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 Comanche County Memorial Hospital Lab; Stacey Paryag, 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.