ADMISSION REQUIREMENTS
CLINICAL LABORATORY SCIENCES

Students seeking admission into the Clinical Laboratory Sciences Program must provide all necessary information to the Program Director by March 31st. Applications received after March 31st will be considered on a space available basis. Space in the program is limited. Admission is competitive and based on grades, references, and completion of the group interview/orientation session.

THE FOLLOWING MATERIALS MUST BE SUBMITTED:

1. A completed application form including signature.
2. Three letters of recommendation using the enclosed forms; two must be from college instructors or former employers.
3. A current official transcript from each college or university attended. The transcript should have a minimum overall grade point average of 2.0 and a sciences grade point average of 2.0 to be considered for admission.

NOTE:
All pre-professional course work must be completed prior to the start of the professional program. If courses are currently in progress, or planned for the summer, an updated official transcript will be required prior to the first day of classes in the program. This is necessary to document that all prerequisites have been completed.

Application materials will be reviewed and a group interview/orientation session will be scheduled with the Admission Committee. A rating system based on the following information will be used in the selection process.

a. Overall grade point average
b. Science grade point average
c. Evaluation of references

Interviews with all prospective students will be scheduled during the month of April. Students will be notified of their admission status prior to June 1st.

Successful completion of a criminal background check is required for full admission into the Clinical Laboratory Science Program. Students who receive a conditional admission will need to successfully complete a criminal background check through Certified Background. Cost for the background check is approximately $40.00. Further directions will be sent when the student is notified of their conditional acceptance. Additional information may be found on the College of Health Sciences and Human Services website.

A student’s application will not be considered if his/her file is incomplete. Applicants are personally responsible for insuring that the items requested above are delivered by March 31st to:

Program Coordinator, Clinical Laboratory Sciences HSHW 2.206
The University of Texas Rio Grande Valley
College of Health Affairs/ Department of Health & Biomedical Sciences
1201 W. University Drive
Edinburg, TX 78539
Clinical Laboratory Science Program
Application for Admission

1. Name ____________________________________________
   Last ___________ First ___________ Middle ___________

2. Student ID Number _______________________________________

3. Mailing Address _______________________________________
   Street ___________ City ___________ State ___________ Zip Code ___________

4. Email Address: _______________________________________

5. Telephone Number (______) _______________________________________

6. Permanent Address
   (If different than above) _______________________________________
   Street ___________ City ___________ State ___________ Zip Code ___________

7. Anticipated Entrance Date ________________________________

8. Undergraduate Major _______________________________________

9. PLEASE LIST IN CHRONOLOGICAL ORDER ALL COLLEGE OR PROFESSIONAL SCHOOLS ATTENDED:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates</th>
<th>Major</th>
<th>Degrees</th>
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10. Do you already hold a Bachelors Degree or will you complete a degree prior to the start of the Program?
   □ Yes □ No

11. Do you plan to apply for a degree in Medical Technology (Clinical Laboratory Science) from UTRGV upon Completion of the Program? Note: Students already possessing a bachelor's degree who meet the biology, chemistry and math requirements may elect to receive a certificate verifying program completion and do not necessarily need to apply for another degree. Students who choose to apply for a Bachelors Degree in Medical Technology must meet all requirements for the degree. For further information, see the University Catalog or the department.
   □ Yes □ No
12. Courses in Progress

<table>
<thead>
<tr>
<th>Courses</th>
<th>Semester Hours</th>
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</tbody>
</table>

13. Courses Planned (Note: Course must be completed before beginning the CLSC program.)

<table>
<thead>
<tr>
<th>Course</th>
<th>Semester Hours</th>
<th>When?</th>
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<tbody>
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</table>

14. Please indicate any other information regarding your qualifications which you would like us to consider.

15. Recommendation:

Please sign the top portion of the recommendation form, indicating whether you will or will not waive your right to see any recommendations. Submit a copy of the form to three individuals of your choice. Only one should be a personal reference; at least two should be former teachers or employers.

16. Health and Physical Requirements:

Students will be required to submit a physical examination form once they are admitted to the program. This must document that they have the required immunizations or proof of immunity including measles, mumps, tetanus/diphtheria, rubella, and the hepatitis B vaccine.

