Application for Clinical Laboratory Sciences Program Texas A&M University-Corpus Christi

Department Use ONLY Please return to: Texas A&M University-Corpus Christi Dept. of Clinical Laboratory Sciences Date received: ATTN: Dr. Jean Sparks 6300 Ocean Drive, TH-237 Corpus Christi, Texas 78412-5800 Phone: 361-825-2359 Indicate the program for which you are applying: Baccalaureate Post-baccalaureate Name: ID# Phone: ______Cell Phone: _____ Email Address: GPA (overall) _____ GPA (biology) ____ GPA (chem) ____ **Emergency Contact Information:** Relationship Phone Name Do you have any physical handicaps which would limit your work as a Clinical Laboratory Scientist? (Yes) No If yes, please explain Are you color blind? Yes No I am applying to begin the CLS year in August I understand that I must complete all prerequisite requirements (see curriculum sheet attached) before starting the 2. program in August. 3. I understand that I must apply and be accepted into the University. I have read the attached information sheet of Essential Functions required of the professional Medical Laboratory Scientist 4. and believe that I am able to meet them. I hereby acknowledge that I have read and understand the above statements. 5. Applicant's Signature **Requirements for Clinical Affiliate Placement:** Must submit the "Medical Exam" form signed by a health care provider as required to meet Physical Exam: advancement to clinical practicum Criminal Background Check: Must provide an acceptable criminal background check as required

Must provide an acceptable drug screen as required

Must submit the "Immunization" form signed by a health care provider as required to meet

Transportation: Must have available independent transportation to clinical practicum rotations. (Public transportation is not available at all clinical sites.)

advancement to clinical practicum

Drug Screen: Immunizations: