



**Department of Clinical Laboratory Sciences**

**Room G014 Eaton**

Dear Applicant,

Thank you for your interest in the Bachelor of Science in Clinical Laboratory Science program at the University of Kansas Medical Center. The information on the website and in this application packet should provide answers to many of your questions and help you in making a final selection of the educational program that best suits your professional goals as a clinical laboratory scientist.

The program draws on the extraordinary intellectual and clinical resources offered by both the University of Kansas Medical Center and several outstanding clinical affiliate sites to enhance students' learning opportunities in all clinical laboratory science techniques. Graduates of our program have an average passing rate of 93% on the ASCP Board of Registry certification exam.

Admission to the program is competitive. **All applications received by January 15 will be reviewed first for the class that will start August of that year.** Only applicants who meet minimum requirements for admission to the program will be called for interviews. Interviews are scheduled for one Friday and one Saturday in March. The department assigns an interview date after receiving the required application materials. We will contact applicants via telephone to schedule an interview. Please use the enclosed checklist to assist you in completing your application.

Please do not hesitate to contact us if we may be of further assistance. Dr. Jan Hudzicki, our Admission Chair, will be happy to answer any questions about the admissions process; **please contact her at 913-588-0153 or [jhudzicki@kumc.edu](mailto:jhudzicki@kumc.edu).** Our primary purpose is to assist you in attaining your goal.

Sincerely,

*Venus Ward*

Venus J. Ward, PhD, CLS(NCA), MT(ASCP)  
Chairman & Program Director

**The University of Kansas Medical Center**  
**3901 Rainbow Boulevard ■ Mail Stop 4048 ■ Kansas City, Kansas 66160**  
**(913) 588-5220 Telephone ■ (913) 588-7963 (TDD) ■ (913) 588-5222 (Fax)**

**CLINICAL LABORATORY SCIENCES DEPARTMENT**  
**School of Allied Health**  
**THE UNIVERSITY OF KANSAS MEDICAL CENTER**  
*Admission Materials Deadline: January 15*



**DIRECTIONS AND CHECKLIST for completing the enclosed applications materials:**  
**Please read this page in its entirety before completing the enclosed forms.**

- BEFORE COMPLETING THE APPLICATION, PLEASE CONTACT A CLS ADVISOR TO REVIEW YOUR PRE-REQUISITE COURSES.**

**Failure to contact an advisor could result in a delay in your start date to the program if it is discovered that you are missing prerequisite courses or if certain courses you have already taken are deemed to be not transferable to the University of Kansas.**

**COMPLETE THE FOLLOWING FORMS AND RETURN ALL OF THEM AT THE SAME TIME\* TO:**

**University of Kansas Medical Center**  
**Department of Clinical Laboratory Sciences**  
**3901 Rainbow Boulevard, Mail Stop 4048**  
**Kansas City, KS 66160**

\*Exceptions are the Reference Forms and any non-University of Kansas transcripts.

- Application to the School of Allied Health** (2 pages). Complete this form and enclose the \$60.00 application fee. The funds must accompany this form and may be a personal check or money order. Do not send cash. Make the check payable to "University of Kansas Medical Center".
- Concentration Preference Form** (on the same page as the Current Course Form). Indicate on the **Concentration Preference Form** which Concentration (Clinical or Molecular) you plan on completing at this time. We use this to do advanced planning, but you will not have to make a final commitment as to which concentration you plan to pursue until the end of your first year in the program.
- On the **Current Course Form** (on the same page as the Concentration Preference Form) list the classes you are currently enrolled in and any classes you plan to take in any remaining semesters prior to the start date of our program. This helps us ensure that you will have completed the required prerequisites prior to beginning the professional program. Failure to complete the prerequisites will delay your admission to the program. Students are not permitted to complete prerequisites while enrolled in the CLS program.
- English Language Requirements for Degree Program:** ALL applicants must complete the form at the bottom of this page, even those whose first language is English. It is imperative that applicants for whom English is not the native language read the policy that lists the special requirements which **MUST** be satisfied to be considered for admission to the Clinical Laboratory Sciences Program. A clear photocopy of the official report from the TOFEL and TSE or Speak Test must be included with the application materials.
- Technical Standards Acknowledgement:** Read the Technical Standards, which describe the abilities and expectations of all students being admitted to the CLS program, and sign the acknowledgement that you are aware of the Technical Standards. If you feel that you are not able to meet one or more of these standards, please contact the office listed at the bottom of the statement for assistance.

