

**WASHBURN UNIVERSITY  
SCHOOL OF APPLIED STUDIES  
APPLICATION PACKET**

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**MEDICAL LABORATORY SCIENCE PROGRAM  
Admissions Criteria**

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**ADMISSION REQUIREMENTS** Priority deadline for application is **December 1<sup>st</sup>**.

*All applications should be sent to:*

**Medical Laboratory Science Program  
Benton Hall room 107  
Washburn University  
1700 SW College Avenue  
Topeka KS 66621**

*For further information, contact:*

**Toni Caldwell  
CLS Program Coordinator  
785-670-1286  
[marie.caldwell@washburn.edu](mailto:marie.caldwell@washburn.edu)**

To be considered for acceptance into the Medical Laboratory Science Program (CLS) at Washburn University, the following criteria **must** be completed and submitted.

1. **Application** to Washburn University at <http://www.washburn.edu/admissions/apply.html>
2. **Academic transcripts** must be **submitted directly** to the CLS program coordinator.
  - If not currently enrolled at Washburn, please submit official transcripts from all colleges/universities attended.
3. **Washburn University Medical Laboratory Science Application form (enclosed)**  
Acceptance to Washburn University does not constitute acceptance to the CLS Program.
4. **Washburn University CLS Program Letter of Intent:** Please provide a narrative describing your interest in the profession of Medical Laboratory Science, particularly stressing your professional career goals. (*Instructions enclosed*)
5. **Recommendations:** Two (2) letters of professional recommendation (1 Biology/Chemistry professor, 1 supervisor (work or volunteer))
6. **Personal Resume which includes:**
  - a. **Personal Information:**
    - Name:** Provide your legal name with any nickname or most frequently used name in parentheses.
    - Address:** Provide both a preferred mailing address and a permanent address (if different) including zip codes.
    - Telephone:** Provide telephone numbers with area codes for both preferred and permanent address as well as personal cell phone number.
    - E-mail:** Provide permanent e-mail address
  - b. **Academic Degrees/Professional Certifications**
  - c. **Employment:**  
Provide dates of employment, position, and short description of duties
  - d. **Volunteer Experiences:**  
List any organizations for which you have volunteered your time during the past five years. Provide the organization, the activity, the hours volunteered, and the dates.

**International Students**

Link to [International Admissions](#)

## **Academic criteria**

- A cumulative grade point average of at least 2.5 on a 4-point scale.
- A science/mathematics grade point average of at least 2.5 on a 4-point scale.

Pre-clinical academic preparation is important in predicting student performance in the clinical program, so the preparation must reflect current information. The selection committee evaluates the college transcripts of each applicant. If an applicant completed academic prerequisites more than five years prior to admission, the committee will determine an acceptable means for the applicant to update the prerequisites.

## **Nonacademic criteria**

Each applicant is reviewed to identify the qualities predicting success in the profession of medical laboratory science. Desirable qualities include personal integrity, interest and ability in science and mathematics, manual dexterity, attention to detail, leadership and communication skills, and the ability to work cooperatively with others.

Evaluation of these qualities is by:

- Personal interview with representatives from the affiliated programs.
- Letters of recommendation

## **Mission**

Upon completion of the medical laboratory science (CLS) education program, the graduate will be the health care team professional responsible for providing laboratory information that is timely, cost-effective and of high quality. The laboratory professional will demonstrate a command of medical laboratory science theory and application such that s/he develops, implements, and evaluates the total laboratory process to improve patient care outcomes.

## **CLS PROGRAM GOALS**

- Graduate technically competent practitioners, who interpret, assess validity and correlate medical laboratory data.
- Instill the highest standards of performance and professional ethics in all graduates.
- Provide graduates with tools that promote sound, independent judgment, successful problem-solving abilities, and essential educational and administrative skills.
- Graduate professionals who are effective communicators with all members of the health care team, patients and the public (community).
- Support and mentor the development of professional responsibility to include lifelong learning activities, teamwork skills, and the ability to adapt to and facilitate change.
- Graduate professionals who actively educate others regarding the integral role of medical laboratory scientists in delivering quality patient care.
- Prepare graduates to pass national certification examinations in order to enter professional practice.

## **Program Costs**

Link to [Tuition and Fees](#) Total program hours: 43

Textbooks approximate figure:

\$900 -\$1200

Housing in Omaha or Kearny for 11wks:

varies (contact UNMC housing)

Background check, drug screen and immunization tracking

\$167 (approx.)

Required vaccinations

varies

Graduation Pin

\$15.00

**Transportation and Housing:**

Students must have reliable transportation and are responsible for all costs incurred during travel to and from the Clinical Site and University of Nebraska Medical Center as well as housing costs incurred during the 11 weeks of classes in Omaha, NE.

**Liability Insurance:**

Washburn University carries liability insurance on students during clinical education and during all clinical attendance.

**Health Insurance:**

All students are required to have and maintain personal health insurance for the duration of the CLS program.

**Financial Aid**

Financial aid including loans, scholarships, grants and work-study is available for those who qualify.

Information can be obtained through the Financial Aid office or by going to <http://www.washburn.edu/current-students/business-office/tuition-fees.html>

**The University Diversity and Inclusion Office**

The University Diversity and Inclusion office is responsible for assisting in arranging reasonable accommodations and for identifying resources on campus for students with disabilities.

Qualified students with disabilities must register with the office to be eligible for services. The office **MUST** have current documentation on file in order to provide services. Documentation includes a diagnosis of a specific disability by a professional qualified in the area of the disability, states how the disability substantially limits a major life activity and explains how the disability affects the student's academic performance.

Services are identified to meet the needs of individuals based on their specific disabilities, e.g. depression, physical or learning disability, and may include note takers, test readers/scribes, adaptive technology training, brailled materials, or other necessary accommodations.

**Requests for accommodations should be submitted at least TWO MONTHS before services should begin; however, if you have a current accommodation need, please contact the University Diversity and Inclusion staff immediately.**

Students may voluntarily identify themselves to the instructor for a referral to the University Diversity and Inclusion office.

Location: Office of University Diversity and Inclusion, Morgan Hall suite 105

Web: <https://www.washburn.edu/diversity/disability-services/student-resources.html>

Phone: 785-670-1622

E-Mail: [diversity.inclusion@washburn.edu](mailto:diversity.inclusion@washburn.edu)

**UNMC Student Accessibility Services**

If you are an enrolled student (UNMC or Contract site) and have disabilities that qualify for accommodation under Section 504 of the Federal Rehabilitation Act of 1973 and the Americans with Disabilities Act (1990), please contact the UNMC Counseling and Student Development Center to be considered for accommodation.

Reasonable accommodations are provided for students who are registered with UNMC Accessibility Services Center (UNMC ASC) and make their requests sufficiently in advance.

**Student Life Center (SLC) 2031**

Email: [unmcasc@unmc.edu](mailto:unmcasc@unmc.edu)

Phone: 402-559-7276

Fax: 402-559-9671

<https://www.unmc.edu/student-success/support-services/accessibility/accessibility-services-center-staff.html>Links to an external site.

<https://www.unmc.edu/student-success/support-services/accessibility/student-resources.html>Links to an external site.

## **Immunizations Required by Facilities for Clinical Practice Experience**

### **Hepatitis B Immunization –**

- a. All students must receive a 3 dose series of Hepatitis B vaccination and have evidence of immunity documented by an antibody titer 1-2 months after the completion of the 3-dose series.
- b. If the student's titer remains negative after having had the first series of 3 Hepatitis B vaccinations, the student must undergo a second series of 3 Hepatitis B vaccinations. A repeat antibody titer will then be done 1-2 months after the completion of the 3-dose series. If the antibody titer remains negative, testing for active hepatitis B infection should be conducted (HBsAg and Anti HBc). If active Hepatitis B infection is not present, the individual is considered to be a "non-responder."
- c. Students will be required to complete the Hepatitis B requirements by the end of the first year of enrollment.
- d. Students with documentation of at least one Hepatitis B vaccinations will be allowed to register for and attend classroom courses (courses with no exposure to blood or body fluids). Students may register for and attend clinical courses after documentation of the second Hepatitis B vaccination.

