

Kapi`olani Community College MEDICAL LABORATORY TECHNICIAN PROGRAM APPLICATION

Application Period: June 1 - September 1

APPLICATION SUBMISSION PROCEDURES

<u>Directions:</u> Submit this program application and all required documents to the Health Careers Counseling Center via UH File Drop by the posted deadline. We will not be accepting in-person applications.

To use UH File Drop follow the instructions below:

- 1. Scan application and all supporting documents
 - a. If you do not have access to a scanner, use a free smartphone app like *Scannable* or *Scanner Pro* or *Cam Scanner*. Save your application and all supporting documents in PDF format (do not save as image formats ie. jpg).
- 2. From any web browser, go to https://www.hawaii.edu/filedrop
- 3. Log in as a UH User or Non-UH user (Non-UH Users will be sent a verification email, click on the link in the email)
 - a. In the recipient field, type: hlthsci@hawaii.edu
 - b. Click in the drop down menu in the expiration timer, change it to 14 days
 - c. In the "Optional Message" field, enter FULL NAME and the PROGRAM you are applying to
 - d. After you've completed the <u>Recipient</u> field, extended the <u>expiration timer</u>, typed in the <u>Optional</u> Message, click Proceed.
 - e. Click the <u>Choose File</u> button to browse for your application and supporting documents.
 - i. If you upload your documents in different files (i.e. application, transcripts, etc), please write a description of the file in the Description box.
 - f. Click the Start Upload button.
 - g. You will be redirected to a confirmation page with the link to your uploaded file. You're finished.

Please contact us at hlthsci@hawaii.edu or 808-734-9224 if you have any questions or need assistance with these application submission procedures.



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Application Period: June 1 – September 1

<u>Directions:</u> Please complete each item by typing directly into the fields or neatly printing on a hardcopy, and submit this application with all required documents to the Health Careers Counseling Center <u>via UH File Drop by the posted deadline.</u> If the application deadline falls on a weekend or recognized holiday, applications will be accepted on the following business day.

APPLICAN	T INFORMATION						
Name:			umber/Username				
Mailing	Last Name First Name	M.I.					
Address:	treet / POB	City	Ctata	Zip Code			
	Heet / POB	City	State	Zip Code			
Phone:	Cell	Home	Work				
Are you a r	esident of a neighbor island?: Yes	No If yes, which island: _					
Are you wi	lling to complete your clinicals on a neigh	bor island?: OYes ONo If	yes, which island:				
UH SYSTE	EM Email Address:						
	name(s) used on documents:						
	e KCC Kekaulike Information & Service	Center regarding other names us	ed on college documents.)				
<u>APPLICA</u>	ATION CHECKLIST						
1.	Attend a Mandatory MLT Prodeadline.	gram Information Session	within one year of the a	pplication			
	Date Attended:	(Month / I	Day / Year)				
2.	Apply and complete steps to b System institution during the seme	-	•	-			
3.	Prerequisite Courses must be completed with a "C" grade or higher or in progress of completion by the end of the application deadline. Completion of the following program support courses is highly recommended, but not required: CHEM 162, 162L, MICRO 130.						
4.	Attach college transcripts for courses completed within the University of Hawai'i System if applicable. Print out student copy of unofficial transcripts for all course work WITHIN the UH System and highlight all prerequisite/qualification courses. Download UH system transcripts from STAR (star.hawaii.edu)						
5.	Attach college transcripts for cou applicable. If transferring courses when your transcript was requested	from institutions outside the	•	•			
	• Institution:	Transcript I	Request Date:				
	• Institution:	Transcript I	Request Date:				
	• Institution:	Transcript I	Request Date:				



