

# Medical Lab Technician Student Data Form

Name: \_\_\_\_\_ Barton ID: \_\_\_\_\_.

Email Address: \_\_\_\_\_.

Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_.

Home Address: \_\_\_\_\_.

Current Employer: \_\_\_\_\_.

Supervisor: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

## 1) APPLY

[Apply online](#). Click “New User” and fill out the information to register. Once in the Admissions Portal, complete all sections of the application fully to the best of your knowledge. Then click submit and you will receive an email with your Barton ID within 24 hours. It will be sent to the email address you registered with. Contact Barton Admissions with questions at (620) 792-9286 or [admissions@bartonccc.edu](mailto:admissions@bartonccc.edu).

## 2) TRANSCRIPTS

[Transcripts](#) will need to be sent to the registrar’s office here on the Great Bend Barton Community College Campus.

## 3) COMPLETE PRE-REQS

All [Pre-Requisit requirements](#) must be completed before you can enroll in any Core MLT classes. Pre-requisit courses may require a [placement test](#) in order to finalize enrollment. You may enroll into the pre-reqs to start, if you need any assistance, please contact your advisor.

## 4) CASTLEBRANCH

[Castlebranch](#) is a third party company who completes our background checks and tracks documentation. Please see the flyer for instructions on how to purchase the account and what documents you will need to complete.

## 5) PROGRAM REQUIREMENTS

The [Curriculum guide](#) has all the required courses that must be completed for the degree. The MLT classes must be passed with a 78% or better grade. The majority of the classes require weekly hands on hours that you will complete in a Cooperative lab during the duration of class. Please see the [Coop and Clinical FAQs](#) for the specific time frames for each class.

- a. [MLT Handbook](#)
- b. [Textbooks](#)
- c. [Estimated Program Costs](#)
- d. [Cooperative/Clinical Lab Notice of understanding](#)
- e. [Pre-Requisites](#)
- f. [Castlebranch](#)

### Pre-Requisites for MLT

All Pre-Requisites must be completed before any MLT specific courses can be started. Placement test must be completed for College Algebra, English Comp I, and Chemistry.

| Completed                | Course Number          | Course Title  | Credit Hours | Notes  |
|--------------------------|------------------------|---|--------------|--|
| <input type="checkbox"/> | ENGL 1204              | English Comp 1204   | 3            | Pre-requisite Intermediate English with a C or better  |
| <input type="checkbox"/> | COMM 1230<br>COMM 1200 | Public Speaking <b>OR</b><br>Interpersonal<br>Communications  | 3            |  |
| <input type="checkbox"/> | PSYC 1000<br>SOCI 1100 | General Psychology <b>OR</b><br>Introduction to Sociology     | 3            |  |
| <input type="checkbox"/> | MATH 1828              | College Algebra   | 3            | Pre-requisite Intermediate Algebra with a C or better  |
| <input type="checkbox"/> | CHEM 1802<br>CHEM 1806 | Fund of General<br>Chemistry <b>OR</b> College<br>Chemistry I | 5            | Pre-requisite Basic Algebra with a C or better<br>Pre-requisite HS Algebra II  |
| <input type="checkbox"/> | LIFE 1408              | Anatomy and Physiology  | 5            | Class must be equivalent to 5 credit hours. Lecture/Lab is recommended   |
| <input type="checkbox"/> | LIFE 1412              | Principles of Microbiology                                    | 5            | Class must be equivalent to 5 credit hours. Lecture/Lab is recommended   |
| <input type="checkbox"/> | MLTC 1503<br>MLTC 1501 | Principles of Phlebotomy<br>& Clinical Practicum              | 3<br>1       | You can get advance standing for this class if you are eligible to sit for the National Phlebotomy Certificate Exam via another route, ASCP. |

\*\*\*MLTC 1509 Immunology and MLTC 1506 Human Parasitology, Mycobacterium and Mycology do not require a lab and could be taken alongside Pre-Requisites in the semester before starting MLT classes.

There may be additional pre-requisites for these classes. For example, College Algebra may need Intermediate Algebra with passing grade of a C or better.

All Science courses must have been completed within 5 years with a passing grade of a C or better. A refresher course (Directed Studies) may be available to receive credit for past completed classes.

