

Medical Laboratory Technician (MLT) Program Application



Name: _____ PCC Student ID Number: _____
Last, First, Middle Initial

Mailing Address: _____ Phone #: _____
City, State, ZIP

PCC email (required): _____ Alternate email: _____

Academic Information – List all educational institutions you attended before entering PCC.

Name of high school or charter school attended and location (or write “GED Certificate”)

School name: _____ City: _____ State: _____

List below all universities, colleges and vocational-technical institutions previously attended. List most recent institution first. (Use additional sheets if necessary)

Name of Institution	City/State	Attendance (from - to)	Degree/Certificate	Year Awarded

List below all work experience that you have had in a health-related field. List most recent work experience first. (Use additional sheets if necessary)

Name of Institution	City/State	Position	Duties	Employment (from - to)

To participate in the clinical portion of the program, students must:

- Successfully complete all required courses and meet minimum grade requirements
- Obtain an Arizona Department of Public Safety Fingerprint Clearance Card (~\$65)
- Pass a urine toxicology screening exam from a certified laboratory (~\$20)
- Provide proof of immunization status for Measles, Mumps, Rubella, Varicella, Hepatitis B Virus and COVID 19
- Provide proof of current vaccinations for Tdap (within last 10 years) and Influenza (current season)
- Provide negative TB: two-step skin test –or– chest X-ray –or– Quantiferon –or– T-spot within the past year
- Provide proof of health insurance coverage
- Provide a declaration of health: See Technical Standards Essential for MLT Practice

Essential Functions:

To successfully participate in the MLT Program and become employable in a medical facility, the student must be able to perform essential functions expected of the working professional. Some examples of these essential functions are:

Vision: Possess visual acuity, color, shade and depth perception to accurately perform and interpret laboratory tests; ability to read computer screens, specimen/reagent, labels and warning signs

Communication: Possess the ability to clearly and accurately communicate with patients and health care professionals in English, and accurately follow verbal and written instructions

Physical Activity: Be able to stand and/or sit for prolonged periods and move freely and safely through the laboratory; ability to grasp, sit, squat, stoop, bend, reach, push, pull, and lift and carry up to 50 pounds

Manual Dexterity: Possess sufficient hand-eye coordination to efficiently, accurately and safely operate laboratory equipment, such as pipettes, inoculating loops and precision instrumentation, and perform phlebotomy procedures

Hearing and Smell: Auditory ability sufficient for physical monitoring of equipment, alarms, timers, and assessment of client health needs. Olfactory ability to detect significant environmental and laboratory odors

Program Progression:

Students must meet the following minimum requirements in order to qualify for the MLT program:

- REA 112, BIO 201IN*, CHEM 151IN*, MAT 151 *Grade of B or better
– or –
- Accuplacer Test Score of 265 for REA 112, placement into MAT 189
– and –
- Science courses must have been completed within the last eight (8) years

Students should submit the MLT program application while completing preparatory and/or support courses.

- MLT applicants can be cleared for Intro to MLT / Phlebotomy: MLT100IN (or MLT100/100LB) prior to starting the other core MLT courses. Students who complete the intro course with a grade of B or better are eligible to be assigned to a phlebotomy clinical rotation (MLT 199/199WK).
- All non-MLT prefix courses must be satisfied prior to students being cleared to register for MLT core courses. BIO201IH, BIO 205IN, CHM151IN require a minimum grade of B within the last 8 years.
- After completing the MLT core courses (MLT 230IN, 240IN, 250IN, 265IN, 275IN, 285IN) with a C or better, the student will be eligible to be assigned to an MLT clinical rotation (MLT 299/299WK) with one of the program's clinical affiliates. A student who does not successfully complete any MLT course must re-apply to the MLT program and repeat all MLT courses, including those previously successfully completed. Required to maintain proficiency.

Due to the limited number of clinical affiliates, assignment to clinical rotation is not guaranteed.

Clinical assignments may not be in Tucson. A waiting list will be created if demand for sites exceeds current affiliate resources. Any student who declines a rotation assignment will be moved to the bottom of the waiting list. Students who decline two rotation assignments will not be reassigned.

Signature of affirmation

I certify that the information I have provided in this application is accurate and that I will abide by the Pima Community College Students Rights and Responsibilities policy. I affirm that I have read and understand the program requirements, essential functions and policies for progression and completion.

Student's signature: _____ Date: _____

Please complete, sign and return the program application:

By email: amrosales2@pima.edu (Scan document - Verify legibility - Submit as: "Your name + MLT Application")

By US Mail or Drop-off: PCC West Campus • Medical Laboratory Technician Program
Room E234 • 2202 W. Anklam Road • Tucson, AZ 85709

PCC / Faculty use only:

Student name: _____ A#: _____ Cohort: _____

Prerequisites:	REA 112	BIO 201IN	CHEM 151IN	MAT 151
Semester Course Completed				
Placement Test Date / Waived				
Comment / Substitution				

Letter of acceptance sent via email: _____ Reply by date: _____

Date of Student Reply: _____ Accepted Declined Postponed (Semester): _____

Support Courses:	STU 100	Hum / FA	Soc Beh Sci	Spec Req	WRT 101	BIO 205IN
Semester Course Completed						
Assessment Test Date / Waived						
Comment / Substitution						

MLT Courses:	100	199	199WK	230IN	240IN	250IN	265IN	275IN	285IN	299	299WK
Completed											
Grade											
Comment											

Clinical Rotation Assignment:

Faculty Initials

Assigned clinical site: _____ Date: _____ Accepted Declined _____

Assigned clinical site: _____ Date: _____ Accepted Declined _____

Assigned clinical site: _____ Date: _____ Accepted Declined _____

WAITLIST Reason: _____ Date: _____ _____

Comment:

Student Withdrawn from Program Reason: _____ Date: _____

Comment: