



Inter American University of Puerto Rico  
Metropolitan Campus  
Science and Technology Faculty  
Department of Medical Technology  
Student Application Form

Please check one: \_\_\_\_\_ New Application \_\_\_\_\_ Re-Application, if yes, indicate  
the date \_\_\_\_\_

Degree requesting:  
\_\_\_\_ Bachelor of Science degree in Medical Technology  
\_\_\_\_ Professional Post Bachelor Certificate

Admission Date: \_\_\_\_ February 20\_\_\_\_ \_\_\_\_ August 20\_\_\_\_

**A. PERSONAL INFORMATION**

\_\_\_\_\_  
Last Name, First Name, Middle

\_\_\_\_\_  
IAUPR-Student Number

\_\_\_\_\_  
Permanent Address: Street, City, State, Zip Code

\_\_\_\_\_  
Current Address: if different

\_\_\_\_\_  
Residential Phone

\_\_\_\_\_  
Cellular Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Birthplace

\_\_\_\_\_  
Citizenship

Emergency Contact Information:

\_\_\_\_\_  
Last Name, First Name

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

\_\_\_\_\_  
Relationship with the applicant

\_\_\_\_\_  
occupation of employment

\_\_\_\_\_  
Telephone

Do you have any handicaps that would limit your work as a Clinical Laboratory Scientist? (see the essentials functions expected of the medical technology professionals at the end of application)

\_\_\_\_ Yes \_\_\_\_ No. If yes, please explain \_\_\_\_\_

The languages you can:

Read	_____ Spanish	_____ English
Write	_____ Spanish	_____ English
Speak	_____ Spanish	_____ English

¿ Have you applied to another School of Medical Technology? \_\_\_ Yes \_\_\_ No If yes, indicate when \_\_\_\_\_

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**B. COLLEGES ATTENDED** (Most recently attended listed first). *Please Send Official Transcripts from all Universities*

Institution Name	Major	Degree	Attended from	Attended to	Graduated
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

Academic Honors Received:

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Extracurricular Activities: Community work and professional or student organizations

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**C. EMPLOYMENT EXPERIENCE: FULL TIME, PART TIME, MILITARY SERVICE.** (Most recently attended listed first)

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
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D. **THREE ACADEMIC REFERENCES REQUIRED.** List the professor providing these below. References from family, friends, professionals, and peers are not accepted. Completed references must be sent directly to the Program in the appropriate form. (Fill out the Recommendation Form)

Science Professor	Academic Rank	Institution
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

E. **ACADEMIC COURSES IN PROGRESS:**

Course Title and Number	Institution	Semester/Trimester year
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. **FORMAL REQUEST:**

I, the undersigned, requested admission to the Medical Technology Program of the Inter-American University of Puerto Rico. I certify that all information provided by me on this application is correct, true, and complete. I understand that I assume the obligation to respect the existing rules and regulations at the Inter-American University as well as those from time to time that were approved by the Institution. The violation of these rules is subject to disciplinary action, including permanent suspension of the student when the seriousness of the violation so warrants. Any false, misleading, or incomplete statement contained in this application will void its approval and release Inter-American University from all liability.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Inter-American University of Puerto Rico does not discriminate on the basis of sex, creed, race or nationality, age and physical disability.

**Mail completed form to:** Department of Medical Technology  
Inter American University of PR  
Metropolitan Campus, PO Box 191293  
San Juan, PR 00919-1293

For official use only (do not write here) Date received: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Action taken:  
\_\_\_\_\_  
\_\_\_\_\_

Notification of the action to the student:  
\_\_\_\_\_  
\_\_\_\_\_

## Essentials functions

Students in the Program will be expected to satisfy the requirements of the personal qualifications indicated below during their enrollment in the program. These are minimum performance qualifications for all students who become enrolled in the Program. It is recognized that optimum performance may require additional qualifications. The qualifications are based on the requirements for medical technologists.

In addition to these personal qualifications, each person accepted to the Program must have a medical and physical report completed prior to registration in the Program.

## Personal Qualifications for Medical Technology Students (Non-Academic)

**Appearance and Behavior:** Must be able to dress and act in a professional manner. Must be willing to adhere to a professional dress code.

**Communication Skills:** Must be able to communicate effectively in written and spoken Spanish as well as in written English. Must be able to comprehend and respond to both formal and colloquial Spanish both directly and by telephone.

**Physical Requirements:** Must be able to move readily from one location to another in such physical settings as the clinical laboratory, patient rooms, emergency center, elevators, and stairways. Must have ordinary ability to lift a move object. Must have fine muscle coordination to allow delicate manipulations of specimens and instruments. Must have an unimpaired sense of touch and temperature discrimination.

**Visual:** Must have ability to distinguish major colors. Visual acuity must be sufficiently corrected to allow rapid reading of laboratory procedures, tests requests, instrument vials, and pipet meniscus. Must be able to tolerate conditions of visual strain, e.g., prolonged reading or microscopic observation.

**General Personality Features:** Must have emotional stability and superior ability to maintain equanimity in response to emotional provocations. Must be able to relate to a wide variety of people representing a broad physical, psychological, and socioeconomic spectrum. Must be able to comply with appropriate policies, laws, and regulations.

I certify that I have a clear understanding of what is required in the training process and to function as a laboratory professional.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date