

SHADOWING PROGRAM APPLICATION

ProjectedMLS School Internship Year: _____ to _____

NAME: _____ SS#: (____) – (____) – (____)
(Last) (First) (Maiden/Middle)PRESENT ADDRESS: _____ Tele: (____)
(Street/Box #) (City) (State) (Zip)

E-MAIL ADDRESS: _____

NAME OF UNIVERSITY: _____

CURRENT COLLEGE ADVISOR: _____

TOTAL COLLEGE HOURS COMPLETED: _____ OVERALL GRADE POINT AVERAGE: _____

HONORS & ACTIVITIES AT COLLEGE: _____

_____HIGH SCHOOL ATTENDED: _____
(Name) (Address) (Date Graduated)**IN YOUR OWN HANDWRITING, PLEASE STATE WHY YOU ARE INTERESTED IN MEDICAL LABORATORY SCIENCE:**

SHADOWING HOURS REQUESTED:

- ☐ 16 hours (minimum)
- ☐ 20 hours
- ☐ 30 hours
- ☐ 40 hours (maximum)
- ☐ Other _____

DATE AVAILABLE:

DAYS AVAILABLE AND TIME:

I HEREBY DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed: _____ Date: _____ 201 _____

Print Name: _____

PLEASE ENCLOSE THE FOLLOWING, and mail to Memorial Health System of Southwest Oklahoma, Laboratory Department; Stacey Paryag-Stevens, MPA, AHI(AMT), MLS(ASCP)^{CM}; Program Director; 3401 West Gore Boulevard, Lawton, OK 73505.

- ☐ Completed application (this form)
- ☐ Current college transcript (unofficial/photocopy acceptable)

Application Deadline: First Friday in May

A Certificate of Participation is awarded to the applicant upon successful completion.