



NORTH MISSISSIPPI MEDICAL CENTER

830 South Gloster Street • (662) 377-3066

Medical Technology Program Application

1. Full name _____
2. Current mailing address/e-mail address _____
3. Home address _____
4. Birthplace _____
5. Are you a citizen of the United States? Yes No
6. Name and address of nearest relative _____

7. Name of high school from which graduated and date _____
8. Names and dates of college attendance _____

9. College major _____
Type and date of degree (if applicable) _____
Check one: Completed Completion includes year at hospital
10. Work experience, all types _____
11. Names and references with addresses. Do not give names of relatives.
Faculty reference _____
Business or professional _____
12. If you are accepted into the program, do you anticipate the probability of remaining in this region in your professional work? Yes No
13. Preferred admission date _____
14. Date pre-medical technology courses will be completed _____
15. Telephone number where you may be contacted _____
16. Why do you wish to become a medical technologist? What personal qualifications do you have which you believe would be an asset in this profession? Please answer the questions on a separate sheet of paper.
17. Send an official copy of your transcript(s) to the address indicated below.
18. If your degree will include a year at our Medical Technology Program, have the university send us an official letter stating that you have completed all required pre-medical technology courses and that a B.S. degree will be granted by that university on completion of the year in our program.
19. Students who complete a degree in a foreign country must submit a transcript evaluation verifying U.S. Baccalaureate degree equivalency. A list of agencies will be provided on request.

Date _____ Signature _____

Return completed application to: Lee Montgomery
Medical Technology Program Director
North Mississippi Medical Center
830 South Gloster Street
Tupelo, Mississippi 38801

_____ is applying for admission to the North Mississippi Medical Center Technology Program. Your personal appraisal of this applicant is of great importance to us. Please give your frank opinion as to the student's qualifications by checking the appropriate boxes and completing the blanks.
Lee Montgomery, M.Ed., MT (ASCP), MT Program Director

A. APPLICANT TRAIT EVALUATION

1. **MOTIVATION:** desire to increase their contribution to the organization and to society in general.
 - Low
 - Average
 - High
2. **INITIATIVE:** capability as reflected by work; self-starting.
 - Low
 - Average
 - High
3. **LEADERSHIP:** ability to plan and work with others and effectively direct activities.
 - Low
 - Average
 - High
4. **CONCERN FOR OTHERS:** consideration of others' feelings and ability to view all parameters of circumstances.
 - Low
 - Average
 - High
5. **RESPONSIBILITY:** ability to assume accountability for inherent burdens of work and society.
 - Low
 - Average
 - High
6. **INTEGRITY:** adherence to honesty in dealings with others.
 - Low
 - Average
 - High
7. **EMOTIONAL STABILITY:** ability to react under stress in a mature and dependable manner.
 - Low
 - Average
 - High
8. **ADAPTABILITY:** ability to work with and under direction of others.
 - Low
 - Average
 - High
9. **APPEARANCE:** neatness in person and dress.
 - Low
 - Average
 - High

10. **APPLICATION OF ACQUIRED SKILLS:** ability to learn and perform tasks.

- Low
- Average
- High

11. **ATTENDANCE:** reliability to be at designated functions and to be on time.

- Low
- Average
- High

12. **INTERPERSONAL RELATIONSHIPS:** ability to establish and maintain effective relationships with others.

- Low
- Average
- High

13. **COMPREHENSION AND RETENTION:** Please rate each item on a scale of 1-4 with 4 representing excellent.

- ____ Uses logical thought processes.
- ____ Able to transfer information.
- ____ Learn from mistakes.

B. MISCELLANEOUS INFORMATION AND COMMENTS:

Please give any additional information you feel might be helpful in evaluation of this applicant:

C. SUMMARY RECOMMENDATION:

- I would NOT recommend this applicant for admission.
- I recommend this applicant but with some reservation.
- I feel this candidate is qualified and competent for admission.
- I would highly recommend this applicant for admission.

D. EVALUATION INFORMATION:

1. How many years have you known this applicant? _____
2. What is your relationship to the applicant? _____
3. What is your occupation? _____
4. Name: _____
5. Title: _____
6. Address: _____
7. Phone: _____
8. Date: _____
9. Signature: _____

Please mail this form at your earliest convenience to:
Lee Montgomery, MT Program Director
NMMC Pathology Department
830 South Gloster Street • Tupelo, MS 38801