**Influenza Immunization –** Students may be required to electronically submit evidence of a flu vaccination appropriate for the flu season occurring during the student's enrollment in the program. (Submit in fall when flu vaccination becomes available to the public) Individuals are required to participate in UNMC related monitoring of Flu vaccination by confirming vaccination or declination using the electronic monitoring processes established by the University of Nebraska Medical Center.

### **Measles, Mumps and Rubella Immunization –**

- a. All students must have evidence of immunity documented by an antibody titer **OR** written documentation of 2 doses of the MMR vaccine administered at least 4 weeks apart.
- b. Students with evidence of prior receipt of only one dose of MMR or other measles-containing vaccine on or after their first birthday should receive a second dose of MMR, provided at least 4 weeks have elapsed since their previous dose.
- c. Documentation of immunization must be received 1 month prior to registration. Students are not allowed to register without this documentation.

**Tdap (Tetanus, Diphtheria, and Pertusis) –** Students who are 11-18 who have not received a Tdap vaccine should be given a single dose of the vaccine. Students over age 18 who have not received a single dose of Tdap after age 18 should receive vaccination with Tdap. Tdap can be administered regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine. Students over age 18, after receipt of Tdap, should continue Td for routine booster immunization against tetanus and diphtheria, every 10 years. Documentation of immunization must be received 1 month prior to registration. Students are not allowed to register without this documentation.

### **Tuberculosis (PPD) – Tuberculosis Screening on Admission**

- a. *Category 1 Students who currently undergo yearly PPD testing*
  - i. Students who are currently tested every year, submit the last 2 years of negative test documentation. Ideally, students should have a negative test within 6 months prior to registration.
- b. *Category 2 Students who have not had a PPD in the past 2 years.*
  - i. Students, who have NOT had PPD skin testing in the past 2 years, must have a 2-step PPD.
  - ii. *A 2 step PPD is defined as 2 negative skin tests placed at least 7 days apart and each having been read 48 hours-72 hours after placement.* This must be completed within 6 months prior to registration.
- c. *Category 3 students who were given BCG as a child but have not had a positive PPD.*
  - i. Students who were given BCG as a child and have not tested positive to the PPD skin test should have the two-step PPD skin test performed. If the PPD is positive, the student should have IGRA testing performed.

- d. *Category 4: Students with a history of positive PPD.*
- i. if a student has had a positive skin test in the past (including those who received the BCG vaccine as a child), they must have documentation of a TB *Interferon-Gamma Release Assay* (IGRA) within 6 months prior to registration. IGRA blood testing will be used to meet the requirement for yearly TB screening.
  - ii. International Students without access to IGRA blood testing may submit evidence of a negative chest radiograph taken within 6 months prior to registration. Students should be screened at the Student Health Center upon arrival at UNMC.

**Varicella (Chicken Pox) Immunization** – Students will electronically submit evidence of **2 varicella vaccinations** or titer/blood test demonstrating positive immunity. The program will **NOT** accept documentation of disease as evidence of immunity. Documentation of immunization must be received 1 month prior to registration. Students are not allowed to register without this documentation.

**Covid Immunization.** This varies with the site. Typically they would like you to have the first two rounds and the first Booster. The rest is up to the site. Most sites have exemption forms for religious or medical reasons.

### **Criminal Background Checks**

Successful completion of the CLS program requires participation in clinical practicum courses. Students can only be placed in clinical practicum courses after a background check, **at their expense**, has been completed which discloses they do not present a criminal history of:

- Convictions of laws regulating controlled substances; \*
- Convictions, at the felony level of crimes, as defined under Kansas Criminal Code (K.S.A. 21-3101 et seq.) and amendments thereto, which are crimes against persons, crimes against property, or sex offenses;
- Conviction of an offense requiring registry as a sex offender under the Kansas Offender Registry Act or any federal, military or other state law requiring registry;
- Conviction, at the felony level of crimes, involving moral turpitude which include but are not limited to: perjury, bribery, embezzlement, theft, and misuse of public funds.

\* Exception: Persons who have been convicted of a misdemeanor illegal drug offense may be permitted to participate in the clinical practicum if they have demonstrated, in the opinion of the program director, they have been sufficiently rehabilitated.

### **Drug Screens**

Successful completion of the CLS program requires participation in clinical practicum courses. Students can only be placed in clinical practicum courses after a drug screen, **at their expense**

- 13 Panel (Q13)



## Essential Functions Medical Laboratory Science Program Washburn University

The Bachelor of Health Science degree in Medical Laboratory Science is recognized as requiring the acquisition of general knowledge and basic technical performance skills in all areas of medical laboratory science, otherwise known as the medical technology or medical laboratory science profession.

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### Policy:

The faculty in the Medical Laboratory Science Program has a responsibility for the welfare of the patients treated or otherwise affected by students enrolled in the program, as well as for the welfare of students in the Program. To fulfill this responsibility, the program has established minimum essential requirements that must be met, with or without reasonable accommodation, in order to participate in the program and graduate. Discrimination is prohibited on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status.

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### Program:

Admission and retention decisions for the medical laboratory science program are based not only on prior satisfactory academic achievement, but also on non-academic factors that serve to insure the candidate can complete the essential requirements of the academic program for graduation. Essential requirements, as distinguished from academic standards, refer to those cognitive, physical and behavioral abilities that are necessary for satisfactory completion of all aspects of the curriculum and for the development of professional attributes required by the faculty of each student at graduation.

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### Essential Requirements:

The Washburn University Medical Laboratory Science Program curriculum requires essential abilities in **information acquisition**. The student must have the ability to master information presented in course work in the form of lectures, written materials and images. Additionally, the student must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty.

The student must be able to perform patient testing safely and accurately. He or she must be able to distinguish and identify objects both macroscopically and microscopically.

The student must have sufficient upper body muscle coordination and adequate dexterity to handle body fluid specimens, biohazards, chemical hazards and instruments safely in order to prevent harm to self or others. He or she must be able to perform delicate manipulations on specimens, instruments and equipment (such as calibrated pipettes) sufficient to meet specifications for accuracy in diagnostic testing. He or she must be able to lift and move objects, e.g., load individual tubes in an analyzer and move test tube racks from one bench to another. He or she must have fine motor control skills to carry out technical procedures such as isolating bacteria by smoothly moving a loop (6-inch wire with a looped end) over the surface of an agar (gel) culture plate without tearing the surface of the agar. The student must have sufficient touch discrimination to discern veins in order to perform venipunctures.

The student must be able and willing to work with blood and with organisms that may be infectious. He or she must be



able to work safely with a wide variety of chemical reagents.

Approximately 75 percent of each day is spent standing or walking and 25 percent is spent sitting in an indoor setting. Lifting of up to 50 pounds of equipment or supplies is required. Frequent interaction with computer terminals and laboratory equipment is necessary, requiring interpretation of visual presentation on screen, repetitive hand movements and fine manipulation.

The student must possess the emotional stability required for full utilization of his or her intellectual abilities. He or she must be able to work accurately and safely under stress, e.g., work under time constraints, read and record numbers accurately, perform repetitive tasks, concentrate in distracting situations, and make subjective evaluations and decisions where mistakes may have a high impact on patient care. He or she must be able to adapt to changing environments and be able to prioritize tasks.

The student must be able to communicate effectively in verbal and written English in order to obtain and transmit information to patients and members of the health care team. The appropriate communication may also rely on the student's ability to make a correct judgment in seeking supervisory help and consultation in a timely manner.

The student must possess attributes that include integrity, responsibility and tolerance. He or she must show respect for self and others, work independently as well as with others, and project an image of professionalism.

