

St. John Health, School of Medical Technology
2004 – 2005 CLASS APPLICATION INSTRUCTIONS

SUBMITTING APPLICATION DOCUMENTATION

1. The following **MUST** be included within each application file
 - a. Completed Application
 - b. Copy of **ALL** required transcripts
 - c. If necessary, a completed prerequisite course plan
 - d. A **\$10** (non-refundable) **PROCESSING FEE**
 - e. Completed recommendations are requested but not required by the deadline date
2. **ONLY** application documentation that is postmarked or received by the application deadline **AND** includes all of the Above required items will be processed & evaluated

COMPLETING THE APPLICATION & DOCUMENTATION

1. Fill in the requested information on the application
 - a. Do not forget to include your social security number
 - b. The "current address" is used for correspondence
 - c. If applicable, make sure to provide a complete e-mail address (i.e. name@server.domain).
2. List **ALL** previous & current educational institutions attended. Attach an additional page if needed. Failure to list all Institution attended can cause a delay in processing or the denial of the application.
3. Applicants are **REQUIRED** to answer 'YES' or 'NO' to the prerequisite courses question.
 - a. Applicants answering 'NO' **MUST** include a written or typed prerequisite course completion plan with their Application.
4. **ALL** applicants **MUST** sign the application certifying reading the **FUNCTIONAL EXPECTATIONS** and that application Information is correct and complete
5. A \$10 non-refundable Application Fee **MUST** accompany your application.
 - a. Make check/money order payable to: **St. John Health, School of Medical Technology**

SUBMITTING TRANSCRIPT (S)

1. Applicants **MUST** submit a **SEPARATE** transcript from **EACH** college or university attended.
 - a. It is not necessary to submit an "official" sealed copy of the transcript.
 - b. A legible photocopy or unofficial student copy will be accepted. However, each copy submitted must clearly Indicate the name of the institution and name of the student.
 - c. In cases where the copy submitted is not clear, the program reserves the right to request that an official copy be Submitted.
2. The following are **UNACCEPTABLE** substitutions for transcripts: individual semester grade report(s) or a credit Transfer report.
3. Applicants with transfer credits from another institution must submit a **SEPARATE** copy of each transcript. Having the Transfer credit listed on the transcript is **NOT** sufficient.
4. Applicants with a BS degree, must have **DEGREE** and **DATE RECEIVED** indicated on the transcript.
5. Applicants with a foreign baccalaureate degree **MUST** include a transcript evaluation from an acceptable evaluation Agency (see attached list).
6. Failure to provide required transcript(s) makes the application packed incomplete.

INCOMPLETE & LATE APPLICATION DOCUMENTATION

1. The applicant is responsible for submitting necessary documentation by the deadline.
2. Application documentation received or postmarked **AFTER** the deadline date is considered **LATE**.
3. Incomplete or late applications are considered **ONLY** after **ALL** completed and on-time applications have been Processed and a position remains open after the MTIMP computer run.

INTERVIEW

After evaluating application documentation and **ALL** transcripts, if selection criteria are met an **INTERVIEW** is scheduled.

MTIMP (Medical Technology Internship Matching Program of Michigan)

The School of Medical Technology participates in the MTIMP. Appropriate information and forms may be obtained from:

1. University/college medical technology advisor
2. Website **www.msu.edu/~mtimp**
3. Writing to: **MTIMP, P.O. Box 6558, East Lansing, MI 48826-6558**

DEADLINE DATES

November 14, 2003-- Application Documentation, Processing Fee, Transcripts
December 12, 2003 --- Interview

MAILING ADDRESS

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