**Missouri Health Professions Consortium (MHPC)**

**Medical Laboratory Technician (MLT)**

**Associate of Applied Science Degree Program**

Offered through the following institutions:

East Central College • Mineral Area College • Moberly Area Community College •

North Central Missouri College • State Fair Community College • Three Rivers College

**Professional Year 2025-2026**

|  |  |
| --- | --- |
| Application Submission Open Date: | Feb 1st |
| Application Submission Close Date: | May 15th |
| Acceptance letters emailed by: | June 14th |

**Submit all MLT application materials before the May 15th deadline to:**

mlt@macc.edu

OR

Missouri Health Professions Consortium

MLT Admissions Office

Attn: Tanna Whitworth

2900 Doreli Lane

Mexico, MO 65265

**Selection Process**

Admission into the MHPC MLT Program is limited and not all qualified applicants will be admitted. Completed applications will be evaluated utilizing selection criteria established in advance by the MHPC MLT Admissions Committee. All applicants are ranked using the same admission criteria.

Application review begins as soon as the students packet arrives at the MLT Program Office in Mexico, MO. The MHPC MLT Admissions Committee will meet after the application due date of May 15th to discuss applicant rankings and select the class. Decisions of the MHPC MLT Admissions Committee are final. The MLT Program will notify applicants of their status by email by the first part of June. Applicants who are still in progress in required general education courses may be admitted; however, their admission will be contingent upon completing required courses with a “C” or higher by the end of summer (date? Summer term?).

**1. Apply for Admission to a “Home” Community College**

In order to be eligible to apply for the MLT Program, the applicant must be admitted into one of the consortium community colleges of their choosing (termed “Home” Campus) and have completed all the necessary pre-requisite requirements.

**2. Submit transcripts**

All required, official transcripts (including dual credit courses) must be submitted to the “Home” Campus prior to the submission of the MHPC MLT Application. You will need to include a copy of your unofficial transcript (printed from your “Home” Campus Student Portal) with your MHPC MLT Application. Please contact your “Home” Campus if you are unable to determine how to access your unofficial transcript.

**3. Application for Program Admission**

Submit your completed MHPC MLT Application and your “Home” Campus Unofficial Transcript in one email to MLT@MACC.edu or by mail:

Missouri Health Professions Consortium

MLT Admissions Office

Attn: Tanna Whitworth

2900 Doreli Lane

Mexico, MO 65265

Be advised that clinical facilities will request a drug screen and additional background checks for MLT students doing clinical practicums in their facilities. This will be at the student’s expense. The student understands that all information contained in this application will be presented to the MHPC MLT Admissions Committee for review and that you hereby grant permission to have your records reviewed.

Missouri Health Professions Consortium (MHPC)

Medical Laboratory Technician (MLT) Program

**Application for Program Admission**

**Section A. Personal Information (please print legibly)**

Name

 First Middle Initial Last Maiden Name or Other Name Used

Permanent Address, City, State, Zip

Address (you will reside at while in the MHPC MLT Program, City, State, Zip)

Email Address\*:

\*List a current email (personal or school) that you check frequently. All communication from the MLT Program is via email so applicants need to check their email often in case we have questions about your application materials. **Applications that do not include a valid email address will be considered incomplete.**

Cell Phone: ( ) Home Phone: ( )

Emergency Contact & Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Cell Phone: ( \_ )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section B. Campus Selection**

|  |  |
| --- | --- |
| **🗸** | Indicate which campus you applied for the MHPC MLT Program. |
|  | East Central College (Union, Missouri)  | STUDENT ID #: | DOB: |
|  | Mineral Area College (Park Hills, Missouri)  | STUDENT ID #: | DOB: |
|  | Three Rivers College (Poplar Bluff, Missouri)  | STUDENT ID #: | DOB: |
|  | North Central Missouri College (Trenton, Missouri)  | STUDENT ID #: | DOB: |
|  | State Fair Community College (Sedalia, Missouri)  | STUDENT ID #: | DOB: |
|  | Moberly Area Community College (Moberly, Missouri)  | STUDENT ID #: |

**Section C. Program Prerequisites/General Education Course Requirements, grades of “C” or better and 2.5 GPA or higher is required.** (It is the student’s responsibility to confirm transfer credit is accepted with the “Home” College Advisor).