\*\*\*Please be aware that all transcripts must be sent to the registrars office by the approval process date. (June 30<sup>th</sup>/October 30<sup>th</sup>)

\*\*\* If you are eligible to sit for the National Phlebotomy Certificate Exam via route 3, [ASCP Route 3 Form](#) and letter of experience from employer must be submitted with these forms.

## Notice of Understanding for *Cooperating Laboratory*

Student: \_\_\_\_\_

Nature of the Cooperating Laboratory Experience: (check all that apply)

MLT Program *or*

Phlebotomy Training

Name of Cooperating Laboratory: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Contact name \_\_\_\_\_ email \_\_\_\_\_ Phone \_\_\_\_\_

When signed by the appropriate parties, this **Notice of Understanding** indicates that the College and the Cooperating Laboratory, both being desirous of cooperating in a plan to provide education experiences for medical laboratory technology and phlebotomy students, both mutually agree as follows: Within the terms of this Notice, the **Cooperating Laboratory** will:

- Maintain the standards necessary for a medical laboratory as specified by State and Federal guidelines
- Retain responsibility for overall supervision and delivery of patient care
- Make available to the student the clinical facilities of the institution including necessary procedure manuals, equipment, supplies and available instructional materials
- Allow personnel from the laboratory to provide direct on-site supervision and basic bench instruction related to performance of routine laboratory procedures, to evaluate respective laboratory competencies, and to give other valuable assistance as needed
- Provide instruction that "mirrors" the basic training received in the Great Bend campus BCC MLT Laboratory and help the student develop basic medical laboratory or phlebotomy competencies to the specified target level
- Provide adequate staffing in the clinical areas so that no student will be expected to give service to patients in the Cooperating Laboratory apart from that rendered for its educational value as a part of the planned medical laboratory technology or phlebotomy curriculum
- Provide liability coverage for the operation of its facility and to save and hold harmless the College for and against any and all liability for damages to any person and/or property of any and all persons resulting from negligent operations of the Cooperating Laboratory
- Regard students of the College, when assigned for clinical experience, as having the status of learners who will not replace Cooperating Laboratory employees
- Retain the right to restrict a student, faculty member, or other agent of the College from participating in the clinical experience or from the Cooperating Laboratory grounds for good cause shown
- Ensure the provision of emergency care for illness or injury to the student

Within the terms of this Notice the **College** will:

- Offer courses related to medical laboratory technology and phlebotomy
- Provide qualified instructors who will plan and coordinate the didactic learning experiences of the students
- Provide guidelines for the experience in the Cooperating Laboratory
- Maintain an appropriate certificate of insurance stating that each student and faculty member, while performing the duties or services arising in performance of this Notice, shall have liability insurance
- Hold the Cooperating Laboratory harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program

Within the terms of this Notice the **Student** will:

- Abide by existing rules and regulations of the Cooperating Laboratory
- Maintain the confidentiality of patient records
- Provide proof of meeting the requirements for immunizations as specified by the College or cooperative lab institution (Verified Credentials)
- Maintain proof of medical insurance coverage (Verified Credentials)
- Hold the Cooperating Laboratory and the College harmless from any and all liability for damages to any person and/or property of any and all persons resulting from the operations of the College's educational program
- Reimburse the Cooperating Laboratory and/or the College for the cost of any damage to equipment used inappropriately or in a negligent manner

Student signature \_\_\_\_\_ Date: \_\_\_\_\_

Student name Printed \_\_\_\_\_

Coop Lab Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Coop Lab Supervisor printed \_\_\_\_\_

Signature of MLT Program Director \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Please note that if you are attending your coop lab at the Barton Community College Campus, that the Coop Lab Supervisor Signature is not needed. But please indicate at the top of this form, that campus is where you will be attending.**

**Clinical Facility Fact Sheet (CLS/MT & CLT/MLT)**

Institution: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    )  
\_\_\_\_\_

Accredited by: Please check appropriate agency; (If attending Coop at BCC, the below information does not need to be completed pg. 6- pg. 10)

Joint Commission \_\_\_\_\_, CAP \_\_\_\_\_, COLA \_\_\_\_\_, CLIA \_\_\_\_\_, Other \_\_\_\_\_

If you are **not** accredited by any of the above agencies or checked OTHER, please complete the “Documentation of Safety Measures” form.

