

**MLT Pre-Admission Conference  
Spring Semester 2020**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Campus \_\_\_\_\_

Student ID number \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

**Understanding of Academic Progression &  
Written Technical Standards for  
Medical Laboratory Technician Program**

I have read and understand the information in the on-line MLT Pre-Admission Conference presentation. I understand the academic standards and process for progression through the program. I also understand the Technical Standards of the MLT Program. These are located in the on-line conference presentation.

I have been informed that immunization records are required before being allowed to participate in clinical experiences. I have also been informed that a criminal background check and a drug screen are required before being allowed to participate in clinical experiences. If you do not “pass” the test, the facility may refuse to allow you to practice in their facility. The cost of these checks will be the responsibility of the student.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date