



Community Healthcare System*

SCHOOL OF Medical Laboratory Science

Community Healthcare System School of Medical Laboratory Science is dedicated to principle of equal opportunity in every aspect of the program, including but not limited to application, applicant review, selection process, classroom, laboratory, and clinical training, evaluation and potential employment placement.

CHSMLS is committed to providing a fair and equitable school/learning environment without regard to race, color, national origin, religion, age, sex, sexual orientation, gender identity, pregnancy, marital status, genetic information, military or veteran status, handicap or disability (within the ability to perform essential functions of the position). A person's status as defined by these criteria is protected by law and discrimination based upon or related to any of these criteria is strictly prohibited.

In compliance with all Federal and State laws that are applicable to the admission/selection/participation relationship, CHSMLS prohibits retaliation the in the form of adverse assessment/treatment in any form because of a student's exercise of legally protected rights and activities. This includes but is not limited to the filing of a charge or complaint of discrimination, a complaint to the school disclosing unlawful discrimination in the classroom or laboratory, and participation in a discrimination investigation or proceeding.

Application Process:

1. Complete every item of the **application** and your **narrative**. Send to the address below.
(Submit a brief (1 page) personal narrative describing your interest in Medical Laboratory Science.)

NOTE: The School of Medical Laboratory Science does not have student visa program capability this year.

2. Request **electronic or paper** college transcript(s) to be sent directly to:
Mary S. Wallace MS, MT (ASCP)
Program Director-School of Medical Laboratory Science
Community Healthcare System Central Laboratory
901 MacArthur Blvd.
Munster, IN 46321
Or electronically to mwallace@comhs.org
219-703-2412

NOTE: Application cannot be considered until all transcripts have been received.

Minimum overall GPA 2.75 Minimum Science GPA 2.75

Based on initial assessment the School may:

3. Contact you to schedule an interview.
4. Request:
 - a. Criminal background check
 - b. Drug screen
 - c. Immunization and Medical History



Community Healthcare System*

SCHOOL OF Medical Laboratory Science

Date _____

Applicant Name _____
Last First Middle Other/Maiden

Current address _____
Street Apt.

City State Zip

Telephone Cell () Home () Work ()

E-mail Address _____ Alternate e-mail _____

Permanent address _____
Street Apt.

City State Zip

Education

Name of College/University	Address	Degree

Please request electronic or paper transcripts to be sent directly *from each institution* to:

or Submit sealed, official transcripts to:

Mary S. Wallace MS, MT (ASCP)
Program Director-School of Medical Laboratory Science
Community Healthcare System Central Laboratory
901 MacArthur Blvd.
Munster, IN 46321
Or electronically to mwallace@comhs.org

NOTE: Application cannot be considered until all transcripts have been received.



Community Healthcare System*

SCHOOL OF Medical Laboratory Science

Employment

Company	Address	Dates	Position	Reason for leaving
Laboratory Experience				

Emergency Contact Information

Name	Telephone	Relationship

References

Name	Address	Telephone	email	Relationship
Personal				
Academic				
Employer				

Attestation:

Read the following carefully before signing:

I hereby certify that all entries on this form and attachments are true and complete and I agree and understand any falsification of information herein, regardless of time of discovery, may be cause for dismissal from the program. I understand that all information on this application is subject to verification.



Community Healthcare System*

SCHOOL OF Medical Laboratory Science

I understand that my acceptance into the program is contingent upon satisfactory completion of a drug screen. If selected, I may be required to complete a medical examination including proof required immunizations and drug screen.

If selected, I will be required to comply with CHS established policies, rules and regulations pertaining to the Standards of Behavior and conduct of employees and the care of patients.

In accordance with state and federal laws, I will be reference checked for a criminal history. History of felony conviction may disqualify me from the program within CHS.

I have read the foregoing conditions and I agree and comply with the terms and conditions therein.

In addition, I authorize investigation of all statements contained in my application. I hereby authorize former employers and educational institutions, licensing boards and authorities, their officers, agents or employees to furnish any information concerning my previous employment record, job performance, education, and character, and hereby release them from liability for reason thereof.

Signature _____ **Date** _____

Printed name _____

Social Security Number _____

To Be Completed by Program Director

Transcripts Received _____

References Received _____

Narrative _____