

**Mississippi Baptist Medical Center  
School of Medical Technology  
1225 North State Street  
Jackson, MS 39202**

**APPLICATION FORM**

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Preferred Name</b>
<b>Present Address – Street or Box</b>		<b>City, State, Zip code</b>	
<b>Permanent Address – Street or Box</b>		<b>City, State, Zip code</b>	
<b>Email address</b>		<b>Home phone #</b>	<b>Work phone #</b>
<b>Cell phone #</b>			
<b>Are you a Mississippi resident? If yes, how long?</b>	<b>Are you a United States citizen?</b>	<b>Social Security #</b>	<b>Birth date (optional)</b>
<b>Have you ever been convicted of a felony?</b>			

<b>Preferred Entrance Date (Year):</b>	<b>Have you toured MBMC’s laboratory facility &amp; discussed your career choice with our instructors?</b>			<b>Date of Tour:</b>
<b>Do you plan to apply credits obtained at the MBMC School of Medical Technology toward degree requirements at Mississippi State University or William Carey University?</b>				
<b>Have you previously been admitted to a Medical Laboratory Technician Program, Medical Laboratory Science Program or Medical School?</b>				
<b>If yes, when &amp; where?</b>				
<b>List names and dates of ALL colleges/universities attended:</b>				
<b>What college/university awarded your degree or will award your degree?</b>			<b>Graduation date/expected graduation date:</b>	
<b>Degree/Major:</b>	<b>Undergraduate GPA:</b>	<b>Master’s GPA (if applicable):</b>	<b>Graduate Record Exam Scores</b>	
			Verbal:	
			Quantitative:	
			Analytical:	
			<b>GRE test date:</b>	

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<b>References</b>		
List three references, including at least two college science instructors. Provide your references with a "Reference Evaluation Form" and instruct them to return the form directly to the School of Medical Technology Program Director.		
<b>Reference #1: Name &amp; Occupation</b>	<b>Address – Street or Box</b>	<b>City, State, Zip code</b>
<b>Reference #2: Name &amp; Occupation</b>	<b>Address – Street or Box</b>	<b>City, State, Zip code</b>
<b>Reference #3: Name &amp; Occupation</b>	<b>Address – Street or Box</b>	<b>City, State, Zip code</b>

<b>Essential Functions of Students in the MBMC School of Medical Technology</b>		
The student must be able to master the following essential functions of the Medical Technologist. <i>Check "Yes" if you are able to master the essential function. Check "No" if you are unable to master the essential function.</i>		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Read and write effectively
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Communicate verbally and in writing with patients and staff
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Demonstrate manual dexterity with good hand-eye coordination & near visual acuity
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hear intercom and instrument alarms
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Stand and sit for extended periods of time, and perform repetitive motions
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Move freely from one area to another, including lifting up to ten pounds, and reaching over and bending around instruments
<input type="checkbox"/> Yes	<input type="checkbox"/> No	See through a microscope and discriminate color reactions of special stains and other laboratory procedures
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Concentrate on details with frequent interruptions.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wear personal protective equipment (PPE) & be aware of potential exposure to contagious diseases and chemical irritants

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<b>Personal Physical/Health History</b>						
List name & contact information of person to be notified In case of emergency:						
Phone Number	Address – Street or Box			City, State, Zip code		
Check conditions below that you have had in the past. Circle those you are currently experiencing.						
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Nervous breakdown	<input type="checkbox"/> Stomach ulcers
<input type="checkbox"/> Chickenpox	<input type="checkbox"/> Digestive problems	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headaches	<input type="checkbox"/> Hernia	<input type="checkbox"/> Other allergies	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Colds	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Food allergies	<input type="checkbox"/> Heart ailment	<input type="checkbox"/> Menstrual disorders	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Tuberculosis
List any other illnesses or conditions not included above:				Has your sense of hearing ever been tested?		
				Result?		
Condition of eyesight: Do you wear corrective lenses?				Have you been tested for colorblindness?		
				Result?		
Have you ever had any serious accident or injury? If so, describe briefly.						
List any physical or mental defects, handicaps, speech impediments, etc.						
Use this space to add any other pertinent information about your physical/mental condition or to clarify/explain any of the above information.						

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**Admission Essay**

**In 1-2 pages, please give a brief resume of the following:**

- Past accomplishments (*describe any honors, awards, scholarships, special skills*)
- Previous laboratory training or experience, if any
- Previous work experience (*describe the value of the experience*)
- Personality (*describe yourself & your interests*)
- Goals & long-range objectives (*describe the motivation for your career choice*)
- Timeliness record (*describe how often you are absent from or late for school or work*)

I understand that the aforementioned essential functions are necessary in the practice of clinical laboratory science. I feel that I can meet the essential physical and mental requirements of a Medical Technologist, with reasonable accommodation if necessary. I will undergo a physical examination provided by MBMC following admission to the program.

I waive the right to examine the evaluation forms submitted by my references. All of the enclosed is true and complete information. I understand that any misstatement or omission of material facts in the application may be cause for dismissal from the program.

I hereby give my consent to allow the admissions committee of Mississippi Baptist Medical Center School of Medical Technology access to my transcripts, references, and my personal file in the office of the Program Director. In addition, I hereby give my consent to allow the Program Director to release performance evaluation information from my student file and offer reference for future employment purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please return this form promptly to:**

Jennifer Knight, Program Director  
School of Medical Technology  
Mississippi Baptist Medical Center  
1225 North State Street  
Jackson, MS 39202

FAX (601) 974-6286  
Phone (601) 968-3070  
email: [jknight@mbhs.org](mailto:jknight@mbhs.org)