



Application for admission to:
**MEDICAL LABORATORY
TECHNOLOGY**

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health/immunizations.php or you may obtain a copy from the Health Sciences Admission Office.

PLEASE PRINT OR TYPE

Application Date ____ / ____ / ____

Name in Full: ____
Last First Middle

Home Address: ____
Number & Street County City State Zip

Home Phone: ____ Alternate Phone: ____

Social Security No.: ____ - ____ - ____ Date of Birth ____

E-mail: ____

Have you ever before made an application to any Austin Community College Health Sciences programs?
[] Yes [] No

If yes, what program? _____

When: (approximate date) _____

It is the student's responsibility to:

Return this application to the Health Sciences Admission Office at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5700. Additional information on the web: http://www.austincc.edu/health/.

Please note: Students must keep mailing address current with the Health Sciences Admission Office as well as the Admissions and Records Office.

Give information concerning high school(s) attended or G.E.D.:

Name of School	City & State
_____	_____
_____	_____
_____	_____

Give information concerning college, university, vocational schools, allied health schools attended:

Name of Institution	City & State	Number of Credits Earned
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any scholastic honors:

List any licenses or certificates held (ie, ARRT, EMT, etc): _____

Certain minimum physical abilities and characteristics are required in health sciences professions. See program web page for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

- Yes No

If "No," explain: _____

Please note that to be compliant with clinical facility requirements, a mandatory criminal background check may be required prior to admission.

Admission Checklist:

- All applicants must meet TSI (testing) requirements. Visit a campus advisor to determine status.
- All applicants must complete a mandatory Information Session. See website for dates. Applicants must submit completion document.
- All applicants must complete Chem 1405 or acceptable substitute with a "C or better."

If any courses were taken at a school other than ACC, you **must** provide a copy of the transcript with your application.

- All applicants must meet with a MLT faculty advisor prior to submission of application (see back page).
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All applicants must provide a copy of written documentation from a physician for:

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.

AND

- Proof of (a) a complete (3 injection series) Hepatitis B Vaccination **or** (b) a serum titer confirming immunity.

AND

- Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

AND

- Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

AND

- Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

AND

- Proof of Tetanus-Diphtheria vaccination within the last 10 years.
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Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.

This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at www.austincc.edu/health.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Medical Laboratory Technology program.

Signature of Applicant

Date

For Faculty Use Only

NOTE: requires faculty initials

Completion Checklist:

- _____ All applicants must meet TSI (testing) requirements.
- _____ All applicants must attend an information session.
Information Session course date: _____
- _____ All applicants must meet with a MLT faculty advisor prior to submission of application.
- _____ All applicants must complete Chem 1405 or acceptable substitute with a "C or better."

If any courses were taken at an institution other than ACC, you must provide a transcript with your application.