My external transcripts <u>have been evaluated</u> by KCC. Submit your transfer course report from STAR and highlight all prerequisite/qualification courses (star.hawaii.edu).
My external transcripts <u>have not been evaluated</u> by KCC. Submit unofficial copies with this application, send official copies to the KCC Kekaulike Information & Service Center, and complete online Request for Transcript Evaluation Form (https://go.hawaii.edu/y6x). To complete this form, you must log in with your UH Email account.
6. "My Plan Initiative." Complete self assessments
APPLICANT CERTIFICATIONS: Leastify that the anguages and responses provided for all of the items on this Admission Application Chaplify are true to the heat of many and the anguages are true to the heat of many anguages are true to the heat of many and the anguages are true to the heat of many and the anguages are true to the true true to the true true to the true true true true true true true tru
I certify that the answers and responses provided for all of the items on this Admission Application Checklist are true to the best of m knowledge and belief. I understand that providing incorrect or false information will subject me to the requirements and/or disciplin measures as provided under the University's Student Conduct Code. I understand that if I am not accepted into the program of application, I must submit a new application and all required documents for any subsequent semester. I also allow KISC to change m major and home institution if I am accepted into the MLT program. I understand that if I am not accepted into the MLT program, m home institution and major will not change.
"Health care students are required to complete University prescribed academic requirements that involve practice in a University affiliated health care facility setting with no substitution allowable for the completion required clinical practice. Failure of a student to complete the prescribed clinical practices shall be deemed as not satisfying academic program requirements. It is the responsibility of the student to satisfactorily complete any criminal background checks and drug testing that may be required by the affiliated health care facility to which he/she is assigned for clinical practice in accordance with procedures and timelines as prescribed by that affiliated health care facility."
I understand that a criminal background check and drug test may be required for entry into clinical practice (please initial)
I understand that clinical practice is required for completion of this program (please initial)
I understand that priority selection is given to <u>Hawai'i State residents for tuition purposes</u> and that non-residents will be considered after all qualified residents have been accommodated per Board of Regents Policy (please initial)
Print Name Signature Date
EXAMPLE of how to complete the application:

$oldsymbol{psi}$ These are the requirements $oldsymbol{psi}$	ψ Tell us what class you took to meet each requirement ψ					ψ Circle Points ψ
	Course Alpha	Credits	Term of Completion	Institution	Grade	Points
MEDICAL LABORATORY TECHNICIAN PREREQUISITES						A B C ↓ ↓ ↓
ENG 100 Composition I (3) OR ESL 100 Expository Writing: A Guided Approach (3)	WRI 1200	3.0	Fall 2016	HPU	В	12 9 6
MATH 103 Fundamentals of College Algebra OR higher (3)	MATH 103	3.0	SP 2016	KCC	A	1) 9 6



CRITERIA FOR ACCEPTANCE:

Qualification is based on a rating system of grades for completed prerequisite and support courses. Selection is based on total qualifying scores in rank order from the highest score until admission quota is met for the MLT program.

	Course Alpha	Credits	Term of Completion	Where Completed (i.e., Institution Name)	Grade	Points		
MEDICAL LABORATORY TECHNICIAN PREREQUISITES								
ENG 100 Composition I (3) OR ESL 100 Expository Writing: A Guided Approach (3)						12	9	6
MATH 103 Fundamentals of College Algebra OR higher (3)						12	9	6
*BIOL 130 Anatomy & Physiology (4) OR								
*BIOL 171 General Biology 1 (3) OR						16	12	8
*PHYL 141 & PHYL 142 Human Anatomy & Physiology I & II (3 & 3)								
*CHEM 161 General Chemistry I (3)						12	9	6
*CHEM 161L General Chemistry I Lab (1)						4	3	2
*MICR 161 Immunology & Protein Chemistry (2)						4	3	2
MLT 100 Introduction to the Clinical Laboratory**						No p	oints aw	arded
*Courses that must be completed within	a 5 year time	e limit		oints for Prerequiout of a max of 60)	sites			
PROGRAM SUPPORT COURSES								
*CHEM 162 General Chemistry II (3)						4	3	2
*CHEM 162L General Chemistry II Lab (1)						4	3	2
*MICRO 130 General Microbiology (3)						4	3	2
A. S. Social Sciences course (3) (100 level OR higher)						3	2	1
A. S. Humanities course (3) (100 level OR higher)						3	2	1
*Courses that must be completed within a 5 year		limit		nts for Support Co ut of a max of 18)	ourses			
Application Summary: For office use only **Lab Assistant Specialists (not								
Date Received: Ethnic Code: H		GPA:		Phlebotomists) with documented one year experience may have MLT 100				
Counselor's Initials: Application Complete:	HI Re	esident:		substituted. See N				r.

