

APPLICATION

HISTOTECHNOLOGY SCHOOL
UNIVERSITY OF PITTSBURGH MEDICAL CENTER
Magee-Womens Hospital, UPMC
300 Halket Street
Pittsburgh, PA 15213-3180
(412) 641-4664

Date _____

Name _____ Social Security # _____
(last) (first) (M.I.)

Address _____
(street) (city) (state) (zip)

Telephone # (____) _____

E-mail address _____

Are you a U.S. citizen or eligible to work or study in the United States?

_____ Yes
_____ No

Person to notify in case of emergency _____
(name) (telephone #)

MILITARY SERVICE:

Have you ever served in the armed forces? Yes _____ No _____
Branch _____

List training or skills that would be applicable to your histotechnology training.

Date of duty: From _____ to _____
(month) (day) (year) (month) (day) (year)

EDUCATION:

High School Name (Please send copy of diploma or equivalent to the Histotechnology School)

_____ Was diploma awarded? _____ or GED? _____

(Please send all OFFICIAL college transcripts directly to the Histotechnology School)

College or University	Years attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: (List in order, last or present employer first)

	Name and Address	From	To	Position and Duties
1.	_____	_____	_____	_____
	_____			_____
	_____			_____
2.	_____	_____	_____	_____
	_____			_____
	_____			_____

EMPLOYMENT OR ACADEMIC REFERENCES:

(Contact 2 persons to forward references directly to the school; attached reference form from school can be used.)

1. _____

2. _____

HISTOTECHNOLOGY SCHOOL, UPMC
LETTER OF REFERENCE FOR STUDENT APPLICANT

Applicant: Enter the deadline for the program session for which you are applying. This will inform the person writing your letter of reference of the deadline.

Application Deadline: _____

The applicant noted below is applying to the Histotechnology School and has asked that you provide a letter of reference. Your time and effort in supplying this additional background information is appreciated. This letter of reference will be considered as part of the application for the Histotechnology program. This is a certificate program, not a degree granting institution.

Please return this letter of reference directly to the **Attention: Judith Modery, Program Director, Histotechnology School. Magee Womens Hospital of UPMC, 300 Halket Street, Pittsburgh, PA 15213.** For inquiries, please contact jmodery@magee.edu.

Thank you for your assistance.

Name and title of Person Writing Recommendation (**please type or print**) _____

Address _____

E-mail _____ Telephone No. _____

Name of Applicant (**please type or print**) _____

Applicant's special area of academic and research interest (if applicable) _____

TO THE APPLICANT: Confidentiality of Participant Records

This letter may be viewed by you unless you waive your right to see it or the person writing this letter wishes it to be held in confidence. In the event you do not waive your right to see this letter but the referee indicates that he/she wishes the letter to be held in confidence, the referee's preference will take precedence.

- I waive my right to see this letter of reference
- I do not waive my right to see this letter of reference

Signature of Applicant

Date

See the next page for reference questions.

Please respond to the questions below, or include a separate letter addressing the following questions.

1. How long have you known the applicant?
2. How well and in what capacity do you know the applicant?
3. Please comment on the applicant's likelihood to complete the 12-month program.
4. Please rank the applicant using an **X** to indicate your response:

Category	Outstanding	Very Good	Good	Average	Below Average	No Knowledge (NA)
1. Initiative						
2. Quality of work						
3. Dependability						
4. Communication skills						
5. Ability to work Independently						
6. Ability to work as part of a team						
7. Ability to accept authority						
8. Integrity and ethics						

5. Do you recommend the applicant for this Histotechnology program?
 - Recommend highly
 - Recommend
 - Recommend with reservations
 - Do not recommend
 - Insufficient basis for making recommendation
6. Please check one:
 - I have no objection to disclosing this letter of reference to the applicant if he/she requests
 - I do not want this letter of reference to be disclosed to the applicant.

Signature _____

Date _____