

**Medical Laboratory Science Undergraduate Certificate - Employer-Sponsored**

**Statement of Employer Support**

***Applicant Information***

UG Certificate Applicant: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Certificate Area of Emphasis (check one):

|  |  |
| --- | --- |
| Hematology |  |
| Chemistry |  |
| Microbiology |  |
| Blood Bank |  |

The aforementioned applicant has expressed interest in participating in the University of Kentucky Employer-Sponsored Medical Laboratory Science Undergraduate Certificate. Successful completion of this certificate allows a student to further their educational status, function more broadly within the clinical laboratory, and better prepares them to successfully pass professional categorical board exams.

Prior to being accepted into the University of Kentucky Employer-sponsored Medical Laboratory Science on-line certificate program, the student must obtain a statement of support indicating the facility understands this responsibility. Please review the information below and provide the requested information.

1. **Clinical Training:** Please indicate the departments in addition to central processing that the facility will be responsible for providing clinical training:

|  |  |
| --- | --- |
| Central Processing | √ |
| Hematology |  |
| Chemistry |  |
| Microbiology |  |
| Blood Bank |  |

1. **Facilitator Support:** The didactic component of this program will be delivered online utilizing a learning management system. Access to the learning management system is always available other than scheduled maintenance periods. Competencies (clinical rotations) are completed during the fall and summer semesters. The training must be completed at the student’s approved place of employment with the assistance of an employer-based mentor or other facilitator. The facilitator should be available to answer questions, evaluate core laboratory competencies, and give valuable assistance related to the clinical lab component as needed. Various mentors may be utilized to meet these expectations dependent upon the organization and size of the facility.
2. **Schedule and Time Commitment:** The facilitator’s estimated time commitment is 2-3 days in the fall and 1-2 weeks in the summer, which will also be influenced by the applicant’s skill level and work experience and vary according to courses. The student will be given a list of clinical competencies that must be met to successfully complete the practicum rotation. The student and the clinical facility should discuss scheduling times for the student to complete the required tasks.

|  |  |
| --- | --- |
| Date: |  |
| Laboratory Manager: |  |
| E-Mail: |  |
| Phone: |  |
| Facility Name: |  |
| Address: |  |
| City/State/Zip Code: |  |
| Laboratory Accreditation: | CAP, JCAHO, COLA, CLIA, Other (Please specify) |

Thank you for your support of this applicant. Please contact me with any questions.

Sincerely,

Steve Schwarze, PhD, MLS(ASCP) SBB

MLS Certificate Program Director

University of Kentucky

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