

Denver Health Cashiers ONLY – Post check to Lab AU-730100-3890, enter the check # here _____, and keep a copy of this page for your records. Expected payment amount is \$50.00. Forward this application to Joan Polancic, MC0224.



DENVER HEALTH™
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FOR LIFE'S JOURNEY

Denver Health School of Medical Laboratory Science

Medical Laboratory
 777 Bannock Street, MC 0224
 Denver CO, 80204

Enrollment Application

Applicant Information

Full Name: _____
Last First M.I.

Current Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Permanent Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you a legal permanent resident? YES NO

Social Security No.: _____ Alien registration number: _____

Is English your first language? YES NO

If no, list TOEFL score. _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

Completed Coursework

Please list all undergraduate colleges and professional/graduate schools attended. **Arrange for each institution to send an official transcript directly to the Program Director.** See page 4 for mailing address.

Institution Name	Address	Dates Attended	Degree/Date Granted or Anticipated

Additional Planned or In Progress Coursework

List all courses currently in progress or planned to be completed prior to entering the Medical Laboratory Science program. Once these courses are complete, arrange for each institution to send an official transcript directly to the Program Director.

Institution	Semester/ year	Course #	Course Title	Credit Hours	Completion Date

Honors, Awards, Scholarships, Extra-curricular activities, Presentations

Please indicate any college or post-college honorary or professional organization memberships, scholarships, honors, awards, extra-curricular activities, offices held, poster or papers presented, or attendance at conferences.

Have you been subject to academic or disciplinary action (i.e. probation, suspension, dismissal) from any institution attended?

YES NO

If yes, explain: _____

Previous Employment/Volunteer Work

List previous employment, teaching assistant positions, volunteer or other professional experience starting with the most recent:

Employer/Volunteer Site	City/State	Position/Duties	Start Date	End Date

References

Please indicate whom you have requested to submit a reference form. Completed reference forms must be mailed or emailed directly to Denver Health School of Medical Laboratory Science (information is on the form). References must include two science faculty (preferably Biology, Microbiology or Chemistry) and one academic advisor, volunteer coordinator or employment supervisor. **Completed reference forms are due to the Program Director by June 15, 2019. It is your responsibility to provide the reference form and ensure your reference is received by the deadline.**

Full Name: _____ Title: _____

Institution: _____ Phone: _____

Full Name: _____ Title: _____

Institution: _____ Phone: _____

Full Name: _____ Title: _____

Institution: _____ Phone: _____

Narrative Statement

Include with this application a narrative statement (Word or pdf document) describing your reasons for entering the field of Medical Laboratory Science, your related qualifications, and career plans. Please share any additional information not already addressed that you feel is pertinent to your application. **(double space; maximum of 500 words)**

Acknowledgements Disclaimer and Signature

I have read the Essential Functions for a Medical Laboratory Science Student and am able to perform all of these functions.

YES NO

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admission, I understand that false or misleading information in my application or interview may result in my dismissal.

Signature: _____ Date: _____

Printed name _____

Application Fee

Submit a \$50 check, made payable to DHHA, with completed application. Applications without the fee will not be considered.

Where to send completed application

Complete this form and return by June 15, 2019, with \$50 application fee, made payable to DHHA, and send to:

**DHHA
Attn: Cashiers MC 5013
PO Box 40411
Denver, CO 80204-0411**

Where to send official transcripts

Official transcripts must be received by June 15, 2019 at:
**Joan Polancic, MEd, MLS(ASCP)^{CM}
Program Director, School of Medical Laboratory Science
777 Bannock St., MC0224
Denver, CO 80204**

Questions?

Contact Joan Polancic, MEd, MLS(ASCP)^{CM}, Program Director, School of Medical Laboratory Science, at joan.polancic@dhha.org or 303.602.2382.