**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

If no, do you have a visa? YES

NO 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)

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| --- | --- | --- | --- | --- | --- |
| **NAME OF COLLEGE/UNIV.** | **CITY** | **STATE** | **MAJOR** | **DEGREE & YEAR AWARDED** | **DATES ATTENDED FROM TO** |
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Are you working toward: Certificate: Expected date of graduation: Month:

Degree:

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****FROM TO** | **NAME OF EMPLOYER AND ADDRESS** | **JOB TITLE** |
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## 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 currents 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 is 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.