- Write a one page **Professional Goal Statement** on the form provided. We are interested in why you are interested in pursuing this profession, how you came to be interested in clinical laboratory sciences, experiences or activities that have helped you prepare to enter a CLS program, your personal and professional goals, why you feel that you would be successful in our program, etc.

## REFERENCE FORMS

- Make three (3) copies of the **Reference Form** (2 pages) and give one to each evaluator. Each evaluator should return the reference form directly to our office. It helps if you provide a pre-addressed, stamped envelope along with the form to each evaluator. At least two (2) of these forms must be completed by science instructors. The third could be completed by an employer or an instructor in an area other than science. Follow up with our office about one month after giving out your forms to see if they have been submitted. This allows you time to remind the evaluator to complete and submit the form prior to the application material deadline.

## OFFICIAL TRANSCRIPTS

- All Students are required to submit official transcripts from ALL post secondary schools attended. Transcripts should be sent directly to this office from the institution attended. The address for transcripts is:

University of Kansas Medical Center  
Department of Clinical Laboratory Sciences  
3901 Rainbow Boulevard, Mail Stop 4048  
Kansas City, KS 66160.

**NOTE to University of Kansas Students:** If you are attending KU you do not have to submit official transcripts during the admission process. We are able to access student records for students who are currently enrolled at KU or who have recently graduated from KU. Be sure to provide your KU student number on the School of Allied Health Application form. However, if you have taken courses at other institutions prior to or during your residence at KU, you still need to send transcripts from the other institutions directly to our office.

**We recommend that applicants make a copy of all materials sent to our office and keep for their records.**

### TIMELINE FOR THE ADMISSION PROCESS:

Time	Activity
Fall Semester the year before you plan to enroll in the CLS program	Print off an application packet from the web site, complete all forms, and send to the appropriate offices
January 15 of the year you plan to begin the CLS program	Deadline for Application Materials Submission
January and Early February	Applications are screened for minimum requirements
Late February	Personal interviews will be scheduled with each student meeting the minimum admission requirements.
March	Interviews will be held on a Friday or Saturday. Interviews last about 1 to 1 ½ hours.
Late March - Early April	Letters are sent to all applicants indicating admission status (accepted, rejected, waiting list)
2-4 weeks after letters sent	Letters of Intent for accepted students and deposit fee due back in the CLS office
Late May	Acceptance Packets sent to Admitted Students
May – July	Accepted students enroll in Fall classes
May – July	Waiting List students notified if openings occur
August	CLS Program Orientation and Classes begin

Term:

Date Received
Date Fee Rec'd
Payment Method

For KU Use Only

## KU School of Allied Health Undergraduate Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

### Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Name, if different from above	Other name(s) under which your records might be found	Male	Female

Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

Home (Current) Address:

  
 Number and Street  
  
 City & State  
   
 Country Zip /Postal Code  
   
 Phone Number Mobile Phone Number  
 

Permanent Address (if different from current address):

  
 Number and Street  
  
 City & State  
   
 Country Zip /Postal Code  
   
 Phone Number Mobile Phone Number  
 

E-mail Address

Citizenship/Residency Status (please select one):  United States Citizen  Permanent Resident of United States

If you did not select one of the above, **STOP**: you must contact the KU Office of International Programs for application instructions.

Is English your first language?  Yes  No If No, what is your first language?

### Ethnicity

Are you Hispanic or Latino?

Yes, I am Hispanic or Latino.  
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.

