

Submit completed application to [bailey.hicks@dhha.org](mailto:bailey.hicks@dhha.org) AND you must submit a \$50 application fee as directed at [MLS Admission Requirements | Denver Health](#). Applications will not be considered without an application fee payment.



## 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 legal permanent United States resident or citizen? YES  NO  If no, are you authorized to work in the United States? YES  NO

Social Security No.: \_\_\_\_\_ Alien registration (green card) number & exp. date: \_\_\_\_\_

Are you fluent in multiple languages? If so, which ones? \_\_\_\_\_

## Education

### Completed Coursework

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 instructions.

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

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. You may include a resume or CV if additional space is needed.*

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

### References

Indicate whom you have requested to submit a reference form. ***Completed reference forms must be emailed directly to the Program Director by the reference, not by the applicant.*** References must include two science faculty (preferably Biology, Microbiology or Chemistry) and one academic advisor, volunteer coordinator or employment supervisor. Employment references may be accepted in place of academic references upon approval from program director.

***Completed reference forms are due to the Program Director by June 15, 2026. It is your responsibility to provide the form to your reference and ensure it is received by the deadline.***

Full Name: _____	Title: _____
Institution: _____	Phone: _____
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Full Name: _____	Title: _____
Institution: _____	Phone: _____
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Full Name: _____	Title: _____
Institution: _____	Phone: _____
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## 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. 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 (located at the website) 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 the \$50 application fee as directed at [MLS Admission Requirements | Denver Health](#).  
Applications received without payment of the fee will not be considered.

## Where to send completed application

Complete this form and return by June 15, 2026, to the Program Director.  
Applications without payment of the application fee will not be considered.

[bailey.hicks@dhha.org](mailto:bailey.hicks@dhha.org)

Bailey Hicks, MEd, MLS(ASCP)<sup>CM</sup>

Program Director, School of Medical Laboratory Science

## Where to send official transcripts

Official transcripts must be received by June 15, 2026. **Electronic transcripts are preferred.**

Email to: [bailey.hicks@dhha.org](mailto:bailey.hicks@dhha.org)

Bailey Hicks, MEd, MLS(ASCP)<sup>CM</sup>

Program Director, School of Medical Laboratory Science

777 Bannock St., MC0224

Denver, CO 80204

## Questions?

Contact Bailey Hicks, MEd, MLS(ASCP)<sup>CM</sup>, Program Director, School of Medical Laboratory Science, at [bailey.hicks@dhha.org](mailto:bailey.hicks@dhha.org) or 303.602.2382.