



Dear Prospective Student,

This application packet contains all materials required to apply to the cytotechnology program at the University of Kansas. Please carefully read the instructions and fully complete all forms. Our application deadline is February 1 for the class beginning next August.

The cytotechnology program combines lectures in anatomy, histology, physiology, and cytopathology with microscopic and staining instruction. Our graduates are well-prepared, as this is a very demanding field and professional cytotechnologists throughout the country maintain a high standard of practice.

Students enter the cytotechnology program after completing 90 credit hours or approximately three years of undergraduate course work. Transfer students, please note: KU allows a maximum of 64 credit hours to transfer for degree requirements. Classes are held on the Medical Center campus in Kansas City, Kan. and the length of our program is one year. Upon completion, the student will receive a Bachelor of Science degree in Cytotechnology. Graduates are then eligible to become registered cytotechnologists by successfully completing the registry examination given by the American Society of Clinical Pathologists.

Our program has been nationally recognized and is accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP).

While microscopes and teaching materials are provided for students, the students must purchase their own books and enroll in the courses which comprise the program. Additionally, the students must attend several rotation sites in the area and provide their own transportation to these sites. The tuition for the course work is charged at the normal undergraduate rate through KU, and keep in mind financial aid at the University of Kansas Medical Center is separate from the Lawrence campus.

If you need further assistance, please do not hesitate to contact us. We look forward with great pleasure to hearing from you.

Sincerely,

Marilee Means, PhD, SCT(ASCP)
Program Director

KUMC subscribes to equal opportunity in its programs and activities. Consequently, it prohibits discrimination based on race, religion, color, sex, disability, national origin, ancestry, sexual orientation and as covered by law, age and veteran status.

KU Cytotechnology

Mail Stop 4048 | 3901 Rainbow Blvd. | Kansas City, KS 66160 | Office (913) 588-1179
Fax (913) 588-5222 | TDD (913) 588-7963 | www.alliedhealth.kumc.edu

**BACHELOR OF SCIENCE IN CYTOTECHNOLOGY DEGREE PROGRAM:
DOMESTIC STUDENT APPLICATION PROCEDURE AND CHECKLIST**

Application Deadline: February 1

Start Date: Fall semester, August

Many of the forms can be filled out on your computer prior to printing and we strongly encourage you to take advantage of this feature. Completing your application on the computer prior to printing will expedite your application by eliminating questions or concerns due to illegible handwriting.

<p>1 Students need to provide the following items to the KU Cytotechnology program:</p>							
<p><input type="checkbox"/> KU School of Allied Health Application Please complete all fields and sign the form included inside this application packet.</p> <p><input type="checkbox"/> Personal Goals Statement Please write a brief (2-3 paragraphs) summary of reasons why you wish to enter the cytotechnology program and include future plans or desired employment, career goals, etc. Print a copy and include in your application materials.</p>	<p><input type="checkbox"/> \$60 Application fee Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash.</p>						
<p>2 These required items are not provided by the applicant but must be received by the KU Cytotechnology program to process the application:</p>							
<p><input type="checkbox"/> Official transcripts One transcript must be sent directly to KU from each college or university attended. Students currently enrolled at the University of Kansas must arrange to provide a transcript from KU.</p> <p><input type="checkbox"/> Two (2) completed recommendation forms Contact two different individuals who can provide a professional recommendation on your behalf. It is preferred that college instructors provide these recommendations but past supervisors during employment or volunteer positions are also acceptable. The recommendations may not be obtained from family members, friends, etc.</p> <p>Print two of the recommendation forms from the application packet. Distribute the forms, giving the individuals who are writing the recommendations enough notice to thoughtfully complete the form before you plan to send in your application. The completed, signed forms must be returned directly to the cytotechnology program director from the person making the recommendation.</p> <p>Please provide name and mailing address for your two references here:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Name</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Name</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Street</p> </td> <td style="border: none;"> <p>_____</p> <p>Street</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>City State Zip</p> </td> <td style="border: none;"> <p>_____</p> <p>City State Zip</p> </td> </tr> </table>		<p>_____</p> <p>Name</p>	<p>_____</p> <p>Name</p>	<p>_____</p> <p>Street</p>	<p>_____</p> <p>Street</p>	<p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>City State Zip</p>
<p>_____</p> <p>Name</p>	<p>_____</p> <p>Name</p>						
<p>_____</p> <p>Street</p>	<p>_____</p> <p>Street</p>						
<p>_____</p> <p>City State Zip</p>	<p>_____</p> <p>City State Zip</p>						
<p>Mail all application documentation to: KU Cytotechnology Program Attn: Admissions Mail Stop 4048 3901 Rainbow Blvd. Kansas City, KS 66160</p>	<p><u>NOTE:</u> This application packet is for domestic students only.</p> <p>All required materials must be received before admission to the program. Use the back of this page to briefly explain any item that you did not provide, and return this checklist with the admission packet. Sorry, we cannot process incomplete applications.</p>						