Clinical Coordinator or Contact Person at site: (name Printed) \_\_\_\_\_  
\_\_\_\_\_

(email) \_\_\_\_\_ (phone) \_\_\_\_\_  
\_\_\_\_\_

Clinical Laboratory Volume (specify annual number of procedures): \_\_\_\_\_

Indicate whether tests are performed in the following areas:

Hematology: \_\_\_\_\_ Chemistry: \_\_\_\_\_ Microbiology: \_\_\_\_\_  
\_\_\_\_\_

Immunology/Serology: \_\_\_\_\_ Immunochemistry: \_\_\_\_\_ Urinalysis: \_\_\_\_\_  
\_\_\_\_\_

Molecular Diagnostics: \_\_\_\_\_

Number of Daytime laboratory staff (convert part-time to full-time equivalent) \_\_\_\_\_

**Essential Skills Checklist** (complete *only* for areas you are supporting)

**Facility:** \_\_\_\_\_ **Location:** \_\_\_\_\_

*Please check each skill or procedure that your laboratory will be able to provide the Phlebotomy and/or MLT student as a clinical affiliate.*

**PHLEBOTOMY and Specimen collections**

- Patient identification procedures
- Specimen collection by venipuncture
- Specimen collections by skin puncture
- Specimen processing

**UA and Body Fluids**

- Routine QC of reagents and equipment
- Safety
- Dilutions and Serial dilutions
- Routine urinalysis: physical, chemical, and microscopic (normal & abnormal)  
List backup (confirmatory) testing: \_\_\_\_\_
- Urine /Serum pregnancy tests
- Occult blood on stool
- Body fluids
  - cell count  manual  automated
  - CSF
  - Synovial fluid
  - Amniotic fluid
  - Seminal fluid
  - Other: (please specify) \_\_\_\_\_

**Hematology/Coagulation**

- Peripheral smears: evaluation of WBC, RBC & platelet morphology (normal & abnormal)
  - Polychromatic stain
- Manual WBC count
- Manual platelet count
- Reticulocyte count
- Erythrocyte sedimentation rate
- Routine coagulation analyzer: Operation, quality control, routine maintenance and basic troubleshooting for:
  - Protime with INR
  - APTT
  - Fibrinogen
  - FDP or D-Dimer
  - Other list \_\_\_\_\_
- Routine quality control of reagents and equipment
- Dilutions and Serial dilutions

**Immunology/Serology**

- Routine quality control of reagents and equipment
- Safety
- Agglutination methods (ie latex, heme)list: \_\_\_\_\_
- Dilutions and Serial Dilutions
- Syphilis Testing (VDRL/ RPR)
- Chromatographic EIA (please list): \_\_\_\_\_
- List kits tests performed: \_\_\_\_\_

**Immunoematology/Blood Bank**

- Method:**  tube  gel
- ABO, Rh including weak D
  - Antibody screen
  - Crossmatch, immediate spin & complete
  - Direct antiglobulin test
  - Issue of product for transfusion
  - Cord blood testing: ABO, Rh, DAT
  - Routine quality control of reagents and equipment

**Clinical Chemistry**

- Routine chemistry analyzer: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Immunochemistry analyzer: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Routine blood gas analyzer: Operation, calibration, quality control, routine maintenance and basic troubleshooting
- Routine quality control of reagents and equipment
- Dilutions and serial dilutions

**Pathogenic Microbiology**

- Routine QC of reagents and equipment
- Safety
- Gram stain (preparation, interpretation, and performance)
  - direct
  - from culture

Culture setup and interpretation for the following: (colony morphology, Gram stain, routine media & set up, interpretation)

- Blood
- Urine
- Stool
- Respiratory (upper, lower)
- Genital
- CSF and other body fluids
- Wound



Identification of the following organisms:

- Staph aureus
- Coagulase negative staph
- S. pyogenes
- S. agalactiae
- E. faecalis
- S. pneumoniae
- E. coli
- Kleb pneumo
- Proteus mirabilis
- Ent cloacae
- Salmonella
- Shigella
- Bacillus (not anthracis)
- Corynebacterium spp.
- Pseudomonas aeruginosa
- H. influenza
- Campylobacter jejuni
- N. gonorrhoeae
- N. meningitis

Automated identification (please list): \_\_\_\_\_

Antibiotic susceptibility testing

- Automated panels
- Kirby-Bauer
- Other(please list) \_\_\_\_\_

**Anaerobes** (mark to what level)

- collect and send
- ID only
- ID and suscep.

