Missouri Health Professions Consortium (MHPC) Medical Laboratory Technician (MLT) Associate of Applied Science Degree Program

Offered through the following institutions:

East Central College • Mineral Area College • Moberly Area Community College • North Central Missouri College • State Fair Community College • Three Rivers College

Professional Year 2025-2026

Application Submission	Feb 1st
Open Date:	
Application Submission	May 15th
Close Date:	
Acceptance letters emailed by:	June 14th

Submit all MLT application materials before the May 15th deadline to:

mlt@macc.edu

OR

Missouri Health Professions Consortium
MLT Admissions Office
Attn: Tanna Whitworth
2900 Doreli Lane
Mexico, MO 65265

Selection Process

Enrollment in the MHPC MLT Program is limited and the Program may not be able to offer admission to all qualified applicants. Completed applications will be evaluated utilizing selection criteria established in advance by the MLT admissions committee. Applicants are ranked using the same admission criteria.

Application review begins as soon as the students packet arrives at the MLT Program office in Mexico, MO. The MHPC MLT admissions committee will meet after the application due date of May 15th to discuss applicant rankings and select the class. Decisions of the MLT Admissions Committee are final. The MLT Program will notify applicants of their status by email by the first part of June. Applicants who are still in progress in required general education courses may be admitted, but will be contingent upon completing required courses with a "C" or higher by end of summer.

1. Apply for "Home" Community College admission

In order to be eligible to apply for the MLT Program, the applicant must be admitted into one of the consortium community college of their choosing (termed "home" campus) and have completed all the necessary pre-requisite requirements.

2. Submit transcripts

All necessary official transcripts (including dual credit courses) must be submitted to the "home" campus prior to MHPC MLT application submission. With your MHPC MLT Application, the program will need submitted also an <u>unofficial transcript</u> copy printed from your "home" campus student portal. Please contact your home campus if you are unable to determine how to access your unofficial transcript.

3. Application for Program Admission

Submit your completed MHPC MLT Application and your Home Campus Unofficial Transcript in one email to MLT@MACC.edu or envelope.

Be advised that clinical facilities will request a drug screen and additional background checks for MLT students doing clinical practicums in their facilities. This will be at the student's expense. The student understands that all information contained in this application, will be presented to the admissions committee for review and that you hereby grant permission to have your records reviewed.

Missouri Health Professions Consortium (MHPC) Medical Laboratory Technician (MLT) Program

Application for Program Admission

Section A. Personal Information (please print legibly)

Three Rivers College (Poplar Bluff, Missouri)

Name				
_	First Middle Initial	Last	Maiden Name or Other Name Used	
Perman	ent Address, City, State, Zip			
Address	(you will be enrolled at while in MHPC MLT Progran	n, City, State, Zip)		
	ddress*:	, ,, , <u></u>		
	rrent email (personal or school) that you check frequently. All cor ase we have questions about your application materials. Applicat			
Cell Phone: ()		Home Phone: ()		
Emerge	ncy Contact & Relationship:	Home/Cell Phone:		
Section E	3. Campus Selection			
√	Indicate which campus you applied for the MHPC MLT Program			
	East Central College (Union, Missouri)	STUDENT ID #:		
	Mineral Area College (Park Hills, Missouri)	STUDENT ID #:		
	Moberly Area Community College (Mexico, Missouri)	STUDENT ID #:		
	North Central Missouri College (Trenton, Missouri)	STUDENT ID #:		
	State Fair Community College (Sedalia, Missouri)	STUDENT ID #:		

Section C. Program Prerequisites/General Education Course Requirements, grades of "C" or better and 2.5 GPA or higher is required. (It is the student's responsibility to confirm transfer credit is accepted with the "home" college advisor).

