Application for Admission

Name:

(Last) (First) (MI/Maiden)

Address:

(Street) (City) (State/Zip)

Home Phone: Work Phone:

Cell Phone: Work Hours:

Email address:

Email address for school communications

Email address:

Permanent email address for other communications

US or Canadian Citizen? Yes [ ] No [ ] If no, are you a legal US resident? Yes [ ] No [ ]

Certified as by Year: Number:

Other Certification (indicate credential, agency, year and number):

Education (post high school only):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | | Name of School | Location | Major | Degree received |
| From | To | Title/Date |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Have you previously applied for admission to this program? No [ ] Yes [ ] if yes, when

Applying for admission to class beginning:

What career goals have you set for yourself?

What qualities do you have that will help you succeed in a distance-learning program?

Describe the personal strengths that make you effective working in a team.

Describe how you see this online program affecting your life. Explain how you will find time for studying, completing rotations and writing a research paper.

List honors, awards and activities (include organizational memberships, publications, and presentations at seminars or meetings).

Please provide three professional references that we may contact. These references must also complete and submit a reference form (separate document). The first entry must be current supervisor or medical director.

|  |  |  |
| --- | --- | --- |
| Name and title | Email address  telephone | Institution name  city and state |
|  |  |  |
|  |  |
|  |  |  |
|  |  |
|  |  |  |
|  |  |

Who will act as your mentor? (Provide name, title, organization)

Completed application and reference forms may be scanned and submitted by email or sent as hardcopy. Official college transcripts should be sent directly to:

LifeShare Blood Center

Katrina Billingsley, MT(ASCP)SBB

Education Coordinator, SBB Program

8910 Linwood Avenue

Shreveport, LA 71106

[katrina.billingsley@lifeshare.org](mailto:katrina.billingsley@lifeshare.org)

Office: 318.673.1463

Fax: 318.227.8317

List all relevant work experience, most recent position first. Print additional pages if needed. Explain any gaps in employment > 2 months.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Employer  Name, city, state | Title and  Description of duties | % time  in BBk | # Beds  (if hospital) | Reason for leaving |
| From (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| To (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| From (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| To (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| From (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| To (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| From (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |
| To (Mo/Yr) |  |  |  |  |  |
|  |  |  |  |  |

Please indicate how often you perform the following procedures (daily, weekly or monthly) by checking the applicable box. If it has been more than a year since a procedure was performed, list the last year it was performed (LYP). Leave blank any procedures you have not performed. Do not include school or workshop experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Daily | Weekly | Monthly | LYP | Procedure |
|  |  |  |  | Laboratory Generalist |
|  |  |  |  | ABO and Rh Typing: |
|  |  |  |  | by tube |
|  |  |  |  | by gel |
|  |  |  |  | by solid phase |
|  |  |  |  | Red cell phenotyping |
|  |  |  |  | Direct antiglobulin testing |
|  |  |  |  | Type and screens |
|  |  |  |  | Compatibility tests |
|  |  |  |  | Resolution of ABO discrepancies |
|  |  |  |  | Single antibody identification |
|  |  |  |  | Multiple antibody identification |
|  |  |  |  | Enzyme panels |
|  |  |  |  | DTT/ZZAP treatment of cells |
|  |  |  |  | Neutralization techniques |
|  |  |  |  | Autoadsorptions |
|  |  |  |  | Differential (allo) adsorptions |
|  |  |  |  | Elutions, temperature (Lui Freeze or Heat) |
|  |  |  |  | Elutions, pH (ELU kit) |
|  |  |  |  | Fetomaternal hemorrhage screen |
|  |  |  |  | Kleihauer-Betke stain |
|  |  |  |  | Donor blood collection |
|  |  |  |  | EIA/RIA testing |
|  |  |  |  | Component preparation for storage (FFP, platelets, cryo) |
|  |  |  |  | Component preparation for administration (pool, thaw, aliquot) |
|  |  |  |  | Blood or components issuing |
|  |  |  |  | Investigation of transfusion reactions |
|  |  |  |  | HLA typing (indicate technique:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
|  |  |  |  | Molecular techniques |

Other relevant experience not listed above:

Release of Information

Name: SSN (last 4 digits):

I hereby grant permission for LifeShare Blood Center, Shreveport, Louisiana to receive all information regarding my employment and/or scholastic standing with your organization/institution.

Applicant signature:

Date:

Sixteen clinical or administrative rotations must be completed during the program year. Each rotation has objectives and a sign-off sheet to aid in the successful completion of the rotation. While you are not required to complete this form as part of the application process, the rotations must be completed prior to graduation from the program. Use this form as a guide for rotation planning.

|  |  |
| --- | --- |
| Rotation | Facility (name, city, state) where rotation will most likely be completed |
| 1. Transfusion Service |  |
| 1. Reference Lab |  |
| 1. Donor room |  |
| 1. Donor Recruitment |  |
| 1. Apheresis |  |
| 1. Component Preparation |  |
| 1. Donor Processing |  |
| 1. Quality Assurance |  |
| 1. HLA |  |
| 1. Mobile Blood Drive |  |
| 1. Management |  |
| 1. HPC |  |
| 1. Medical Director/Pathologist |  |
| 1. Molecular Testing |  |
| 1. Coagulation |  |
| 1. Intraoperative Salvage |  |