American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American  Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

### Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Degree Level	<input type="checkbox"/> Non-degree-seeking or special student

### Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA

## Other Information

Please check any which apply to you:

- Current KU/KUMC student
- Have APPLIED to KU/KUMC before
- Have ATTENDED KU/KUMC before
- Member of US Armed Forces, or a dependent of one
- My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

## Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas?  Yes  No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

## Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

## Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

## Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

### DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

- Regular  Regular non-degree
- Provisional  Provisional non-degree

Do not admit.

Comments/Remarks:

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Department Signature

Date



**Clinical Laboratory Sciences Department  
School of Allied Health  
The University of Kansas Medical Center**

Name: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Concentration Preference Form**

*Please give an indication by placing an "x" in the appropriate box as to which of the following concentrations you are interested in applying for in the Clinical Laboratory Sciences Department at this time. Students may pursue both concentrations (will require one additional semester to complete both). Students do not have to officially commit to a concentration until the end of the first year of the professional program.*

	Clinical Concentration
	Molecular Biotechnology Concentration
	Uncertain at this time

**Current Course Form**

*To Applicant:  
 Please list all courses in which you are currently enrolled and in which you plan to enroll for the upcoming Spring AND/OR Summer Semesters. Please return with other application materials.*

**FALL SEMESTER, YEAR \_\_\_\_\_**

Course Number	Course Title	Credit Hours	College or Univ.

**SPRING SEMESTER, YEAR \_\_\_\_\_**

Course Number	Course Title	Credit Hours	College or Univ.

**SUMMER SEMESTER, YEAR \_\_\_\_\_**

Course Number	Course Title	Credit Hours	College or Univ.

**THE UNIVERSITY OF KANSAS CLINICAL LABORATORY SCIENCE EDUCATION  
REFERENCE FORM**

**TO THE APPLICANT:** Please complete the information above the double line. Then send or give the form to the individuals who will be providing your references and ask them to complete the form and send it directly to the address at the bottom of the second page of this form. **Three references are required: two of which should be from current or former basic science instructors.**

**NAME OF APPLICANT:** \_\_\_\_\_

.....  
**Under the Family Educational Rights and Privacy Act, students have the right to inspect their files upon request. Please indicate below whether you waive your right to review information in this reference report. Agreeing to waive your right to review this report is not required as a condition of admission to the University of Kansas Clinical Laboratory Science (CLS) program. This recommendation will not be used for any purpose other than admission to the CLS program.**

\_\_\_\_ I waive my right to review this reference report \_\_\_\_\_  
**Signature** **Date**

---

---

**TO THE EVALUATOR:** The individual whose name appears above has applied for admission to the University of Kansas Bachelor of Science in Clinical Laboratory Science program. CLS (also called Medical Technology) is the branch of medicine that deals with laboratory analysis of biological material. Graduates perform a variety of diagnostic tests, validate the quality of results, correlate data obtained with patient conditions, and may manage laboratories and supervise personnel. Students applying for admission to this program are evaluated on a number of criteria including both academic and nonacademic performance. Your comments will be held completely confidential if the applicant has waived his or her right to review it. Your candid completion of this evaluation is appreciated. Please complete both pages of this form and send it to:

**University of Kansas Medical Center  
Department of Clinical Laboratory Sciences  
Mail Stop 4048  
3901 Rainbow Boulevard  
Kansas City, KS 66160**

**Name of individual completing this form** \_\_\_\_\_

**Position** \_\_\_\_\_

**Organization** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**How long and under what circumstances have you known this applicant?**

**What reference group are you using in this comparison?**

**Please check the appropriate response for ALL items.**

1. Assess the applicant's aptitude for further studies in applied science courses such as those in the CLS curriculum.

excellent     good     average     poor     unable to assess

2. How would you rate the applicant's problem solving skills?

good     average     poor     not observed

3. Assess the applicant's laboratory skills. Consider attention to detail, organization, thoroughness, dexterity, etc.

good     average     poor     not observed

4. How well does the applicant follow verbal and written instructions?

very well     average     poor     not observed

5. How well does the applicant contribute to "teamwork by working cooperatively with others?"

very well     average     poor     not observed

6. How well does this person appear to handle stress? Consider working within time constraints, test taking, etc.

very well     average     poor     not observed

7. How would you assess the applicant's honesty and integrity?

fine     possibly problematic     can't assess

8. Does this applicant show potential as a leader?

yes     has potential     no     can't assess

9. Would you recommend acceptance of this applicant to the CLS program?

definitely yes     yes, with reservations     no

**Please use the space below or attach a separate sheet to add additional comments that you think are relevant concerning the applicant's capacity for success in the CLS professional program.**