STUDENT ID #:

Pre-Requisite Requirements						
Course or Component	Course Equivalency at each community college					
Course of Component	MAC	MACC	NCMC	SFCC	TRC	ECC
Human Anatomy w/Lab or HAP I (4-5 credits)	BIO2600	BIO205	BI240 or BI238	BIO207	BIOL231	BIO 206
Human Physiology w/Lab or HAP II (4-5 credits)	BIO2620	BIO209	BI242 or BI238	BIO208	BIOL232	BIO 207
English Composition I (or equivalent) (3 credits)	ENG1330	LAL101	EN101	ENG101	ENGL111	ENG 101, 102, 104, 114, 1115 (Any)
US & State Constitution Requirement (3 credits)	POS1180, HIS1230 or HIS1240	HST105, HST106 or PSC105	HI103 or PL216	HIST 101 or HIST 102 or POLS 101	GOVT121	HST 101 or HST 102 or PSC 102 (Any)
Suggested Electives (3-4 credits)	PHI1420 or SOC1130 and GUI 1010	PHI152 or SOC101 or PSY101 and any 1+ credit hour course (SKL 101 preferred)	PH101 or SO107	PHIL 102 or SOC 100	GNST090 and SOC111 or PHIL 233	COL 100 & 101 and BIO 205 or PHL 203 or PSY 101 or SOC 101
Math (3 credits) College Algebra/Quant Reasoning or higher	MAT1240 or MAT1270	MTH140 or higher	MT122	MATH114	MATH163 or placement of MATH 164	MTH 140, 150, 170, 190, 210, 220 (Any)
Foundations of Chemistry w/Lab (or equivalent/higher) (4-5 credits)	PHS1250	PHY120	CH107	CHEM101	CHEM111	CHM 105

	ge Admission and Transcripts ark each item below to confirm the fol	lowing:			
I confirm the colle them he	I confirm that I am a current student at the campus selected above by my student ID number. I confirm that I have completed the required prerequisite courses needed to apply for the MHPC MLT Program. See Section D for list of the colleges & their prerequisite course ID's. If I am in the process of completing any of the required prerequisite courses, I have listed them here with the expected semester completion of either the Spring or Summer prior to the beginning of the MHPC MLT Program in the Fall. ——————————————————————————————————				
Section E. Work Please list your rec	Experience ent part-time and/or full-time paid wo	ork experience:			
ob Title	Company Name	City/State	Begin/End Dates	# hours/week	
ob Title	Company Name	City/State	Begin/End Dates	# hours/week	
ob Title	Company Name	City/State	Begin/End Dates	# hours/week	
Please list your r	atory Volunteer/Job Shadowing Execut Laboratory volunteer experience):		g in the laboratory (add anoth	er sheet of paper if yo	
	e:				
City/State: Describe your volu	nteer duties or job shadowing with thi	s organization:	nd Dates:		
ity/State:	e:	Begin/Eı	nd Dates:		
escribe your volu	nteer duties with this organization:				
Section H. Crimi					
lave you ever rece f yes, please indic	ny arrest, charge, or conviction on you eived a suspended imposition of senter ate your felony class:	nce or suspended execution of s	entence for a felony? Yes _		
linical rotations, elig harge, or conviction	certain felony arrests, charges, or conviction gibility to take the ASCP-BOC certification ex In MUST contact the MHPC MLT Program of	camination, and/or eligibility for stat fice prior to submitting their applic	te licensure where applicable. Application. Failure to disclose felony crimi	<mark>ants with a felony arrest,</mark> inal history will be sufficient	
•	ared ineligible or dismissed from the Programed for acceptance to the Program.	m. Students are required to submit	a written explanation of the felony a	rrest, charge, or conviction	

By signing this form, you the applicant understand and recognize the following items:

- That your educational grades and transcripts will be shared between your "home" Consortium college with the MHPC MLT Program
 (MACC fiscal agent),
- That technology requirements are essential in the MHPC MLT Program and that these services are provided at your "home" Consortium college or by you the student,
- That there are physical performance standards required of the student,
- Required signed forms by you the student will be obtained and maintained within the students file upon admission into the MHPC MLT Program.

accommodations if necessary). I certify that all information submitted for this application is true and complete. I understand that if any of the above facts have been misrepresented, intentionally or not, it will be sufficient cause for being declared ineligible or dismissed from the program.			
Signature of Applicant	Date		
If there are any additional details you wish the MLT admissions committee	to consider about your application, please attach another sheet of paper		