



BSCLS Degree Advancement Option - Application Check List

First Name: _____ **Last Name:** _____

Phone: _____ **Email:** _____

1. **COMPLETED ONLINE APPLICATION & PROCESSING FEE:** Please complete the online application and pay the \$70.00 application fee. This will include your personal narrative and resume. The application fee is non-refundable and not applicable toward tuition. Applications cannot be processed until the fee is received. Please note: all admitted students will be required to complete a background check prior to registering for classes. The student is responsible for the cost of the background check.

Complete all the items below and include with this Application Check List. Mail all materials to the address at the bottom of this document. The forms that need to be printed can all be found on the [How to Apply](http://www.unmc.edu/alliedhealth/bscls_apply.htm) web page at http://www.unmc.edu/alliedhealth/bscls_apply.htm.

2. **COMPUTER REQUIREMENTS & TECHNICAL COMPETENCY SKILLS STATEMENT:** Print, read and sign the form regarding your computer access and technical skills.
3. **PROOF OF PROFESSIONAL PROGRAM COMPLETION:** Include proof of completion of a NAACLS-accredited medical laboratory technician or clinical laboratory technician program. This may include a copy of your degree, certificate of completion of a MLT/CLT program, or an official military transcript.
4. **CERTIFICATION:** Include copies of your current ASCP and/or NCA certification(s), if applicable.
5. **ACADEMIC & PROFESSIONAL REFERENCES:** Print and distribute reference forms with stamped envelopes to your references for completion and return directly to the address on the form. Three (3) references are required, one of whom must be your preceptor. All references are verified as part of the admissions process. Reference should not be submitted from relatives.
6. **PRECEPTOR AGREEMENT FORM & RESUME:** Please select a preceptor and request that they read and sign the preceptor/proctor agreement form. Include the completed form and a copy of your Preceptor's current curriculum vitae or resume. See the form for specific preceptor requirements. If you plan to use a separate preceptor and proctor, please have both complete the form and return with resumes.

- 7. **TRANSCRIPTS:** All **OFFICIAL TRANSCRIPTS** must be submitted from each college/university attended. You must request the transcripts be sent to you, and then submit **ALL transcripts** with this check list. All transcripts **must be submitted in sealed envelopes** from the institution to be acceptable. If needed, transcripts can be sent directly to us from the institution at the address below. Transcripts will be verified by the registrar as original and official. Please indicate below all institutions that you have attended.

- 8. **PROGRAM REQUIREMENTS:** I verify that I have read the admission requirements on the [BSCLS website](http://www.unmc.edu/alliedhealth/bscls_admission.htm) at http://www.unmc.edu/alliedhealth/bscls_admission.htm and understand the expectations of the BSCLS Degree Advancement Option. I believe I meet these requirements and wish to be considered for acceptance into the Clinical Laboratory Science Program at the University of Nebraska Medical Center.

Applicant Signature

- 9. **Mail** this Application Check List along with all the items listed above to the University of Nebraska Medical Center School of Allied Health Professions at the address below. All materials submitted in support of your application are due by the application deadline and become the property of the University. They cannot be returned or forwarded. Incomplete applications will not be considered.

Institution Name	City, State

University of Nebraska Medical Center
 School of Allied Health Professions
 Student Affairs - DAO Programs
 984035 Nebraska Medical Center
 Omaha, NE 68198-4035