



Wallace State Community College (WSCC) – Hanceville

Instructions for Completing Online Health Application for: 2018 Medical Laboratory Technician Program

Application Link will be open for submissions from: **March 1 thru June 1 for Fall Entry**

WSCC ADMISSION CRITERIA

Applicant must meet the following admission criteria:

- Apply to WSCC Admissions, be unconditionally admitted to the college and must be in good standing with the college.
- Submit to WSCC Admissions official college transcripts from each college previously attended.
- Submit to WSCC Admissions an official score report of highest ACT composite score.
- If seeking Financial Aid, complete the FAFSA application (www.fafsa.gov), School Code: 007871, by June 1.
- Submit the online health division application and deliver Verification Sheet (page 2) with all required attachments by deadline as of **June 1**.

Medical Laboratory Technician Requirements:

- Minimum prerequisite GPA of 2.5 on a 4.0 scale with a grade of “C” or better on all general education courses required for the MLT program.
- A minimum of 18 ACT composite score

The Medical Laboratory Technician Program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences, 5600 N. River Road, Suite 720, Rosemont, Illinois, 60018; 773-714-8880, www.naacls.org.

GENERAL INSTRUCTIONS

All information must be included in your application and submitted with your Verification Sheet (page 2) to be considered complete. Any missing documentation may result in your application not being considered. Information will NOT be accepted via fax or email – Applications must be submitted online. The Verification Sheet, along with all attachments, must be delivered in person or by mail on or before the deadline date of **June 1**. If you wish to ensure receipt, please send completed packet by **certified mail**.

You should retain copies of your completed application packet. Information will not be released from application packets. You will be notified by mail of your acceptance or non-acceptance to the health program. No information regarding individual admission status will be given via telephone; do not call Admissions or the program to obtain your status. Accepted students are required to submit to drug screenings and background checks, as well as attend a mandatory program orientation. Drug Testing Policy and Background Check Policy are available for viewing online at www.wallacestate.edu.

INFORMATION NEEDED TO COMPLETE APPLICATION

For the best results, please do not attempt to complete your application until you have fully read and understand the following instructions. Once you start the application, you must finish it in one sitting. You will have one opportunity to open the link and complete the application on your computer. Completion of the online application may take 30 to 60 minutes, dependent on your preparation.

Specific information that you will need before starting your online application:

- A valid WSCC Student ID that begins with “W”.
- Most current Unofficial copies of **all** college transcripts from **each** college previously attended. (College name must be on transcript)
- Submit documentation of highest ACT score. If you do not have an ACT score, List the scheduled date and location you are taking the ACT.
- Complete the Verification Sheet (page 2) by typing your information prior to opening the online application.



VERIFICATION SHEET REQUIRED ATTACHMENTS

The Verification Sheet (page 2), in addition to your online application, must be submitted with the following items **attached** by the published deadline for your application to be complete.

- Copies of **all** most current college transcripts (unofficial transcripts will be accepted) from each college previously attended – no exceptions. **The college’s name must print on each transcript.**
- Copy of ACT score (scores printed from Degree Works will be accepted for Wallace State – Hanceville students).
- Program specific requirements (See Verification Sheet, Page 2)

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted to the program, it may not be considered.

It is the policy of Wallace State Community College, a postsecondary institution under the control of the Alabama Community College System Board of Trustees, that no person shall, on the grounds of race, color, sex, religion, national origin, disability, age, or sexual orientation be excluded from participation in, be denied benefit of, or be subjected to discrimination under any program, activity or employment. The College will not retaliate against any person because they have engaged in a protected activity opposing the College or because they have made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding or hearing alleging discrimination on a basis specified above.



2018 MLT VERIFICATION SHEET

For each program to which you are applying, a typed Verification Sheet with the required program attachments and an Online Application must be submitted by the deadline **June 1**. Current mailing address, email, and phone must be current in order to receive correspondence.

WSCC Student Name: First Middle Last

Student #: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Primary Email: _____ Emergency Contact Name: _____

Primary Phone (Area Code): _____ Emergency Phone (area code): _____

High/Home School Name: _____ Relationship: _____

High/Home School Graduation: _____ mm/yyyy Date GED Completed: _____

Currently Enrolled at: _____

1st College Attended: _____ 3rd College Attended: _____

2nd College Attended: _____ Other Colleges Attended: _____

Other Programs Applying to: _____

Have you completed a 2 year allied health patient care related program? Yes No Which Program? _____

ACT Composite Score: _____ Date of Scheduled Test (mm/dd/yyyy): _____ Test Location: _____

Insert below the letter grade, semester/year and college for each course completed.

Course	Letter Grade	Semester/Year	Course Completed at (College Initials):
ORI 110 Freshman Seminar			WSCC only (Exempt if transferring 12+ credit hours)
ENG 101 English Composition I			
BIO 201 Human Anatomy & Physiology I			
BIO 202 Human Anatomy & Physiology II			
MTH 116 Mathematical Applications			
Higher Math Course #			(Only for students that took a higher MTH than MTH 116)
PSY 200 General Psychology			
Elective Humanities/Fine Arts Elective			

Attach to this verification sheet the following items, place a check mark in the box(s) to indicate item is attached:

- All most current unofficial transcripts from **each** college attended, including WSCC. (College name must be on transcript).
- Copy of ACT composite score of 18, regardless of educational background.

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted to the program, it may not be considered.

____ (Student's Initials): **I understand that meeting minimal requirements does not in itself guarantee admission to the Program. I have reviewed and agree to the WSCC Health Division Background Policy and WSCC Health Division Drug Screening Policy. I acknowledge that this information presented is truthful and accurate. Violation is subject to disciplinary action through Wallace State Community College.**

Date: _____ (mm/dd/yyyy)

Once the above information is filled out completely and all required attachments are gathered, continue to the online application:

Link to Application: <https://www.surveymonkey.com/r/N7QGGZ3>

Send completed Verification sheet and all attachments to:

Deliver to: Tom Bevell Bldg, 1 st Floor Susan Wadkins, Rm 103	or	Mail to: WSCC Health Application Attn: Susan Wadkins (#52) P. O. Box 2000 Hanceville, AL 35077-2000	For official use only: Date Application Received _____	Application Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No
			Application Reviewer's Initials: _____	Additional documentation required _____