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**Summary:**

These standards identify the requirements for admission, retention and graduation from the program. It is the responsibility of the student with disabilities to request those accommodations that he or she feels are reasonable and are needed to execute the essential functions described.

**WASHBURN UNIVERSITY OF TOPEKA**  
**APPLICATION: MEDICAL LABORATORY SCIENCE PROGRAM**

Application Date:		Application for class beginning May:	
<b>Name:</b> (Last)	(First)	(M)	(WIN )
Do you have educational materials under another name? yes__ no__		If so, please indicate name:	
<b>Preferred mailing Address</b>			
(street)	(city)	(state)	(zip)
<b>Permanent Mailing Address</b>			
(street)	(city)	(state)	(zip)
<b>Telephone:</b>			
<b>Cell Phone:</b>			
<b>Email Address:</b>			

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**EDUCATIONAL INSTITUTIONS ATTENDED**

**List all undergraduate Colleges Attended (list in chronological order starting with the most recent)**

Name of Institution	City/State	Dates of Attendance	Hours Earned or Degree
		to	
		to	
		to	
		to	
		to	

**List all Graduate or Professional Schools Attended**

Name of Institution	City/State	Dates of Attendance	Hours Earned or Degree
		to	
		to	
		to	
		to	

## WORK IN PROGRESS

Instructions: Please list all courses currently in progress and those which you plan to complete prior to your enrollment in Washburn University's CLS Program.

[illegible][illegible]

## RECOMMENDATIONS

**Two Medical Laboratory Science Program Personal Recommendation forms are required to complete an application for admission consideration.** Please list the names and addresses of the individuals who will provide your required letters of recommendation. **Your file will not be complete, nor can you be considered for admission unless the required recommendations are received by the application deadline.**

### RECOMMENDATION I

(First)	(Last)	(Degree)
(Employer)	(Title)	
(City)	(State)	(Zip)
(Telephone		

### RECOMMENDATION II

(First)	(Last)	(Degree)
(Employer)	(Title)	
(City)	(State)	(Zip)
(Telephone		

I certify that all the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I know and understand that any or all items contained herein may be subject to verification and I consent to the full release of all information concerning my capacity and fitness for the educational program by employers, educational institutions and other agencies. Furthermore, by submitting this application I agree to abide by the policies and procedures as established in the University catalog. A copy of which is available through the Admissions Office.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**Recommendation Instructions  
Medical Laboratory Science Program  
Washburn University**

**Applicant Instructions:**

**STUDENT: Please provide the following to each referent**

- Pre-addressed stamped envelope if applicable (use address listed below)
- These forms and letter once completed can be sent directly from the referent to the program coordinator. See referent instructions.
- A copy of this instruction page
- Copy of the **Personal Recommendation Form** with your name printed on the appropriate line.
- These forms may be sent electronically to the recommender.

**To the referent:**

The Medical Laboratory Science degree is recognized as requiring the acquisition of general knowledge and basic technical performance skills in all areas of medical laboratory science, otherwise known as the medical technology or medical laboratory science profession.

In your letter of recommendation, please indicate your impression of this applicant with regard to the criteria listed on the recommendation form. Please feel free to add additional comments or impressions regarding the student in a separate letter.

If completing this form electronically, please print and sign the form before returning to student or mailing. If emailing please put in subject MLS recommendation and students name. Send to program coordinator directly.

Thank you for your participation.

Toni Caldwell  
CLS Program Coordinator  
Washburn University  
785-670-1286  
[marie.caldwell@washburn.edu](mailto:marie.caldwell@washburn.edu)

**RETURN THE LETTER TO: Candidate in sealed envelope with your signature across the flap, or to:**

**Medical Laboratory Science Program  
Allied Health Department  
Washburn University  
1700 SW College Avenue  
Topeka KS 66621**







**WASHBURN UNIVERSITY OF TOPEKA  
SCHOOL OF APPLIED STUDIES  
MEDICAL LABORATORY SCIENCE PROGRAM  
PERSONAL RECOMMENDATION**

**Name of Applicant:** \_\_\_\_\_

**APPLICANT:** Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence are of greater use in the assessment of a student's qualifications, abilities, and promise.