**Parasitology** (mark to what level)

- collect and send
- ID (wet mount, sedimentation, perm)
- ID serologically

**Mycology** (mark to what level)

- collect and send
- ID (culture) send for ID
- ID (serologically)

**Mycobacterium** (mark to what level)

- collect and send
- ID (cult)
- ID and susc

**Note:** if *not* accredited by Joint Commission, COLA, CAP, CLIA, provide a list of safety equipment:

Does the Laboratory Policy and Procedure Manual contain information about and procedures for emergencies in the following areas?

- |   |        |       |
|---|--------|-------|
| 1. Biohazards, lab orientation and safety, and PPE? | Yes___ | No___ |
| 2. Chemical accidents?                              | Yes___ | No___ |
| 3. Slips and spills?                                | Yes___ | No___ |
| 4. Fire safety and emergency procedures?            | Yes___ | No___ |
| 5. Electric hazards?                                | Yes___ | No___ |
| 6. HIPPA?   | Yes___ | No___ |
| 7. Other  |        |       |
| 8. Other  |        |       |
| 9. Other  |        |       |

Please list frequency of employee orientation \_\_\_\_\_

Please list frequency of updates \_\_\_\_\_

Please list safety equipment available in your laboratory, i.e. Safety shower, sharps containers, PPE....

Printed name of individual completing this form \_\_\_\_\_

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|                             |  |      |
|-----------------------------|--|------|
| Name of Clinical Laboratory | Printed Name of Lab Manager/Supervisor | Date |
|-----------------------------|--|------|

Signature of Lab Manager/Supervisor \_\_\_\_\_

8/10/2020 kg

**ATTENTION Students:** Welcome to my 

Barton Community College has partnered with CastleBranch to help you supply the requirements for your program including a background check, immunization record management and document tracking. This process needs to be **COMPLETED** before MLT classes with a cooperative lab begin. If you are **ONLY** doing phlebotomy this must be completed before class starts. To get started, have payment method (\$92.00 cost) and personal identifying information ready. Carefully follow the instructions below:

① PLACE ORDER    ② SELECT PROGRAM    ③ SELECT PACKAGE

## To place your order go to:

<https://portal.castlebranch.com/BM02>

| Program:   | Code: |
|------------|-------|
| Phlebotomy | BM21  |
| MLT        | BM22  |

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ Manage program requirements
- ✓ Complete background check
- ✓ Complete tasks
- ✓ Upload, store and share documents

### REQUIRED FORMS TO BE UPLOADED TO YOUR MLT/PHLEBOTOMY ACCOUNT

The email address you provide will become your username.  
This is a student-owned secure account and your access never expires.  
If you change degrees contact User Experience Team to move your account.

Contact Us: **888.914.7279** or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)

## Student Tentative Schedule

| Classes Needed for CP I           | Fall Semester | Spring Semester | Summer Semester |
|-----------------------------------|---------------|-----------------|-----------------|
| MLT Immunology                    |               |                 |                 |
| MLT Human Parasitology            |               |                 |                 |
| MLT Urinalysis and Body Fluids    |               |                 |                 |
| MLT Immunohematology              |               |                 |                 |
| Clinical Practicum I              |               |                 |                 |
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|                                   |               |                 |                 |
| Classes Needed for CP II          | Fall Semester | Spring Semester | Summer Semester |
| MLT Hematology & Coagulation      |               |                 |                 |
| MLT Clinical Chemistry            |               |                 |                 |
| MLT Lab Operations and Leadership |               |                 |                 |
| MLT Pathogenic Microbiology       |               |                 |                 |
| Clinical Practicum II             |               |                 |                 |
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