



MEDICAL LABORATORY SCIENCE PROGRAM  
OWENSBORO HEALTH REGIONAL HOSPITAL  
1201 Pleasant Valley Road  
Owensboro, Kentucky 42303  
Phone 1-(270)-417-6521

## **MEDICAL LABORATORY SCIENCE PROGRAM APPLICATION**

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MEDICAL LABORATORY SCIENCE PROGRAM  
OWENSBORO HEALTH REGIONAL HOSPITAL  
OWENSBORO, KENTUCKY  
Phone 1-(270)-417-6521

### INSTRUCTIONS FOR APPLICANTS

1. Arrange with the Registrar of your college to forward an official transcript (completed courses and courses in progress) to:

Katie Scott, EdS, MAT, MLS (ASCP)<sup>CM</sup>  
Program Director, Medical Laboratory Science Program  
Owensboro Health Regional Hospital  
Laboratory  
1201 Pleasant Valley Road  
Owensboro, Kentucky 42303

2. Only those students in CAHEA accredited programs who have completed their education in a foreign country and will not be awarded a U.S. baccalaureate degree from a regionally accredited college/university are required to submit a transcript evaluation verifying U.S. baccalaureate degree equivalency. Please contact the Board of Registry for a list of acceptable evaluation agencies for foreign transcript evaluations.
3. Complete the attached application and return to the Medical Laboratory Science Program Director (address above).
4. Attach a personal statement essay (prompts in application) and a resume.
5. Contact references and request that letters be sent to the Program Director.
6. Any test scores, such as SAT or ACT that you have would be helpful, so please include these or have them sent to the program.
7. Arrangements for an in person interview should be made with the Program Director of the program and will be held at the hospital.
8. Upon receipt of all necessary data, your application will be reviewed and you will be notified in writing of the Admissions Committee's decision. If you are accepted, you must reply immediately indicating your intentions to join the next class or not.
9. Applications must be in by **December 15th** and classes will be selected by February 15th.
10. Tuition for the program is \$1500.00.
11. A student may withdraw from the program at any time. In order to withdraw from the program, the student must submit a written request to the Program Director.
12. Successful completion of the year will result in 30 – 36 credit hours, depending on the student's college/university as applicable.

OWENSBORO HEALTH REGIONAL HOSPITAL  
MEDICAL LABORATORY SCIENCE PROGRAM

**PREREQUISITES FOR ADMISSION**

Before admissions to a hospital-based program, a student must have acquired a minimum of 90 semester hours (135 quarter hours) of academic credit. The following courses or their equivalents are prerequisites for admission to hospital-based programs:

**CHEMISTRY**

A minimum of 16 semester hours (24 quarter hours) is required.  
General Chemistry and Organic chemistry must be included.  
Quantitative analysis and biochemistry are recommended.

**BIOLOGICAL SCIENCES**

A minimum of 16 semester hours (24 quarter hours) is required.  
Microbiology must be included in the curriculum.  
Genetics and Anatomy & Physiology are strongly recommended.  
Immunology is strongly recommended

**MATHEMATICS**

One course in mathematics is required.  
Minimum requirements are met by courses recognized as prerequisites for admissions to physics courses.  
Courses in Probabilities & Statistics are **strongly** recommended.

The content of chemistry and biology courses must be acceptable towards a major in those fields of study. Survey courses do not qualify as fulfillment of chemistry and biological science prerequisites.

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Owensboro Health Regional Hospital Medical Laboratory Science Program is affiliated with the following schools:

Western Kentucky University - Bowling Green, Kentucky  
Kentucky Wesleyan College - Owensboro, Kentucky  
Brescia University - Owensboro, Kentucky  
Campbellsville University - Campbellsville, Kentucky  
Southeast Missouri State University - Cape Girardeau, Missouri  
University of Southern Indiana - Evansville, IN

A minimum grade point average of 2.5 is required. Preference is given to students from our affiliated schools.

This program will not discriminate in the nomination, selection and training because of race, creed, color, national origin, gender, or disability.

(Revised July 2025)

OWENSBORO HEALTH REGIONAL HOSPITAL  
MEDICAL LABORATORY SCIENCE PROGRAM

**ESSENTIAL FUNCTIONS**

The essential functions (non-academic) established by the program are evidence of the "essential functions" that must be able to be accomplished by the students in the program. Essential functions include requirements that students be able to engage in educational and training activities in such a way that will not endanger other students or the public, including patients.

STANDARDS	FUNCTION
Sufficient use of the sense of vision to obtain accurate readings and complete reports accurately.	The student must be able to read charts and graphs, read instrument scales, discriminate colors, read microscopic materials, and record results.
Sufficient use of speech and the sense of hearing to be understood by others and to understand others.	The student must be able to communicate effectively and sensitively in order to elicit information. Must be able to address non-verbal communication and be able to adequately transmit information to all members of the healthcare team.
Sufficient fine motor function and coordination to perform tasks and procedures involved in the functions with safety and accuracy.	The student must possess all skills necessary to carry out diagnostic testing, manipulate tools, instruments and equipment. Must be able to perform phlebotomy safely and accurately.
Sufficient psychological stability and knowledge of techniques and resources to be able to respond quickly and efficiently in order to minimize dangerous consequences.	The student must possess the emotional health required for full utilization of the applicant's intellectual abilities. Must be able to recognize emergency situations and take appropriate actions.