Kapi'olani Community College, Health Sciences and Emergency Medical Services Departments
4303 Diamond Head Road, Kauila 106 ◆ Honolulu, Hawai'i 96816-4421 ◆ Telephone: (808) 734-9224
Website: www.kapiolani.hawaii.edu



Kapi`olani Community College MY PLAN Self – Assessment

The My Plan Self-Assessment is a counseling tool for prospective healthcare majors to help you identify and better understand your career pathway, strengths, and areas of focus. Working in healthcare requires a combination of academic and professional knowledge and skills and a commitment to public service. As you plan, find ways to make your strengths shine and to improve your weaker areas. Please complete this self-assessment by marking the appropriate boxes. All response are voluntary. This assessment does not affect your eligibility for admission. This assessment and is used for all ten Health Academic programs, therefore there may be some statements that do not apply to your specific program.

Knowledge of the Profession	Below Expectations	Meets Expectations	Exceeds Expectations
Identified career goals in my health pathway	0	0	0
Identified career alternatives in my health pathway	0	0	0
Relevant experience – by volunteer experiences	0	0	0
Relevant experience – by servicing learning experience	es O	0	0
Relevant public service – by paid work experiences	0	0	0
Understand "professional qualities" of health pathway(s) O	0	0
Understanding of current healthcare issues	0	0	0
Comfort with bodily fluids or personal patient care	0	0	0
Comfort with illness	0	0	0
Comfort with injury	0	0	0
Comfort with death	0	0	0
Comfort with physical contact with people	0	0	0
Ability to multitask and adapt to change	0	0	0
Ability to accept constructive feedback	0	0	0
Ability to handle occupational crises, challenges or pro	blems O	0	0
Ability to move forward to achieve the goals and outco	mes O	0	0
Ability to follow safety guidelines and standards of pra-	ctice O	0	0

Personal Characteristics	Below Expectations	Meets Expectations	Exceeds Expectations
Demonstrate commitment to public service	0	0	0
Demonstrate empathy/altruism	Ö	Ö	Ö
Demonstrate moral/ethical integrity	Ö	Ö	Ö
Demonstrate emotional maturity	0	0	0
Demonstrate good interpersonal relationships	0	0	0
Accept responsibility	0	0	0
Ability to work independently to achieve the goal/task	. 0	0	0
Collaborate and teamwork to achieve the goal/task	0	0	0
Accept and demonstrate leadership	0	0	0
Be dedicated/hard-working healthcare practitioner	0	0	0
Committed to life-long learning	0	0	0



Kapi`olani Community College MY PLAN Self-Assessment

Academic Strength	Below Expectations	Meets Expectations	Exceeds Expectations
+Completed prerequisites of health program of study	0	0	0
+Completed support courses of health program of stu-	dy O	0	0
Achieved minimum cumulative GPA for program entry	0	0	0
Achieved prerequisite course GPA for your program e	ntry O	0	0
Effective verbal and nonverbal communication skills	. 0	0	0
Ability to utilize technology effectively for learning	0	0	0

	Below ectations	Meets Expectations	Exceeds Expectations
Established support for transportation to externships	0	0	0
Established support for financial assistance prior to entry	0	0	0
Established support for nonacademic responsibilities	0	0	0
Established support for personal and time management ski	lls O	0	0
Established support for continuous professional learning	0	0	0
Established opportunities to balance personal, family, & sch	nool O	0	0
Established support for campus and community resources	0	0	0

⁺As required for program entry and graduation or meet other requirements as directed for program admissions.

The University of Hawai'i does not discriminate on the basis of race, sex, age, color, national origin, or disability. For inquiries regarding our nondiscrimination policies, please contact the Kapiolani Community College designees:

Deneen Kawamoto, ADA Coordinator for Students Office: 'Ilima 107 (808) 734-9522; deneenk@hawaii.edu

UHCC offers Career and Technical Education (CTE) Programs of Study leading to Associate of Science (AS) and Associate of Applied Science (AAS) degrees, as well as postsecondary certificates, in career fields such as arts and communications, business, health careers, industrial and engineering technology, natural resources, and public and human services.

For more information, visit our website at http://uhcc.hawaii.edu/programs/index.php.

UHCC applies an open access policy, with program admission based upon the completion of applicable course/testing prerequisites. The lack of English skills will not be a barrier to admission and participation in CTE programs.