

**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)

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

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

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

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

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	Email	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

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

**Completed application packet and recommendations must be received by November 15 for the class beginning the following March.**