**ENGLISH LANGUAGE REQUIREMENTS FOR DEGREE PROGRAM**

**THESE REQUIREMENTS MUST BE MET PRIOR TO BEGINNING THE PROFESSIONAL PROGRAM.  
OFFICIAL DOCUMENTATION OF SCORES MUST BE PROVIDED TO THE ADMISSIONS COMMITTEE.**

All students **MUST** satisfy at least ONE of the following requirements. Mark the appropriate box.

- I am a citizen of a country where English is the native language, e.g. United States, Great Britain, Australia, New Zealand or English-speaking provinces in Canada
- I have earned a baccalaureate degree or higher from an institution in one of the countries listed above.
- I have successfully passed **KU Lawrence Campus Applied English Center's (AEC) Full Proficiency Test for English**. Please submit official documentation of scores and indicate your scores below.

Date Taken: \_\_\_\_\_

Speaking/Listening	Reading/Writing	Grammar	Total
--------------------	-----------------	---------	-------

- I have an official Test Report Form (within the last two years) for the academic format of the **International English Language Testing System (IELTS)**. Please submit official documentation of scores and indicate your scores below.

Minimum Requirements: Overall band score of 6.5 and no part score lower than 6.0.

Date Taken: \_\_\_\_\_

Listening	Reading	Writing	Speaking	Overall
-----------	---------	---------	----------	---------

- Internet Based TOEFL** – Must have been taken within the past two years.  
Minimum requirements: At least 23 or higher on the Reading and Listening Sections; A score of 5.0 or 23 or higher on the Writing Section; A score of 26 or higher on the Speaking Section. Please submit official documentation of scores and indicate your scores below.

Reading	Writing	Listening	Speaking
---------	---------	-----------	----------

- Paper-based TOEFL** – Recent (within the last two years)  
At least 57 on each section with a 5.0 or higher on the Test of Written English

**AND**

A minimum score of 50 on the **TSE** (Test of Spoken English) exam or a minimum of 50 on the **Speak Test** (available at the AEC, Lawrence campus). Please submit official documentation of scores and indicate your scores below.

Listening Comprehension	Reading Comprehension	Structure Written Expression	Test of Written English	TSE or Speak Test
-------------------------	-----------------------	------------------------------	-------------------------	-------------------



**UNIVERSITY OF KANSAS MEDICAL CENTER  
SCHOOL OF ALLIED HEALTH  
DEPARTMENT OF CLINICAL LABORATORY SCIENCES**

**TECHNICAL STANDARDS**

**Please read then sign the statement at the bottom of the second page.**

Because a Bachelor of Science Degree in Clinical Laboratory Science signifies that the holder is eligible to sit for the Board of Registry and/or National Credentialing Agency for Laboratory Personnel examinations at the medical technology/clinical laboratory scientist level and signifies that the holder is prepared for entry into the profession of clinical laboratory science, it follows that graduates must have the knowledge and skills to function in a broad variety of clinical, research, and industrial laboratory situations and to demonstrate entry level competencies at all levels of professional practice (see attached NAACLS statement). Therefore, the following abilities and expectations must be met by all students admitted to the program.

**1. Essential Observational Requirements for the Clinical Laboratory Sciences**

The CLS student must be able to:

- observe and perform laboratory demonstrations in which biologicals (i.e., body fluids, culture materials, tissue sections, and cellular specimens) are tested for their biochemical, hematological, immunological, microbiological, and histochemical components.
- characterize the color, odor, clarity, and viscosity of biological, reagents, or chemical reaction products.
- employ a clinical grade binocular microscope to discriminate among fine structural and color (hue, shading, and intensity) differences of microscopic specimens.
- read and comprehend text, numbers, and graphs displayed in print and on a video.