Term (please select one):

Date Received
Date Fee Rec'd
Payment Method

Use Only For KU

KU School of Allied Health Application for Undergraduate Study

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
Preferred Name, if different from above	Other name(s) under which your records might be found		Male Female
<input type="text"/>	<input type="text"/>		
Social Security Number*	Email Address		
Home (Current) Address:		Permanent Address (if different from current address):	
<input type="text"/>		<input type="text"/>	
Number and Street		Number and Street	
<input type="text"/>		<input type="text"/>	
City & State		City & State	
<input type="text"/>		<input type="text"/>	
Country	Zip /Postal Code	Country	Zip /Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Mobile Phone Number	Phone Number	Mobile Phone Number
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your first language? <input type="text"/>			
I am a: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident of United States <input type="checkbox"/> International Student (see below)			
If you selected "International Student" above, please provide citizenship and visa information below.			
Visa Status: Current	<input type="text"/>	Requested	<input type="text"/>
		Birthplace (City/Country):	<input type="text"/>
		Country of Current Citizenship:	<input type="text"/>

Ethnicity

Are you Hispanic or Latino?
 Yes, I am Hispanic or Latino.
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	Degree Level	<input type="checkbox"/> Non-degree-seeking or special student

Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/> To <input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

Please check any which apply to you:

Current KU/KUMC student

Have APPLIED to KU/KUMC before

Have ATTENDED KU/KUMC before

Member of US Armed Forces,
or a dependent of one

My parents or I have moved to take
a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas? Yes No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas. I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

*Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

Regular Regular non-degree

Provisional Provisional non-degree

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Do not admit.

Comments/Remarks:

Department Signature

Date

Appendix B

ACCEPTABLE EVALUATION AGENCIES FOR FOREIGN TRANSCRIPTS

AACRAO

Office of International Education Services
One Dupont Circle, NW, Suite #370
Washington, DC 20036-1110
202-296-3359
202-872-8857 FAX

Center for Applied Research, Evaluation & Education, Inc.

P O Box 20348
Long Beach, CA 90801
562-430-1105
562-430-8215 FAX
Email: www.evalcaree@earthlink.net

Education Credential Evaluators, Inc.

P O Box 514070
Milwaukee, WI 53203-3470
414-289-3400
414-289-3411 FAX
Email: eval@ece.org
Website: www.ece.org

Education Evaluators International, Inc.

P O Box 5397
Los Alamitos, CA 90720
562-431-2187
562-493-5021 FAX

Foreign Academic Credential Services, Inc.

P O Box 400
Glen Carbon, IL 62034
618-656-5291
618-656-5292 FAX
Email: fasc@aol.com
Website: www.facsusa.com

Foreign Credentials Service of America

1910 Justin Lane
Austin, TX 78757-2411
512-459-8428
512-459-4565 FAX
Email: info@fcsa.biz
Website: www.fcsa.biz

Foundation for International Services, Inc.

14926 35th Avenue West, Suite 210
Lynnwood, WA 98087
425-248-2255
425-248-2262 FAX
Email: info@fis-web.com
Website: www.fis-web.com

Globe Language Services

319 Broadway
New York, NY 10007
212-227-1994 or 212-619-0440
212-693-1489 FAX
Email: info@globelanguage.com
Website: www.globelanguage.com

International Consultants of Delaware, Inc.

625 Barksdale Road, Suite 109
Newark, DE 19711-3258
302-737-8715
302-737-8756 FAX
Email: icd@icdel.com

International Education Evaluations, Inc.

7900 Matthews-Mint Hill Rd.
Suite 300
Charlotte, NC 28227
704-772-0109
704-545-2484 FAX

International Education Research Foundation, Inc.

P O Box 3665
Culver City, CA 90231-3665
310-258-9451
310-342-7086 FAX
Email: info@ierf.org
Website: www.ierf.org

Josef Silny & Associates, Inc.

