

# Histotechnology Program Application Checklist

Please follow the application submission checklist below to ensure that all required materials will be submitted. Only application packets that are received by the program's application deadline and include all the required items will be forwarded to the program's Admissions Committee. Please see **Additional Instructions** on the next page for details on processing of incomplete or late applications.

Information and       Submission of a complete application package by the program's deadline         Deadline       of February 28, 2025.         Complete information must be provided prior to the application deadline for         timely evaluation by the Admissions Committee.         Eligibility       Before admission into the program, students must complete the         prerequisites listed below. This should be at least a combination of 30         semester hours (45 quarter hours) of biology and chemistry (must include credit         hours in both). If you do not successfully complete these prerequisites, you are         ineligible for admission at this time. Prerequisites must be taken at the affiliate         university or may be accepted by their Admissions Department (for transfers)         with verification of grade point average of 2.5 on a 4.0 scale. Courses must be         completed by August of the year applying.         General Chemistry II and Organic Chemistry I         Gellular and Molecular Biology, and Microbiology (or equivalent level biology         course)         Immunology         Ecology, Evolution and Genetics         College Algebra and Elementary Statistics         Anatomy and Physiology II         Educational         Background         This includes any college courses completed while enrolled in high school.         Criminal History
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Disclosure pending against you at the time of application, you must disclose this
information to the Admissions Committee at the time of application. If this does
not apply to you, no additional information is required.
For those submitting a "criminal history disclosure," please include all criminal
offenses, including felonies and misdemeanors, as well as non-criminal
offenses. Please provide a typed statement of explanation giving full details,
including the facts and the disposition of the case. This information should be
included in the application packet.



	If such a previous criminal history exists, the Histotechnology Program
	Admissions Coordinator will confidentially discuss the information presented
	with the program director. This action is intended to make sure that previous
	criminal history will not cause you difficulty in obtaining national certification in
	your degree program upon graduation.
Program	Attach the forms as required by the Histotechnology Program.
Specific	□ Histotechnology Program Application Form. (Four pages — please do not
Requirements	include these checklist pages.)
	Personal Statement. Statement must include your interest and aspirations in
	histotechnology (one page is adequate).
	$\square$ Official transcripts from all colleges, universities and other institutions
	attended. Electronic transcripts must be sent directly from the university to the
	program manager at desiree.robledo@nm.org. See Additional Instructions.
	□ Letter of Recommendation from a supervisor or professor.
	Criminal History Disclosure statement (if applicable).
Signature	$\Box$ You must sign the application, signifying you have read all the instructions
	and understand the requirements necessary to apply to the program.

## Additional instructions and information

**Submitting a completed application packet:** All components of the application packet should be emailed directly to the program manager at <u>desiree.robledo@nm.org</u>. Verification of receipt of your application packet will be emailed within 5 business days of receipt.

**Transcripts:** Transcripts for all colleges, universities and other institutions attended are required. This includes all institutions attended upon graduation from high school or the completion of a GED, and those attended during high school (if applicable). Photocopies, unofficial copies, faxed copies or student copies of transcripts are not accepted. The Admissions Committee requires an official copy sent directly from the college, university or institution.

**Incomplete applications:** You will be notified by email regarding missing items. Because of the time required to process applications, there is no guarantee that the application will be reviewed in time to notify you of missing materials prior to the specified application deadline. It is your responsibility to submit missing items by the program's application deadline.

Late applications (received after the program's deadline): Late applications (complete or incomplete) are only considered if a seat remains open in the program after student selections have been made by the Admissions Committee. Incomplete applications will not be evaluated until they include all required information. Please call 312.926.9045 or email <u>desiree.robledo@nm.org</u> to find out if the program is still accepting applications after the stated deadline.

**Questions:** The Histotechnology Program's program manager will be glad to answer questions about the application process. Call 312.926.9045 or email <u>desiree.robledo@nm.org</u>. It is recommended that questions be asked in advance of the submission of the completed application packet.

# Northwestern Medicine®

# Histotechnology Program Application Form

# **Personal information**

Name:			
First	Middle	Last	
Birthdate (MM/DD/Year):	Last <u>5</u> digits of Social	Security number:	
Home address: Number/street	City	State	ZIP
Phone: () Email:		_@	

Northwestern Memorial HealthCare welcomes students from all backgrounds and is dedicated to providing equal opportunity to applicants. The program does not discriminate in the recruitment and admission of students or in the operation of its educational programs or activities. Applicants are considered for admission based on individual merit and without regard to age, race, color, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression, marital status, parental status, military or veteran status, or source of income in the provision of educational services. Your responses to survey questions on race and ethnicity are voluntary and will not be used in admissions decisions.

#### What is your race?

- 🗆 American Indian or Alaska Native
- $\Box$  Asian
- $\Box$  Black or African American
- $\square$  Native Hawaiian or other Pacific Islander
- □ White
- $\Box$  Two or more races
- □ I choose not to disclose

### What is your ethnicity?

- $\Box$  Hispanic or Latino
- $\Box$  Not Hispanic or Latino
- $\Box$  I choose not to disclose



Northwester	n Medicine emj	oloyment							
Are you an em □ Yes □ No	ployee of Northw	vestern Medicine?							
lf Yes, please	specify schedule	status:							
Full-time									
<ul> <li>Part-time</li> <li>Casual</li> </ul>									
□ Registry									
o									
Start date (mo	onth/year) of emp	loyment at North	western Medicir	ne:					
Job function a	t Northwestern M	ledicine:							
Education									
Laocalion									
Name of high	school	Ci	ty, state			C	Date	gradua	ated
-	econdary schools tart with most rec	attended, includ ent school).	ing current univ	versity. If	you ea	arned a	degi	ree, pl	lease
			Attended:	/		_to	/		_
Name, city, st	ate			Мо	Yr	M	С	Yr	
GPA:	_Credits:	Degree:							
			Attended: _	/		to	_/_		
Name, city, st	ate			Мо	Yr	Mo	C	Yr	
GPA:	_Credits:	Degree:							
			Attended.	/		to	/		
Name, city, st			Attended			M			
GPA:	_Credits:	Degree:							

 $\Box$  I have attended additional schools, and I am listing them on the attached sheet.



If you are currently enrolled in college, please list course titles and course numbers.

	Current semester	Future semester
Background	d	
university, or	en convicted of a felony, been subject to formal dis r engaged in behavior that resulted in injury to perse e of instructions checklist.)	
□ Yes	🗆 No	
	r been suspended, dismissed or expelled from an edu $\square$ No	ucation program that you attended?
Work exper	ience	
Please list yo	our most recent work experience.	

Employer name and phone number:
Street address, city, state, ZIP:
Dates of employment: / to / Mo Yr Mo Yr
Employer name and phone number:
Street address, city, state, ZIP:
Dates of employment: / to / Mo Yr Mo Yr
Employer name and phone number:
Street address, city, state, ZIP:
Dates of employment: / to / Mo Yr Mo Yr



### **Emergency contact**

Name and relationship to you	•			
Address:				
Number/Street		Citv	State	ZIP
Numbenoticet		Oity	otato	211
Phone: ()	_Email:		@	
Phone: ()	_Email:		@	

#### Signature

The application must be signed by the applicant. By signing, you acknowledge the following:

I certify that all statements on this application are correct and complete, including a list of all schools attended. I understand that withholding pertinent information requested on this application or giving false information constitutes grounds for immediate withdrawal of my application from further consideration and cancellation of admissions. If necessary, I have enclosed a letter describing any criminal or disciplinary history as described in this application.

Applicant's signature	Date	
Applicant o oignaturo	Duto.	