**2. Essential Movement Requirements for the Clinical Laboratory Sciences**

The CLS student must be able to:

- move freely and safely about a laboratory.
- reach laboratory benchtops and shelves, patients lying in hospital beds or patients seated in specimen collection furniture.
- travel to numerous clinical laboratory sites for practical experience.
- perform moderately taxing continuous physical work, often requiring prolonged sitting, over several hours.
- maneuver phlebotomy and culture acquisition equipment to safely collect valid laboratory specimens from patients.
- control laboratory equipment (i.e. pipettes, inoculating loops, test tubes) and adjust instruments to perform laboratory procedures.
- use an electronic keyboard (i.e. 101-key IBM computer keyboard) to operate laboratory instruments and to calculate, record, evaluate, and transmit laboratory information.

**3. Essential Communication Requirements for the Clinical Laboratory Sciences**

The CLS student must be able to:

- read and comprehend technical and professional materials (i.e. textbooks, magazine and journal articles, handbooks, and instruction manuals).
- follow verbal or written instructions in order to correctly and independently perform laboratory test procedures.
- clearly instruct patients prior to specimen collection.
- effectively, confidently, and sensitively converse with patients regarding laboratory tests.
- communicate with faculty members, fellow students, staff, and other health care professionals verbally and in a recorded format (writing, typing, graphics, or telecommunication).
- independently prepare papers, prepare laboratory reports, and take paper, computer, and laboratory practical examinations.

(continued on next page)

**4. Essential Intellectual Requirements for the Clinical Laboratory Sciences**

The CLS student must:

- possess these intellectual skills: comprehension, measurement, mathematical calculation, problem solving, reasoning, integration, analysis, comparison, self-expression, and criticism.
- be able to exercise sufficient judgment to recognize and correct performance deviations.

**5. Essential Behavioral Requirements for the Clinical Laboratory Sciences**

The CLS student must:

- be able to manage the use of time and be able to systematize actions in order to complete professional and technical tasks within realistic constraints.
- possess the emotional health necessary to effectively employ intellect and exercise appropriate judgment.
- be able to provide professional and technical services while experiencing the stresses of heavy workloads (i.e., large number of tasks to complete in a limited amount of time), task-related uncertainty (i.e., ambiguous test-ordering, ambivalent test interpretation), emergent demands (i.e. test orders that must be done as soon as possible), and a distracting environment (i.e. high noise levels, crowding, complex visual stimuli).
- be flexible and creative and adapt to professional and technical change.
- recognize potentially hazardous materials, equipment, and situations and proceed safely in order to minimize risk of injury to patients, self, and nearby individuals.
- adapt to working with unpleasant biologicals.
- support and promote the activities of fellow students and of health care professionals. Promotion of peers helps furnish a team approach to learning, task completion, problem solving, and patient care.
- be honest, compassionate, ethical, and responsible. The student must be forthright about errors or uncertainty. The student must be able to critically evaluate her or his own performance, accept constructive criticism, and look for ways to improve (i.e. participate in enriched educational activities). The student must be able to evaluate the performance of fellow students and tactfully offer constructive comments.

**Individuals with disabilities are encouraged to apply to the program.** Candidates who indicate that they cannot meet one or more of the expectations will be reviewed further by the Admissions Committee, with applicant and faculty input, to determine what reasonable accommodations might be possible to facilitate successful completion of the clinical laboratory science curriculum and preparation for the certification examinations.

KUMC is an EO/AA/Title IX institution.

Rev. 12/03

**TECHNICAL STANDARDS FOR ADMISSION AND RETENTION**

The expectations for clinical laboratory science/medical technology students are described above. The standards identify the requirements for admission, retention and graduation of applicants and students respectively. If you have any questions about program accommodations or university services, please contact the KU Medical Center EO/Disability Specialist at 913-588-7813 (V) or 913-588-7963 (TDD).

*I am aware of the technical standards for admission and retention for students of the Clinical Laboratory Sciences program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## PROFESSIONAL GOAL STATEMENT

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_