

## **Evanston Hospital**

### **Application for NorthShore University HealthSystem - Evanston Hospital Clinical Laboratory Science/Medical Technology Program**

#### **SELECTION**

Evanston Hospital seeks applications from individuals whose academic life experiences indicate a high degree of personal and professional promise. To this end, admission is selective. The academic record is considered the best single predictor of future academic success, and it is given high consideration for admission. The interview and recommendations are additionally important considerations.

#### **APPLICATION**

A completed application consists of:

1. An application form with a \$25.00 non-refundable application fee (make checks out to NorthShore University HealthSystem Laboratory Education);
2. Transcripts from all universities/colleges attended. As each succeeding semester/quarter is completed an updated transcript must be sent.
3. Two reference letters from science instructors, typed on institutional or professional letterheads; preferably, one of these should be from a laboratory instructor (applicants who have not recently attended college courses may make other arrangements with the Program Director);
4. Signed Essential Functions Agreement statement.

#### **ACCEPTANCE INFORMATION**

No transfer credit will apply toward the clinical curriculum. All courses must be taken, no waivers will be allowed. The Medical Technology clinical program is a full time/32 semester hour curriculum.

#### **PERSONAL INTERVIEW**

A personal interview is required. An interview will not be scheduled until all data listed above has been received.

#### **FOREIGN GRADUATES**

Individuals who possess a foreign degree and who wish to apply must satisfy the following criteria.

1. Acceptable visa status
2. Possession of a foreign science degree equivalent to a baccalaureate degree in the United States. Course work must meet the requirements specified by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and the Board of Registry. A transcript evaluation performed by one of the external agencies included on the enclosed list must be completed.

APPLICATION FOR ADMISSION			
Name (Last)		(First)	(Middle)
e-mail address			Social Security Number
Permanent Legal Address			Telephone Number
Mailing Address			Telephone Number
Date of Birth	Gender	Country of Birth	Citizenship/Visa Status
Person to be notified in case of emergency			Relationship
Address			Telephone Number
<b>LIST ALL COLLEGES AND CLINICAL LABORATORY PROGRAMS ATTENDED:</b>			
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
College		City	State
Dates Attended	Degree	Major(s)	Graduation Date
<b>LIST ALL EMPLOYMENT DURING THE PAST 5 YEARS (MOST RECENT FIRST)</b>			
Employer		Dates	Position
Employer		Dates	Position
Employer		Dates	Position

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**REFERENCES**

Two letters of recommendation from science professors must be sent directly to the Program Director at Evanston Hospital using the enclosed forms. List their names and addresses below:

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1.

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2.

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**EXTRACURRICULAR ACTIVITIES IN COLLEGE** (list or include resumé)

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**HONORS RECEIVED IN COLLEGE** (list or include resumé)

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**ETHNIC ORIGIN**

The following information is requested so that NorthShore-Evanston can document compliance with Federal regulations. This information is not used in the selection process. Please indicate the description that best reflects your origin.

- ☐ **American Indian or Alaskan Native:** a person having origins in any of the original peoples of North America
- ☐ **Black/Non-Hispanic:** a person having origins in any of the black racial groups of Africa
- ☐ **Asian or Pacific Islander:** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands
- ☐ **Hispanic:** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture origin, regardless of race
- ☐ **White/Non-Hispanic:** a person having origins in any of the original peoples of Europe, North Africa, the Middle East or the Indian Subcontinent

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**INTERVIEW**

A personal interview is required. Please list dates and time when you will be available.

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I certify that the information submitted in this application is complete and correct to the best of my knowledge.

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Applicant's Signature

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Date

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Compose a handwritten statement in the space provided below, explaining the reason(s) you chose Medical Technology as a profession.

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PLEASE RETURN THE APPLICATION TO:

Marcia Hicks/ Medical Technology Program  
Evanston Hospital  
Department of Pathology  
& Laboratory Medicine  
2650 Ridge Avenue, Room 1905C  
Evanston, IL 60201

[mhicks@northshore.org](mailto:mhicks@northshore.org)

The program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). Interested parties may contact NAACLS at:

**National Accrediting Agency for  
Clinical Laboratory Sciences**  
**8410 W. Bryn Mawr Avenue, Suite 670**  
**Chicago, IL 60631-3415**  
**(773) 714-8880**  
[info@naaccls.org](mailto:info@naaccls.org)

## **Evanston Hospital**

### **Recommendation for Clinical Education Medical Technology**

<b>To the Applicant</b>	
<p>The family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request.</p> <p>The Act also provides that, in the case of recommendations, the Institution may request, but not require, the student to waive his/her right to read confidential recommendations. Please indicate whether or not you waive your right to read the confidential recommendation on this form and sign your name.</p>	<p>I ____ do waive my right to read this form.</p> <p>I ____ do <b>not</b> waive my right to read this form.</p> <p>_____</p> <p>Student Signature</p>
<b>To the Person Completing This Recommendation</b>	
<p>NorthShore University HealthSystem, Evanston Hospital Medical Technology Program has selective admission. Accordingly, the Admissions Committee will be reviewing my records including courses pursued and grades received. The Committee recognizes that those factors alone cannot in themselves predict my personal and professional promise; therefore, I have been asked to present a reference which is directed to my initiative, leadership ability, academic strength, interpersonal skills, and professional goals.</p>	<p>_____</p> <p>Name</p> <p>_____</p> <p>Title and Position</p> <p>_____</p> <p>Institution</p>

Professional capacity in which you have known the student:

\_\_\_\_\_

Period of time you have known the student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Recommendation**

Please attach a letter of recommendation using official stationary. Your prompt reply is appreciated.