

Program Application

DMC UNIVERSITY LABORATORIES
4707 St Antoine, room number SG34
Detroit, MI 48201

SCHOOL OF HISTOTECHNOLOGY

APPLICATION FOR ADMISSION IN YEAR OF 20_____

All questions in this application must be answered to Violet Swazer, MSA, HT (ASCP), Program Director, Email application: vswazer@dmc.org.

FULL NAME: _____

(LAST) (FIRST) (MIDDLE)

Have you attended school under another name? YES _____ NO _____

If yes, give name: _____

ADDRESS (Permanent): _____

(NUMBER) (STREET) (APT#) (CITY) (STATE) (ZIP CODE)

PHONE (Permanent): () _____ **PHONE (Cell Phone):** _____

SOCIAL SECURITY NUMBER (last 4 digits): _____

E-MAIL ADDRESS: _____

Are you 18 years of age or older? YES _____ NO _____

Are you a citizen of the U.S.? YES _____ NO _____

If no, do you have a visa? YES _____ NO _____

If yes, specify visa number: _____ Expiration date: _____

Have you been convicted of a crime? YES _____ NO _____

If yes, what was the crime you were convicted of? _____

_____ Date of conviction: _____

Have you ever served in the armed forces? YES _____ NO _____

If yes, Specify branch _____ FROM: _____ To: _____

How many years will have elapsed since the date when you were last a full-time student? _____

PAST COLLEGE/UNIVERSITY ATTENDED (List present College/University first)

NAME OF COLLEGE/UNIV.	CITY	STATE	MAJOR	DEGREE & YEAR AWARDED	DATES ATTENDED	
					FROM	TO

Are you working toward: Certificate: _____ Degree: _____
 Expected date of graduation: Month: _____ Year: _____

Do you have any other degree or certification: YES _____ NO _____
 If yes, complete the following: Certificate name: _____
 Month: _____ Year: _____ Certificate Number: _____

Do you belong to any professional organizations? YES _____ NO _____
 If yes, give name of organization(s): _____

College/University honors you have received: _____

PRIOR WORK EXPERIENCE IF IN A HEALTH CARE FIELD

DATES		NAME OF EMPLOYER AND ADDRESS	JOB TITLE
FROM	TO		

WHY DO YOU WANT TO BE A HISTOTECHNOLOGIST? (IN 50 WORDS OF LESS ON A SEPARATE PAGE)

STATE OF ACKNOWLEDGEMENT

Read the following statements before completing, dating, and signing

- Yes/No I have read the Technical Performance Standards/Essential Functions as described on the DMCUL web site.
- Yes/No I can perform all of the standards and functions without reasonable accommodations.
- Yes/No I can perform all of the standards and functions with reasonable accommodations

I certify that the facts set forth in my Application and any other materials I have submitted are true and complete. I understand that the submission of any false information in connection with my application will result in immediate discharge at any time thereafter should I be accepted into a Histotechnology program. I also consent to and authorize the School of Histotechnology to contact former and current employers, educational institutions, military entities and the other references I have provided regarding me and my performance record and work, academic and/or military experience. I also understand that the School of Histotechnology may, in its sole discretion, conduct a criminal history check. I hereby consent to having a post-offer physical and/or mental examination(s) and/or test(s) including signing a consent form for drug testing conducted by a physician or other professional and understand that any offer of a position in a Histotechnology Program is conditioned upon the results of this examination(s) and/or test(s).

Date: _____

Applicants Signature: _____

No applicant for the School of Histotechnology shall be discriminated against because of race, color, creed, national origin, sexual origin, sex, non-disabling handicap, marital status, height, or weight.