SAN JACINTO COLLEGE

MEDICAL LABORATORY TECHNOLOGY PROGRAM

VERIFICATION OF HEALTHCARE RELATED EXPERIENCE

The person listed below has applied for admission into our Medical Laboratory Technology Program.

Applicant Name: _____

Please verify that this applicant has been employed/volunteered with (name of business):

_____

From (month/day/year) _____/_____/_____ to (month/day/year) _____/ _____/ _____

Averaging _____ hours per week as a/an (job title) _____

Please attach a general description of his/her duties while under your supervision/employment.

_____ _____
SIGNATURE OF SUPERVISOR DATE

_____ _____
SUPERVISOR'S NAME PRINT SUPERVISOR'S TITLE

_____ _____
BUSINESS ADDRESS BUSINESS PHONE

_____
CITY STATE ZIP

Please return by

Mail: San Jacinto College
Medical Laboratory Technology
8060 Spencer Highway
Pasadena, TX 77505

Fax: 281-478-2754

Email: Lindsey.Douglas@sjcd.edu

This form must be received by the application deadline (June 1st for Fall Admission, November 1st for Spring Admission).

If you have any questions, please call 281-476-1501 ext. 1638.