



2010 Health Campus Drive
Harrisonburg, Virginia 22801-3293
Phone 540-564-5407

MEDICAL TECHNOLOGY SCHOOL MEDICAL LABORATORY SCIENCE

APPLICATION FOR ADMISSION

RMH does not discriminate on the grounds of race, color, religion, national origin, sex, age, marital status, sexual orientation, family responsibilities or political affiliation.

DATE: _____ **What class are you applying to (Jan. or June) and date?** _____

1. **PERSONAL INFORMATION:**

Full Name: _____
(first) (middle) (last)

Social Security Number _____

Home Address _____

Home Telephone Number _____

Present or School Address _____
(if different from home) _____

Present or School Telephone Number _____

Please list other names that you have used which may appear on requested documents such as transcripts.

NOTE: If an applicant is accepted into the Rockingham Memorial Hospital School of Medical Technology, a physical examination and drug screen are required by the hospital employee health services department. Background checks are also required.

EDUCATION—What is your present Grade Point Average? _____

2.

Provide the names and addresses of the schools you have attended, the **dates of attendance**, and any degree(s) received.

3. **REFERENCES:**
 Contact a minimum of three references and have them send letters to the RMH Medical Technology School. At least two of the references must be from college professors.

4. **WORK EXPERIENCE:** In the space below, list your work experience with the most recent employment first.

Dates of Employment	Name of Employer Employer's Address	Job Title	Reason for Leaving

5. **INTERVIEW:**
 Acceptance into the Rockingham Memorial Hospital School of Medical Technology depends upon your references, analysis of academic courses and performance, and your personal interview. After all of your references and transcripts have been received and evaluated, an interview may be scheduled. The Program Director for the school will contact you regarding the date and time. However, to assist in this process, please indicate the two best days and times to schedule the interview (for example, "Monday, any time after 1:00 pm"). Interviews will be scheduled Monday through Friday only.

6. **APPLICANTS WITHOUT UNITED STATES CITIZENSHIP ONLY:**
 What is your present visa status? _____

7. **APPLICANT QUESTION:**
 On a separate sheet of paper, please answer the following question ***in your own handwriting.***

Why do you want to be a medical technologist, and why have you selected RMH?

8. If I am accepted by the Rockingham Memorial Hospital School of Medical Technology, I agree to abide by the code of ethics and the general rules and policies of the school and the hospital, and I am responsible for my conduct at all times. In signing below, I also affirm that to the best of my knowledge, the previous information is correct and accurate.

signature

date