

Cooperative Medical Technology Program of Akron

Application Packet



This packet contains:

Instructions to the Applicant

Essential Functions for Admittance

Application

Courses Planned and In Progress Form

Reference Form

INSTRUCTIONS TO THE APPLICANT

The following materials must be mailed to the address shown below.

1. The completed application form must be received by December 1. The entire application file must be completed by December 15. It is your responsibility to contact the Program Office prior to December 15 to ensure that all application materials have been received.
2. Application/Processing fee of \$45. Do not send cash. Make check payable to: “Cooperative Medical Technology Program of Akron.
3. Official transcript from each college or university attended.
4. A list of courses planned or in progress.
5. Select three individuals (science instructors, laboratory instructors, members of the health profession, or employers) who are not related to you but know you well enough to evaluate your personal qualities. One of these must be the college advisor.
 - A. Place your name on the top of each form.
 - B. Sign your name to either statement A or B of the “Right of Access to Written Evaluations.”
 - C. Give the form to each evaluator. It is recommended that you contact your science or laboratory instructors at the beginning of the term/semester so that he/she might observe you for the traits to be evaluated. Remember to remind the instructor of the evaluation at the end of the course.
 - D. Provide each evaluator with a stamped envelope addressed to the address shown below. We will only accept evaluations that are sent directly to the Program by the evaluators.

Send all materials to:

Cooperative Medical Technology Program of Akron
One Perkins Square
Akron, Ohio 44308-1062
330-543-8720

6/2016

ESSENTIAL FUNCTIONS FOR ADMITTANCE

The Essential Functions (non-academic) established by this program are those functions that the student must be able to accomplish in order to engage in the educational and training activities in a way that will allow progress in the curriculum and will not endanger other health care workers/trainees, patients and public. Reasonable accommodations will be made providing they will not endanger the health and safety of others.

STANDARD	FUNCTION
Vision	The student must be able to read charts and graphs, read instrument scales, discriminate colors, view microscopic materials, and record results.
Speech and Hearing	The student must be able to communicate effectively and sensitively in order to elicit information, be able to assess non-verbal communication, and be able to adequately transmit information to all members of the health care team.
Motor Functions	The student must possess the dexterity necessary to carry out clinical laboratory procedures, manipulate tools, instruments, and equipment.
Psychological Stability	The student must possess the emotional health required for full utilization of the applicant's intellectual abilities, be able to recognize emergency situations, and take appropriate action.

APPLICATION

**COOPERATIVE MEDICAL TECHNOLOGY
PROGRAM OF AKRON
One Perkins Square
Akron, Ohio 44308-1062**

DO NOT WRITE IN THIS SPACE

Affiliate _____
App. Rec'd _____
App. fee Rec'd _____
Transcript Rec'd _____
Date Ref. Rec'd _____

Name: _____
Last First Middle Initial

Date: _____

School Address: _____
(Residence) Street City & State Zip

Phone: _____
Include Area Code

Permanent Address: _____
Street City & State Zip

Phone: _____
Include Area Code

E mail: _____

Education:

	Name of School	City/State	Years Attended	Major/Degree	Date of Graduation
High School					
College					
College					
College					
Business, Trade or Night School					
Professional School					

Are there any circumstances pertinent to this application that you would like to explain?
(You may use additional paper)

Please list your previous employment including military service or volunteer experience accounting for all time since graduation from High School.

Employer	Work Description	Hours per week:	Dates

Please list the activities, honors, or scholarships held during high school and college.

Please submit a statement that describes your interest in the profession of Medical Technology and your projected goals:
(You may attach an additional sheet)

Have you ever been convicted of anything other than a traffic violation_____? If yes, please state reasons, dates, and dispositions.

Date you will **NOT** be available for a personal interview? (After Jan. 1)

I understand that if I should be admitted to the Medical Technology Program and later investigation reveals that I have made false statements or omitted material facts in this form, I may be subject to dismissal. I further authorize Cooperative Medical Technology Program of Akron officials to obtain all pertinent information from police records and all past or present employers, schools, or educational institutions for verification of information contained in this application. The above information is correct and without purposeful omissions.

Signature of Applicant

Date

NAME _____

UNIVERSITY _____

DATE _____

_____ I have completed all course work and have no courses in progress or planned.

COURSES IN PROGRESS

NO.	TITLE	CREDIT HOURS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COURSES PLANNED

NO.	TITLE	CREDIT HOURS		INDICATE WHICH TERM
		SEMESTER	QUARTER	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please check the statement(s) which best describe your degree status. If more than one degree is planned, check all applicable statements.

_____ Baccalaureate/Master's degree(s) has been received prior to beginning of clinical year (4+1)

Name of Degree(s): _____

_____ Baccalaureate degree(s) to be received upon completion of clinical year (3+1)

Name of Degree(s): _____

Medical Technology Student Reference Form

Applicant's Name: _____

Evaluator Name: _____ Telephone: _____

To the Evaluator: The above named applicant has requested that you evaluate him/her as a candidate to the Medical Technology Program. To find out whether the evaluation will be confidential, see the choice made by the applicant in the waiver below.

Applicants may waive the right of access to written evaluations as provided for under the Education Privacy Act of 1974. Please indicate your wishes by signing below either Statement A or B.

A. I hereby waive my right of access to the confidential evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's signature _____ Date: _____

B. I do not waive my right of access to the confidential evaluation provided by the person named above and he/she should be notified that I retain my right of access; thus the confidentiality of the evaluation is not guaranteed. Moreover, I understand that not waiving my right of access is not prejudicial to my application.

Applicant's signature _____ Date: _____

A. Acquaintance with the applicant: _____

Length of time: _____ In what capacity: _____

B. The following traits are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development in medical technology. Indicate your appraisal of the applicant on a scale of 1 to 5, in which 5 indicates that the trait is excellent. The alternate words in parenthesis may not correlate with the trait for this individual. If it does not, please circle and explain.

		EXCELLENT 5	ABOVE AVERAGE 4	AVERAGE 3	BELOW AVERAGE 2	UNSATIS- FACTORY 1	UNABLE TO EVALUATE
1.	INTERPERSONAL RELATIONS SKILLS (cooperative, tactful, assertive, leadership potential)						
2.	CHARACTER (honest, trustworthy, dependable, reliable, ethical, responsible, respectable)						
3.	COMMUNICATION SKILLS (articulate, clear, grammatical, vocal, responsive, attentive)						
4.	INDUSTRY (diligent, prompt, aggressive, reliable, persistent, good organizer, initiative)						
5.	JUDGMENT (moral, ethical, realistic, responsible, prudent, critical)						
6.	KNOWLEDGE OF PROFESSION (opportunities, responsibilities, challenges)						
7.	MATURITY (stability, self-awareness, self-discipline, responsiveness to criticism)						
8.	MOTIVATION (desire to succeed, initiative, commitment)						
9.	PERSONALITY (patient, humorous, warm, cheerful, positive)						
10.	PERSONAL APPEARANCE (neat, clean, appropriate)						
11.	PSYCHOMOTOR SKILLS (agility, coordination, dexterity)						
12.	PROBLEM SOLVING SKILLS (creativity, ingenuity, analytical thinking)						

C. What is the applicant's major strength?

D. What is the applicant's major weakness?

E. Comments: (may use additional paper)

Signature of Evaluator

Date

Title

Institution

Send completed Reference Form by **Dec. 15** to:

**Cooperative Medical Technology Program of Akron
Akron Children's Hospital
One Perkins Square
Akron, OH 44308-1062**