I    do    do not waive my right to review the content of my letters of recommendation.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

**TO THE RECOMMENDER:**

The person listed above is applying to Washburn University's Medical Laboratory Science Program. Please read and complete the following Personal Recommendation form as honestly as possible.

How well do you know the candidate:    Very well    Fairly well    Slightly

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please indicate your impression of this applicant with regard to each of the following factors by **checking** the appropriate rating.

FACTORS	Out standing	Above Average	Average	Below Average	Unable to Judge & Why
<b>Motivation:</b> genuineness & depth of commitment to profession					
<b>Maturity:</b> personal development, ability to cope with life situations.					
<b>Cultural Sensitivity:</b> exhibits respect for and sensitivity to individual differences					
<b>Interpersonal Relations:</b> ability to get along with others, rapport, cooperation; team building, attitudes toward supervision.					
<b>Critical Thinking:</b> ability to problem-solve, correlate and process information.					
<b>Reliability:</b> dependability, sense of responsibility, promptness, conscientiousness.					
<b>Oral Communication Skills:</b> clarity of expression, articulate					
<b>Written Communication Skills:</b> Writing fundamentals, construction					
<b>Self-Confidence:</b> assuredness, capacity to achieve with awareness of own strengths and weaknesses					
<b>Quality of Work:</b> accuracy, consistency, timeliness					

Continued on back

**In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for the Medical Laboratory Science Program. Additional comments may be made on a separate page.**

**Positive Attributes:**

**Opportunities for Improvement:**

- ☐ This applicant receives my highest recommendation.
- ☐ I recommend this applicant with confidence.
- ☐ I recommend this applicant.
- ☐ I recommend this applicant with some reservations.
- ☐ I would not recommend this candidate for admission.

**RECOMMENDER:**

Name (First)	(Last)	(Degree)
(Employer)	(Title)	(Telephone)
(City)	(State)	(Zip)
(Signature)	(Date)	

**RETURN TO: Candidate in sealed envelope with your signature across the flap, or to:**  
**Medical Laboratory Science Program**  
**Allied Health Department**  
**Washburn University**  
**1700 College**  
**Topeka KS 66621**

**WASHBURN UNIVERSITY OF TOPEKA  
SCHOOL OF APPLIED STUDIES  
MEDICAL LABORATORY SCIENCE PROGRAM  
PERSONAL RECOMMENDATION**

**Name of Applicant:** \_\_\_\_\_

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I   do   do not waive my right to review the content of my letters of recommendation.

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<b>Quality of Work:</b> accuracy, consistency, timeliness					

Continued on back

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- \_\_\_ I recommend this applicant.
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- \_\_\_ I would not recommend this candidate for admission.

**RECOMMENDER:**

Name (First)	(Last)	(Degree)
(Employer)	(Title)	(Telephone)
(City)	(State)	(Zip)
(Signature)	(Date)	

**RETURN TO:** Candidate in sealed envelope with your signature across the flap, or to:  
**Medical Laboratory Science Program**  
**Allied Health Department**  
**Washburn University**  
**1700 College**  
**Topeka KS 66621**

**Letter of Intent  
Medical Laboratory Science Program  
Washburn University**

**LETTER OF INTENT**

*Health Care professionals must possess good written communications skills. The letter of intent is evaluated for both content and grammar. **Submit the Letter of Intent along with all other application materials.***

On a separate piece of paper, please include the following:

Provide a narrative describing your interest in the area of Medical Laboratory Science, any laboratory experience you might have, and your professional career goals.

**\* Please limit the content to no more than 1 typewritten page using 12 point font.**

At the end of the Letter of Intent, include the following:

**Applicant Name (print)**

**Applicant Signature** \_\_\_\_\_ **Date**