I have read and understand the requirements for the Clinical Laboratory Sciences Program. The information I have provided in this application is true and accurate to the best of my knowledge.

_________________________        __________________________
Applicant’s Signature                  Date

“With few exceptions, you are entitled, on your request, to be informed about the information The University of Texas Rio Grande Valley collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have the University of Texas Rio Grande Valley correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that The University of Texas Rio Grande Valley collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.”
**IMPORTANT**

In compliance with the Americans with Disabilities Act, the Clinical Laboratory Sciences Program provides the following information to aid the applicant/student to determine whether reasonable modification will be needed. Admission is not based on these standards.

**ESSENTIAL FUNCTIONS**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Standard</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual</td>
<td>Visual ability sufficient to differentiate colors, identify structures microscopically and read written materials.</td>
<td>1. Identify cells and other microscopic structures.</td>
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<tr>
<td></td>
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<td>2. Observe patients during phlebotomy</td>
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<td></td>
<td></td>
<td>3. Read specimen labels and procedure manuals.</td>
</tr>
<tr>
<td>Motor Skills</td>
<td>Gross and fine motor skills necessary to manipulate laboratory instruments and equipment consistent with standards of medical laboratory practice.</td>
<td>1. Draw blood from patients.</td>
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<td></td>
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<td>2. Lift and operate hand-held tools.</td>
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<td></td>
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<td>3. Operate analytic instruments.</td>
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<tr>
<td>Communication Skills</td>
<td>Skills adequate for transmitting information to and from patients and other health professionals.</td>
<td>1. Give instructions to patients.</td>
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<td></td>
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<td>2. Transmit results</td>
</tr>
<tr>
<td>Critical</td>
<td>Intellectual attributes sufficient for clinical decision making in emergency medical situations.</td>
<td>1. Identify unacceptable results and take appropriate action.</td>
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<td></td>
<td></td>
<td>2. Locate sources of error.</td>
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</tbody>
</table>

**NOTE:** For further information or clarification, please contact the Program Director.
APPLICANT INSTRUCTIONS: Please check one of the following and sign prior to submitting this form to your references.

I do ___________________________ or do not ___________________________ waive my right to see this form.

____________________________________
Applicant’s Signature

CLINICAL LABORATORY SCIENCE RECOMMENDATION FORM

APPLICANT’S NAME: _____________________________ DATE: ______________

How long have you known this applicant? ______ What is your relationship to the applicant? ___________________

Based on your knowledge of the applicant, please rate the following characteristics by placing a (✓) under the appropriate response:

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Don’t Know</th>
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<tr>
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What are the two most positive attributes you have observed in this person that would help him/her to succeed in the field of clinical laboratory science?

1. ___________________________________________
2. ___________________________________________

Are there any areas in which you feel this person needs improvement?

1. ___________________________________________
2. ___________________________________________

Additional Comments: ___________________________

Name of Person Completing Form: _____________________________

Position/Title: _____________________________ Organization: _____________________________

Address: _____________________________ Telephone Number: _____________________________

# & Street City State Zip Code

Signature: _____________________________

DO NOT RETURN THIS FORM TO APPLICANT!

Send Directly to: Clinical Laboratory Sciences, Program Director, HSHW 2.206
The University of Texas Rio Grande Valley
College of Health Affairs
Department of Health & Biomedical Sciences
1201 W. University Drive
Edinburg, Texas 78539-2999

FORM 068-A Rev 1/6/15
APPLICANT INSTRUCTIONS: Please check one of the following and sign prior to submitting this form to your references.

I do ___________________________ or do not _____________________ _______ waive my right to see this form.

____________________________________
Applicant’s Signature

CLINICAL LABORATORY SCIENCE
RECOMMENDATION FORM

APPLICANT’S NAME: _______________________________ DATE: __________________

How long have you known this applicant? ______ What is your relationship to the applicant? ________________

Based on your knowledge of the applicant, please rate the following characteristics by placing a (✓) under the appropriate response:

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Address: __________________________________________________________________

# & Street                           City          State          Zip Code

Telephone Number: __________________________

Signature: __________________________

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Send Directly to: Clinical Laboratory Sciences, Program Director, HSHW 2.206
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