



School of Medical Technology  
Application for Admission

Please mail to:  
Tampa General Hospital  
School of Medical Technology  
P.O. Box 1289  
Tampa, FL 33601

Name: \_\_\_\_\_

                    Last                                    First                                    Middle

Permanent Address (if different): \_\_\_\_\_  
 \_\_\_\_\_ Street  
 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 City State Zip Phone number where you can be reached.

Social Security #: \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_

Have you applied to this School Before? \_\_\_\_\_ Date: \_\_\_\_\_

Physician Statement of Health: Enclosed: \_\_\_\_\_ To Follow: \_\_\_\_\_

[illegible]

Employment Record:

| Type of Work or Activity | Employer | Address | Dates |
|--------------------------|----------|---------|-------|
|                          |          |         |       |
|                          |          |         |       |
|                          |          |         |       |
|                          |          |         |       |

Other: List any extra curricular activities or areas of interest & indicate special awards or responsibilities

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Education:

If you have attended school under another name, write name\_\_\_\_\_

Transcripts must be sent by each institution listed below, List most recent college/university first.

| Academic Institution | Address | Dates Attended | Degree/Yr | Major |
|----------------------|---------|----------------|-----------|-------|
|                      |         |                |           |       |
|                      |         |                |           |       |
|                      |         |                |           |       |

Postgraduate Work: \_\_\_\_\_

Will you have a Bachelor's Degree prior to entering the Medical Technology Internship? \_\_\_\_\_

If Currently Attending School, list name, current or proposed courses, credit hours and expected completion dates.

Name of academic institution:

| Current Courses: | Credit Hours:<br>Semester/Quarter | Completion Date: |
|------------------|-----------------------------------|------------------|
|                  |                                   |                  |
|                  |                                   |                  |
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|                  |                                   |                  |
|                  |                                   |                  |

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that misrepresentations or omissions of applicant information whenever discovered may deem me ineligible for admission, or, if accepted, dismissal without prior notice. I have read the Essential Functions for clinical laboratory scientists and believe that I can meet those functions.

I agree to confirm to the rules and regulations of Tampa General Hospital and not reveal confidential information concerning organizations, patients or team members. I understand that revealing confidential information, whenever discovered, may deem me ineligible for admission, or, if accepted, dismissal without prior notice.

I understand and acknowledge that a health screen, including a urine drug screen is required during Orientation and that failure to obtain favorable results on the drug screen will result in dismissal from the School of Medical Technology.

I am aware that the successful completion of a training program does not automatically entitle me to licensure in a clinical laboratory per Florida Department of Health Regulations, as such application may be denied due to criminal convictions and non-restoration of civil rights.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Tampa General Hospital and the School of Medical Technology is committed to the belief that educational opportunities should be available to all qualified persons without regard to race, creed, color, age, sex, religion, handicap or national origin. Equal opportunity is given to all applicants.