



447 College Drive, Sylva, NC 28779

MLT Lab Site Information Form

PLEASE PRINT ALL INFO CLEARLY

Student Name: _____

Place of Employment: _____

Job Title: _____ # of Years Employed: _____

Hours/Week: _____

Student phone number (best contact #): _____

Student's email: _____

Student Address (City, State, Zip Code) _____, _____, _____

Please indicate whether you will be completing your MLT labs on-campus or off-campus.

(Please check only one)

I plan to complete my labs...

_____ **On-campus** (no additional information requested)

or

_____ **Off-campus** (off-campus students must complete the information below and **attach** the *employers signed Statement of Support on company letterhead. The letter must indicate that there is reasonable support for all labs and clinicals so that the student may complete the program requirements.*

***Hospital Information:**

Hospital: _____

Street (mailing address): _____

City, State and Zip Code: _____, _____, _____

Lab Manager Contact Information:

Lab Manager: _____

Official Title: _____

Email: _____

Direct Phone Number: _____

Hospital Education Coordinator (person responsible for establishing Affiliation Agreements):

Name (please print clearly): _____

Email: _____ Phone #: _____

**Students completing labs off campus must either be employed at a full service lab (covers all lab areas to include: Phlebotomy, Microbiology, Blood Bank/Serology, Chemistry, Urinalysis, Hematology/Coagulation) or have access to such a lab that will support them for labs and clinicals over the completion of the program. If the student does not have this support they will not be able to enter the MLT program and/or register for MLT courses.*