

# Medical Laboratory Technician (MLT) Program Application



Name: \_\_\_\_\_ PCC Student ID Number: \_\_\_\_\_  
Last, First, Middle Initial

Mailing Address: \_\_\_\_\_  
City, State, ZIP

Home Phone: \_\_\_\_\_ Cell Phone / Alternate Phone: \_\_\_\_\_

PCC email address: \_\_\_\_\_ Alternate email address: \_\_\_\_\_

**Academic Information – List all educational institutions you attended before entering PCC.**

Name of high school or charter school attended and location (or write “GED Certificate”)

School name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**List below all universities, colleges and vocational-technical institutions previously attended. List most recent institution first. (Use additional sheets if necessary)**

Name of Institution	City/State	Attendance (from - to)	Degree/Certificate	Year Awarded

**List below all work experience that you have had in a health-related field. List most recent work experience first. (Use additional sheets if necessary)**

Name of Institution	City/State	Position	Duties	Employment (from - to)

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**To participate in the clinical portion of the program, students must:**

- Successfully complete all required courses and meet minimum grade requirements
- Obtain an Arizona Department of Public Safety Fingerprint Clearance Card (~\$65)
- Pass a urine toxicology screening exam from a certified laboratory (~\$20)
- Provide proof of immunization status for Measles, Mumps, Rubella, Varicella and Hepatitis B Virus
- Provide proof of current vaccinations for Tdap and Influenza
- Provide proof of a two-step negative TB skin test or negative chest X-ray within the past year
- Provide proof of health insurance coverage
- Provide a declaration of health: See Technical Standards Essential for MLT Practice

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**Essential Functions:**

To successfully participate in the MLT Program and become employable in a medical facility, the student must be able to perform essential functions expected of the working professional. Some examples of these essential functions are:

**Vision:** Possess visual acuity, color, shade and depth perception to accurately perform and interpret laboratory tests; ability to read computer screens, specimen/reagent, labels and warning signs

**Communication:** Possess the ability to clearly and accurately communicate with patients and health care professionals in English, and accurately follow verbal and written instructions

**Physical Activity:** Be able to stand and/or sit for prolonged periods and move freely and safely through the laboratory; ability to grasp, sit, squat, stoop, bend, reach, push, pull, and lift and carry up to 50 pounds

**Manual Dexterity:** Possess sufficient hand-eye coordination to efficiently, accurately and safely operate laboratory equipment, such as pipettes, inoculating loops and precision instrumentation, and perform phlebotomy procedures

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**Program Progression:**

Students must meet the following minimum requirements in order to qualify for the MLT program:

- REA 112, BIO 201IN, CHEM 151, MAT 151 with a grade of B or better
  - or –
- Accuplacer Test Score of 92 for REA 112, placement into MAT 189
  - and –
- Science and math courses must have been completed within the last seven (7) years
- Submit an application for the MLT program

Admission to the MLT program is granted for either fall or spring semester. Following successful completion MLT100IN (or MLT100/100LB) with a grade of B or better, students are eligible to be assigned to a phlebotomy clinical rotation (MLT 199/199WK). STU 100, BIO 205IN (minimum grade of B), Humanities/Fine Arts, Social/Behavioral Science, Special Requirement Elective and WRT 101 must be completed or otherwise satisfied prior to students entering MLT 200, 211, 221, 231, 251 or 260. After successfully completing these MLT courses with a grade of C or better, students will be eligible to be assigned to an MLT clinical rotation (MLT 299/299WK) with one of the program's clinical affiliates. Any student who does not complete a course (minimum grades apply) must re-apply to the MLT program.

**Due to the limited number of clinical affiliates, assignment to clinical rotation is not guaranteed.**

Clinical assignments may not be in Tucson. A waiting list will be created if demand for sites exceeds current affiliate resources. Any student who declines a rotation assignment will be moved to the bottom of the waiting list. Students who decline two rotation assignments will not be reassigned.

**Signature of affirmation**

I certify that the information I have provided in this application is accurate and that I will abide by the Pima Community College Students Rights and Responsibilities policy. I affirm that I have read and understand the program requirements, essential functions and policies for progression and completion.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete, sign and return the program application to:**

PCC West Campus • Medical Laboratory Technician Program • Room E234 • 2202 W. Anklam Road • Tucson, AZ 85709

**PCC / Faculty use only:**

Student name: \_\_\_\_\_ A#: \_\_\_\_\_ Cohort: \_\_\_\_\_

<b>Prerequisites:</b>	<b>REA 112</b>	<b>BIO 201IN</b>	<b>CHEM 151IN</b>	<b>MAT 151</b>
<b>Semester Course Completed</b>				
<b>Placement Test Date / Waived</b>				
<b>Comment / Substitution</b>				

Letter of acceptance sent via email: \_\_\_\_\_ Reply by date: \_\_\_\_\_

Date of Student Reply: \_\_\_\_\_ Accepted Declined Postponed (date): \_\_\_\_\_

<b>Support Courses:</b>	<b>STU 100</b>	<b>Hum / FA</b>	<b>Soc Beh Sci</b>	<b>Spec Req</b>	<b>WRT 100</b>	<b>BIO 205IN</b>
<b>Semester Course Completed</b>						
<b>Assessment Test Date / Waived</b>						
<b>Comment / Substitution</b>						

<b>MLT Courses:</b>	<b>100</b>	<b>199</b>	<b>199WK</b>	<b>200</b>	<b>211</b>	<b>221</b>	<b>231</b>	<b>251</b>	<b>260</b>	<b>299</b>	<b>299WK</b>
<b>Completed</b>											
<b>Grade</b>											
<b>Comment</b>											

**Clinical Rotation Assignment:**

Waiting list. Date added to list: \_\_\_\_\_ Faculty's signature: \_\_\_\_\_

Assigned to clinical site: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted Declined

Assigned to clinical site: \_\_\_\_\_ Date: \_\_\_\_\_ Accepted Declined

Delayed (will be reassigned only if space is available) Date: \_\_\_\_\_

Comment: \_\_\_\_\_ Faculty's signature: \_\_\_\_\_

Student Withdrawn from Program (Declined site x 2) Date: \_\_\_\_\_

Comment: \_\_\_\_\_ Faculty's signature: \_\_\_\_\_