I have read and do understand the essential functions listed above. I believe I can meet these essential functions.

\_\_\_\_\_ YES

\_\_\_\_\_ NO

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Please read, sign and return with completed application).



OWENSBORO HEALTH REGIONAL HOSPITAL  
 MEDICAL LABORATORY SCIENCE PROGRAM  
 1201 Pleasant Valley Road  
 Owensboro, Kentucky 42303

### APPLICATION FOR ADMISSION

FOR: July \_\_\_\_\_ (Year) SOCIAL SECURITY NO. \_\_\_\_\_

NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ CELL/HOME PHONE: \_\_\_\_\_

#### EDUCATION:

HIGH SCHOOL: \_\_\_\_\_ YEAR GRADUATED: \_\_\_\_\_  
 (Name of School) (Address)

COLLEGE: \_\_\_\_\_  
 (Name of School) (Address) (Phone)

GRADUATED: YES \_\_\_\_ NO \_\_\_\_ YEAR \_\_\_\_\_ MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

OTHER COLLEGE(S) &/or PROFESSIONAL SCHOOL(S) \_\_\_\_\_

#### WORK EXPERIENCE:

\_\_\_\_\_  
 (Employer) (Type of Work) (Date of employment)

\_\_\_\_\_  
 (Employer) (Type of Work) (Date of employment)

\_\_\_\_\_  
 (Employer) (Type of Work) (Date of employment)

**REFERENCES:** One personal reference of a current or former employer, one science professor, and one from your Medical Laboratory Science Advisor. Please use the attached reference forms. References must be requested by the applicant and should be sent directly to the Program Director.

(1) \_\_\_\_\_  
(Name) (Address) (Association to Student)

(2) \_\_\_\_\_  
(Name) (Address) (Association to Student)

(3) \_\_\_\_\_  
(Name) (Address) (Association to Student)

**ESSAY:** Please include a typed essay that briefly explains the following:

1. Why you wish to become a medical technologist
2. Your reasons for applying to this program
3. Why you feel you are a qualified candidate

**RESUME:** Please include a resume.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

OWENSBORO HEALTH REGIONAL HOSPITAL  
MEDICAL LABORATORY SCIENCE PROGRAM

**ADVANCED PLACEMENT POLICIES**

Students with advanced coursework or experience will be permitted to take a challenge examination in both the didactic and clinical areas to determine if he/she will be permitted to receive credit for that particular course. The student must receive a grade of 70% or higher on the written didactic examination to pass the course. The student also must satisfy all clinical objectives by demonstrating the same entry level competencies of students who have successfully completed the entire clinical year. This will be determined by the clinical instructor of the area in conjunction with the Program Director.

The Medical Laboratory Science Program at  
OWENSBORO HEALTH REGIONAL HOSPITAL

is accredited by:  
National Accrediting Agency for  
Clinical Laboratory Sciences  
5600 N. River Rd. Suite 720  
Rosemont, IL 60018-5119  
(773)714-8880  
(773)714-8886 (FAX)

You may contact the Program Director at: (270)417-6521 or via email at

[katie.scott@owensborohealth.org](mailto:katie.scott@owensborohealth.org)



OWENSBORO HEALTH REGIONAL HOSPITAL  
MEDICAL LABORATORY SCIENCE PROGRAM

### REFERENCE FORM

**INSTRUCTIONS TO APPLICANT:** This form is to be given to two science professors and one personal reference (a former/current employer, coach, etc). Three evaluation forms are required for all applicants.

**INSTRUCTIONS TO REFERENCE:** Please complete the following evaluation concerning the student indicated below in consideration of their application to the Medical Laboratory Science Program at Owensboro Health Regional Hospital. **Note:** It is not required but helpful to also attach a letter of recommendation for the applicant.

**NAME OF APPLICANT:** \_\_\_\_\_

I do ☐ I do not ☐ waive my right  
to subsequent access to this form. \_\_\_\_\_ (Signature of Applicant) \_\_\_\_\_ (Date)

	Exceptional	Outstanding	Good	Average	Fair/Poor	No Occasion to Observe
Intellectual Capacity						
Capacity for Independent Thinking						
Ability to Communicate Ideas Orally						
Ability to Communicate Ideas in Writing						
Emotional Maturity						
Perseverance & Tenacity						
Efficient Utilization of Time						
Motivation & Initiative						
Integrity						
Potential Compared to Other Students						
Potential as a Scientist						
Interaction with Peers						

(Reference form continues on the next page)



How long and in what capacity have you known this applicant? \_\_\_\_\_

\_\_\_\_\_  
In the space provided below, add any additional comments or observations concerning this applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Reference (Print): \_\_\_\_\_

Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

Position and/or Title: \_\_\_\_\_

Evaluation forms should be sent directly to:

Katie Scott, EdS, MAT, MLS(ASCP)<sup>CM</sup>  
Program Director, MLS Program  
Owensboro Health Regional Hospital  
Laboratory  
1201 Pleasant Valley Road  
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(Date)

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Potential as a Scientist						
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\_\_\_\_\_  
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Signature of Reference: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

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Intellectual Capacity						
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Ability to Communicate Ideas Orally						
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Integrity						
Potential Compared to Other Students						
Potential as a Scientist						
Interaction with Peers						

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\_\_\_\_\_  
\_\_\_\_\_  
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