of the above Technical Standards based on my existing skills and abilities, or through the use of corrective devices.

Signature of Applicant: \_\_\_\_\_

On a separate sheet of paper, in your own handwriting, please complete a 200-250 word essay which includes: how you were influenced to choose Medical Technology as a career; the toughest academic challenge you have faced thus far; and what you envision as being the most difficult aspect of being a student in a medical technology program. Please address each topic in your essay.

*If I am accepted, I agree to abide by and observe all rules and regulations of The Valley Hospital, and I understand that my acceptance is conditioned upon satisfactory replies from my references, official transcripts of grades, a personal interview, and favorable report upon my physical examination, provided by The Valley Hospital. By my signature below, I affirm the information given on this application, and any misrepresentations be cause for non-acceptance.*

Signature of Applicant: \_\_\_\_\_

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

**The Valley Hospital does not discriminate on any basis.**