International Education Consultants
P O Box 248233
Coral Gables, FL 33124
305-273-1616
305-273-1338 FAX
Email: info@silny.com
Website: www.jsilny.com

World Education Services, Inc.

Main Office

P O Box 745
Old Chelsea Station
New York, NY 10113-0745
212-966-6311
212-739-6100 FAX
Email: info@wes.org
Website: www.wes.org

Midwest Office

P O Box 11623
Chicago, IL 60611-0623
312-222-0882
312-222-1217 FAX
Email: midwest@wes.org

A foreign transcript evaluation with subject breakdown is required.

Information on this page is subject to change without notice. For the most current information, visit the ASCP web site at www.ascp.org.

Cytotechnology Recommendation Form

Date _____

_____ is applying for admission into the Cytotechnology Program at the University of Kansas. The goal of our program is to select those individuals most likely to satisfactorily complete the clinical program and become outstanding cytotechnologists. Please give frank and careful evaluation of this candidate's abilities as your comments are an essential factor in the selection process.

How long have you known the candidate?

In what capacity?

Your opinion of the applicant's honesty and integrity?

Check the most applicable single response:

ACADEMIC ABILITY

- brilliant, exceptional
- above average
- average
- capable but underachieves
- below average

MOTIVATION

- strong drive
- moderate drive, definite goals
- average ambition
- lacks drive, no defined goals
- no basis to judge

QUALITY OF WORK

- unusually high, careful, neat
- above average
- average, does required work
- below average, careless
- often unacceptable
- no basis to judge

JUDGEMENT

- unusual ability to evaluate
- good decisions on routine matters
- sometimes renders wrong conclusions
- often renders wrong conclusions
- no basis to judge

INITIATIVE

- ingenious, does more than required
- requires little direct supervision
- requires moderate supervision
- requires above average supervision
- no basis to judge

MANUAL DEXTERITY

- remarkably adept, uses equipment well
- acceptable performance
- acceptable performance but slow
- unacceptable lab performance
- no basis to judge

RELIABILITY

- consistently dependable, accurate, prompt
- usually dependable, accurate
- questionable
- reliable
- no basis to judge

COOPERATION

- good team worker, respects authority
- meets others halfway
- inconsiderate, difficult
- antagonistic, resists authority
- no basis to judge

LEADERSHIP

- always assumes leadership role
- often assumes responsible role
- accepts but doesn't seek leadership role
- refuses leadership role
- no basis to judge

ABILITY TO LISTEN/FOLLOW DIRECTIONS

- excellent
- above average
- average
- below average
- no basis to judge

RESPONSE TO CONSTRUCTIVE CRITICISM

- responds well, corrects problem
- listens but often fails to alter performance
- emotional response but corrects problem
- emotional response, often doesn't correct problem
- denies validity of most criticism
- no basis to judge

COMMUNICATION: WRITTEN

- excellent grammar, spelling, organization
- above average
- acceptable
- poor grammar, spelling, organization
- no basis to judge

COMMUNICATION: ORAL

- excellent skills, organized
- articulate and poised
- above average skills
- average, usually effective
- below average, often ineffective
- no basis to judge

EMOTIONAL STABILITY

- excellent self control even under pressure
- usually stable
- easily disturbed, but achieves goal
- instability interferes with achieving goals
- temperamental, loses control
- no basis to judge

PERSONALITY

- outgoing, pleasant, well-liked
- distinctive but likable
- pleasant, accepted
- quiet, reserved
- overbearing, disagreeable, avoided by most
- no basis to judge

APPEARANCE

- unusually well-groomed
- well-groomed on most occasions
- acceptable, average
- rather poor impression
- untidy appearance a possible handicap
- no basis to judge

Additional comments: Please indicate any additional comments that you think are relevant. Attach page if needed.

SUMMARY OF EVALUATION

- Outstanding candidate, recommend enthusiastically
- Above average candidate, recommend with confidence
- Average candidate, should be able to complete professional studies
- Below average candidate, predict will have difficulty with professional studies
- Shows little promise, a high risk, not recommended

Print Name

Signature

Address

City, State, Zip

Telephone

Email

PLEASE SEND TO:

**KU Cytotechnology Program
Attn: admissions
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Kansas City, KS 66160**

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Print Name

Signature

Address

City, State, Zip

Telephone

Email

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**KU Cytotechnology Program
Attn: admissions
Mail Stop 4048
3901 Rainbow Blvd.
Kansas City, KS 66160**