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| --- |
|  **Pre-Requisite Requirements** |
| **Course or Component** |  Course Equivalency at each community college |
| MAC | MACC | NCMC | SFCC | TRC | ECC |
| Human Anatomy w/Lab or HAP I(4-5 credits) | BIO2600 | BIO205 | BI240 or BI238 | BIO207 | BIOL231 | BIO 206 |
| Human Physiology w/Lab or HAP II(4-5 credits) | BIO2620 | BIO209 | BI242 or BI238 | BIO208 | BIOL232 | BIO 207 |
| English Composition I (or equivalent)(3 credits) | ENG1330 | LAL101 | EN101 | ENG101 | ENGL111 | ENG 101, 102, 104, 114, 1115 (Any) |
| US & State Constitution Requirement(3 credits) | POS1180, HIS1230 or HIS1240 | HST105, HST106 or PSC105 | HI103 or PL216 | HIST 101 or HIST 102 or POLS 101 | GOVT121 | HST 101 or HST 102 or PSC 102 (Any) |
| Suggested Electives(3-4 credits) | PHI1420 or SOC1130 and GUI 1010 | PHI152 or SOC101 or PSY101 and any 1+ credit hour course (SKL 101 preferred) | PH101 or SO107  | PHIL 102 or SOC 100 | GNST090 and SOC111 or PHIL 233 | COL 100 & 101 and BIO 205 orPHL 203 orPSY 101 orSOC 101  |
| MathCollege Algebra/Quant Reasoning or higher(3 credits) | MAT1240 or MAT1270 | MTH140 or higher | MT122 | MATH114 | MATH163 or placement of MATH 164 | MTH 140, 150, 170, 190, 210, 220 (Any) |
| Foundations of Chemistry w/Lab (or equivalent/higher) (4-5 credits) | PHS1250 | PHY120 | CH107 | CHEM101 | CHEM111 | CHM 105 |

**Section D. College Admission and Transcripts**

|  |  |
| --- | --- |
| **🗸** | Checkmark each item below. |
|  | I confirm that I am a current student at the campus selected above by my student ID number.  |
|  | I confirm that I have completed the required prerequisite courses needed to apply for the MHPC MLT Program. See Section C for the list of colleges and their prerequisite courses. If I am in the process of completing any of the required prerequisite courses, I have listed them here with the expected semester completion of either the Spring or Summer prior to the beginning of the MHPC MLT Program in the Fall. |

**Section E. Work Experience**

Please list your recent part-time and/or full-time paid work experience:

Job Title Company Name City/State Begin/End Dates # hours/week

Job Title Company Name City/State Begin/End Dates # hours/week

Job Title Company Name City/State Begin/End Dates # hours/week

Do you currently work in a hospital or doctor’s office facility that can accommodate clinical rotations? If yes, please indicate which facility name, location, and contact information:

Were any of these positions in a laboratory or healthcare setting? If yes, please explain:

**Section F. Laboratory Volunteer/Job Shadowing Experience**

Please list your recent laboratory volunteer experience(s) and/or job shadowing in the laboratory (add another sheet of paper if you wish to list more volunteer experience):

Organization Name City/State Begin/End Dates # hours/week

Describe your volunteer duties or job shadowing with this organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name City/State Begin/End Dates # hours/week

Describe your volunteer duties or job shadowing with this organization: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section H. Criminal Background**

1. Do you have a felony arrest, charge, or conviction on your criminal record? \_\_\_\_ Yes \_\_\_\_ No

2. Have you ever received a suspended imposition of sentence or suspended execution of sentence for a felony? \_\_\_\_ Yes \_\_\_\_ No

 If Yes, please indicate your felony class:

Note: Students with certain felony arrests, charges, or convictions may be eligible for Program acceptance but there could be implications relating to completion of clinical rotations, eligibility to take the ASCP-BOC certification examination, and/or eligibility for state licensure where applicable. **Applicants with a felony arrest, charge, or conviction MUST contact the MHPC MLT Program Office prior to submitting their application.** Failure to disclose felony criminal history will be sufficient cause for being declared ineligible or dismissed from the MLT Program. Students are required to submit a written explanation of the felony arrest, charge, or conviction in order to be considered for acceptance to the MLT Program.

By signing this form, you the applicant understand and recognize the following items:

* That your educational grades and transcripts will be shared between your “Home” Consortium College and the MHPC MLT Program (MACC fiscal agent),
* That technology requirements are essential in the MHPC MLT Program and that these services are provided at your “Home” Consortium College or by you the student,
* That there are physical performance standards required of the student, and
* Required signed forms by you the student will be obtained and maintained within the student’s file upon admission into the MHPC MLT Program.

I certify that I am physically and mentally able to perform the essential duties and functions of a Medical Laboratory Technician (with reasonable accommodations if necessary). I certify that all information submitted for this application is true and complete. I understand that if any of the above facts have been misrepresented, intentionally or not, it will be sufficient cause for being declared ineligible or dismissed from the MLT Program.

Signature of Applicant (Physical Signature Required) Date

If there are any additional details you wish the MLT Admissions Committee to consider about your application, please attach another sheet of paper.