

# Medical Laboratory Science Program

## VERIFICATION OF POLICIES

(Must be submitted with the application to the program)

I have read the **MLS Program Handbook** that describes the policies of the program, have taken or are currently taking at least one MLS course or equivalent and **fully understand**:

1. The function/job description/duties (**essential functions**) of the lab profession I have chosen to pursue and believe I can meet these standards:
  - > based on my existing skills and abilities or using typical corrective devices
  - > with reasonable accommodation and I have contacted the ADA Office.
2. The safety precautions associated with the on-campus laboratory and profession practice;
3. That I am **required** to have health insurance coverage for clinical placement;
4. That I am **required** to obtain HBV vaccination prior to the start of the MLS program
5. That I am **required** to provide vaccination history and receive updated immunizations as described in the Certified Background Check Immunization Tracker section of the Program Handbook, and complete orientation training and as required by the clinical facility;
6. The Criteria, Policies and Procedures for Program application, Program progression, clinical site placement and Program completion;
7. That I am **required** to submit to a background check and release this information to the clinical agency prior to placement and that based on this information and/or failure to disclose concerns at this time, I may be denied placement and hence completion of the program;
8. That I may be required to submit to drug screening at any time prior to or during my clinical fieldwork.

Any questions that I may have had about the above requirements and policies have been answered by program faculty or by the Program Director to my satisfaction.

Please sign in front of a Witness:

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_