

**UNIVERSITY MEDICAL CENTER - NEW ORLEANS
 SPECIALIST IN BLOOD BANK TECHNOLOGY PROGRAM**
 2000 Canal Street, New Orleans, LA 70112

APPLICATION FOR ADMISSION

Applicant Name		Certification type Certification number	
Address		Citizen of United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, specify _____
Date of Birth		Telephone (work)	
Place of Birth		Telephone (home)	
Social Security # (last 4 digits)		Telephone (cell)	
		E-mail address	

Undergraduate Transcript Information:

Dates Attended		College or University	City	State	Degree
FROM mm/yyyy	TO mm/yyyy				

Record of Experience: Start with present or last position.

How many years of **full-time** transfusion service or donor center experience do you have? _____ Years (If part-time, add up all times and prorate into years)

Name of Employer:	From (mm/yyyy)	To (mm/yyyy)
Street Address	City	State:
Supervisor:	Reason for Leaving	
Your title and duties:		

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Street Address	City	State:
Supervisor:	Reason for Leaving	
Your title and duties:		

Please copy this page and attach supplemental sheets for additional positions.

Professional References: List three persons we can contact who will be able to provide a professional reference.

	Full Name	Title	e-mail	Telephone
1				
2				
3				

Emergency contact information:

Name: _____ Relationship to Applicant: _____

Address: _____ Telephone Number: _____

Signature of Applicant

Date

For your application to be processed, you must complete and submit the following packet of information:

1. Application form (remember to include your e-mail address)
2. College transcripts, copies are acceptable
3. Essay
4. Summary of Practical Experience form
5. Mentor Agreement **and** Mentor CV/resume of experience
6. Facility Information form
7. Names and e-mails of three professional references (on application form)
8. Copy of ASCP certification (or equivalent)/state license/diploma as applicable

Mail completed packet to: Leslie Granier, MT(ASCP)SBB
University Medical Center New Orleans
Blood Bank
2000 Canal Street
New Orleans, LA 70112

Or email packet to: Leslie.granier@lcmchealth.org

The SBBT Education Coordinator will contact your professional references as listed above by e-mail.

The completed application packet and recommendations must be received by 2 months prior to start of the program.