



LifeShare

Specialist in Blood Bank Technology/Transfusion Medicine Program

Application for Admission

Name: _____
(Last) (First) (MI/Maiden)

Address: _____
(Street) (City) (State/Zip)

Home/Cell Phone: _____ Date of Birth: _____

Email address: _____
Permanent email address

Applying for admission to class beginning: _____

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

*Non-US residents may be eligible for the program but should contact the education coordinator at SBB@lifeshare.org to discuss TOEFL score, international travel, etc.

Certified as _____ by _____ Year: _____ Number: _____

If applicable, please submit copy of certification with application.

Education (post high school only):

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

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Please provide two professional references that we may contact. These references must also complete and submit a reference form (separate document).

*The first entry must be current direct supervisor.

Name and title	Email address telephone	Institution name city and state
*		

Who will act as your mentor? (Provide name, title, organization) The mentor must complete the Mentor Role and Agreement form and submit a CV/resume.

Four clinical practicums 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 (24 hours)	
2. Reference Lab (24 hours)	
3. Lab Management (16 hours)	
4. Donor Processing (16 hours)	

Completed application, college transcripts, reference and mentor forms should be scanned and uploaded to the LifeShare SBB webpage at <https://www.lifeshare.org/sbb/>

LifeShare Blood Center
attn: SBB Program Director
SBB Education Coordinator
8910 Linwood Avenue
Shreveport, LA 71106

SBB@lifeshare.org

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List all relevant work experience, most recent position first. Print additional pages if needed.

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)					

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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
				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: _____
