



**MEDICAL LABORATORY TECHNICIAN PROGRAM
NORTH PLATTE COMMUNITY COLLEGE
MEDICAL LABORATORY TECHNICIAN PROGRAM**

APPLICATION FOR ADMISSION
(PLEASE PRINT)

APPLICANT NAME: _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE: _____ EMAIL: _____
(HOME) (WORK)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

IF MARRIED, HUSBAND/WIFE NAME: _____

CHILDREN/DEPENDENT(S) NAME(S) AND AGE(S): _____

IN CASE OF AN EMERGENCY NOTIFY: (LIST TWO PERSONS)

(NAME) (ADDRESS) (RELATIONSHIP) (PHONE)

(NAME) (ADDRESS) (RELATIONSHIP) (PHONE)

EDUCATION

	Name of School	City & State	Years Attended	Diploma Received
Elementary	_____	_____	_____	_____
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

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Write a brief explanation concerning the reasons for your desire to become a Medical Laboratory Technician.

If accepted, are you aware of anything that may prevent you from successfully completing the Mid-Plains Community College MLT program as described in the college written materials? Yes No

If Yes, please explain: _____

Are you willing to accept clinical rotation assignment at any of the Mid-Plains Community College MLT Clinical Affiliates? Yes No

If No, please explain: : _____

DATE YOU WISH TO ENROLL: _____

DATE WHEN YOU WOULD BE AVAILABLE FOR AN INTERVIEW? _____

SIGNATURE OF APPLICANT

DATE