

University of North Dakota School of Medicine & Health Sciences  
 Department of Pathology, Clinical Laboratory Science (CLS) Program  
 501 North Columbia Road, Stop 9037, Grand Forks, ND 58202-9037  
 Fax (701-777-2404)

**APPLICATION TO THE PROFESSIONAL CATEGORICAL PROGRAM/CURRICULUM**

**DIRECTIONS:** Complete this application and return it to the CLS program office by mailing or faxing it using the information above. An evaluation of your application and recommendation for acceptance or non acceptance to the categorical program will be completed by the CLS Advancement Selection Committee. You will be notified of your status within 4 weeks of application receipt.

Indicate which categorical program you are interested in:

- Chemistry
- Hematology
- Immunohematology
- Microbiology
- Complete All of the Above
- VA Specific Program

Full Name (no initials) (print) \_\_\_\_\_

Primary telephone # \_\_\_\_\_ Work telephone # \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

**EDUCATION HISTORY**

	Name of Institution	Dates: (Yrs)			Address: (City/State)
High School:			to		
Univ/College:			to		
	Degree Earned:				
Univ/College:			to		
	Degree Earned:				

Other:			to	
	Degree Earned:			

- GPA (required):**  
Overall \_\_\_\_\_  
Science \_\_\_\_\_
- Do you hold licensure as an MLT?  
 Yes (If yes, include proof of licensure with your application)  
 No
- Have you earned a Bachelor's degree?  
 If yes, in what area of study: \_\_\_\_\_  
 No
- Have you earned at least 20 science semester credits?  
 Yes  
 No

**RELATED EMPLOYMENT HISTORY (Since High School)**

Employer and Address	Type of Employment	Dates

**CLINICAL PRACTICUM**

At what site are you interested in completing your categorical training:

- Site: \_\_\_\_\_
- Address (street, city, state, zip): \_\_\_\_\_
- Contact Person's Name: \_\_\_\_\_
- Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_
- Is this site aware of your interest:  
 Yes  
 No
- Does this site have a current affiliation agreement with the University of North Dakota:  
(An affiliation agreement must be in place before you will be allowed to begin categorical coursework.)  
 Yes  
 No



RECOMMENDATION/REFERENCE  
(FROM A PREVIOUS OR CURRENT SUPERVISOR/MANAGER)

You have been asked to provide a recommendation for: \_\_\_\_\_  
Please mail your recommendation to: Brooke Solberg, University of North Dakota School of Medicine and Health Sciences, Department of Pathology, Stop 9037, Grand Forks, ND 58202-9037.

*The student asking for this recommendation is applying to the University of North Dakota Clinical Laboratory Science Categorical Program. Please address all of the items listed below honestly and to the best of your ability, based on your experience(s) with the applicant.*

In what capacity do you know the applicant?

How long have you known the applicant?

Identify applicable strengths of the candidate for this position.

Identify applicable weaknesses, or areas of potential growth of the candidate for this position.

Please indicate your degree of recommendation of the applicant and the reasoning for your choice:

- Recommend
- Highly recommend
- Do not recommend
- Undecided

Feel free to add any additional comments below:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date