



St. Elizabeth
HEALTHCARE
SCHOOL OF MEDICAL TECHNOLOGY

APPLICATION FOR ADMISSION

Name: _____
Last First Middle

Present Address _____

Permanent Address _____

Email Address _____

Daytime phone _____ Evening phone _____

Student ID and/or last 4 digits of Social Security No. _____

Date of Birth _____

Requesting Admission for (Year): _____

St. Elizabeth Healthcare does not provide free medical care. Will you be covered by some type of hospitalization insurance for the school year? _____

Proof of insurance is required at the beginning of the program year.

List all colleges attended. Official transcripts from each college must be submitted with application.

| Institution | Location | Dates | Major |
|-------------|----------|-------|-------|
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References (Academic References are Preferred) **Please have listed send a letter of recommendation:**

| Name | Address | Phone Number |
|------|---------|--------------|
| | | |
| | | |
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The Following Information is requested if it is missing from your Resume/CV:

Activities and Honors:

Previous Employment History

| Name/Location | Position | Dates |
|---------------|----------|-------|
| | | |
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St. Elizabeth Healthcare will not discriminate against any student because of age, sex, race, creed, physical challenges, or national origin. However, certain academic criteria must be met prior to consideration for admission into the School of Medical Technology. Student selection process involves evaluating the documents submitted and a personal interview with a selected group of Student Representatives or Academic Review Board Members. Interviews for candidates that meet the admission requirements will be held following the application deadline of December 1st at 5pm EST.

With this application, please also include

- 1. Resume or CV**
- 2. Writing Sample: Essay addressing your understanding of the Medical Laboratory Science profession and why you want to be a Medical Laboratory Scientist.**

Your three (3) letters of recommendation and transcripts should arrive separately. Letters of recommendation may be submitted by e-mail.

Application deadline is December 1st, 2020 at 5pm: Application, CV, Essay, Letters of recommendation and transcripts are due by the deadline. Incomplete applications will not be scheduled for an interview. Offers for admission will be made mid-January 2021.

Please send this form, your transcripts, and Resume/CV to:

*St. Elizabeth Healthcare: School of Medical Technology
ATTN: Laboratory, Traci Kraus
1 Medical Village Dr.
Edgewood, KY 41017*

E-mail is Acceptable: Traci.Kraus@stelizabeth.com

Call with questions: 859.301.9489