



**Medical
Laboratory
Technology
Program**

Student Handbook



TABLE OF CONTENTS

MEDICAL LABORATORY TECHNICIAN – COMPETENCIES

**MEDICAL LABORATORY TECHNICIAN MLT (ASCP) EXAMINATION CONTENT
GUIDELINES**

The Examination Model

Chemistry (20.25% of total exam)

PROFESSIONAL ORGANIZATIONS FOR MEDICAL LABORATORY PROFESSIONALS

**SOC MEDICAL LABORATORY TECHNOLOGY ASSOCIATED DEGREE COURSE
REQUIREMENTS**

	FAST TRACK	ACCELERATE	TRADITIONAL	PART-TIME
Completed prior to program entry				
Fall 1				
Spring 1				
Summer 1				
Fall 2				
Spring 2				
Summer 2				
Fall 3				
Spring 3				

PHIBOTOMYCINALEXPERIENCEEXEMPTION

ESSENTIALFUNCTIONSFORMEDICALLABORATORYTECHNICIANS

Physical Ability

Speech/Communication

Critical Thinking

Emotional Stability

MIT PROGRAM ACADEMIC POLICIES AND PROCEDURES

Grading Policies

didactic course

all*

all*

***A grade of no higher than 'D' will be given to a student who does not meet all the above requirements**

Critical Elements

A 50 minute lecture

A 90 minute lecture

A 170 minute on campus lab

Course	Department	Prerequisites
MI-251		

**RESUME TO THE PROGRAM AND RETURNING TO THE PROGRAM AFTER
A PERIOD OF ABSENCE**

Laboratory Professional Attitudes and Values

Maintenance

Integrity

**POLICY FOR INCOMPLETE WORK IN CINICAL TRAINING OR NOT AIDING
COMPEENCY**

CINICALS IEREQUIREMENTS

Dug Soenen and Badgourid Check

CONFIDENTIALITY PLEDGE

I hereby reaffirm my pledge that I will not disclose, to anyone, any medical information about patients that I may acquire as a result of my clinical education, without patient permission to do so or as otherwise allowed by law. In addition, I will not seek out information about patients that I do not require to perform my assigned duties. I understand that any attempt to seek out information, hard copy, electronic or verbal, not required by my position or any unauthorized disclosure of information, shall be cause for immediate discipline, including discharge. I understand that all questions of release of information are to be referred to a medical laboratory employee. Anytime I am not sure of the proper action, I will withhold information until the release question is resolved.

Personal Hygiene and Dress Code Policies at the Clinical Site

Basic Dress Code

Eye Makeup

Jewelry

Tobacco Use

MEDICAL BIOTECHNOLOGY IMMUNIZATIONIST

Measles (Rubella)

Mumps

Rubella

Varicella (Chicken Pox)

HEASENOTE

Influenza or Dcdination

SAN DIEGO COMMUNITY COLLEGE MISSION STATEMENT

Emergency Care While at the College or Critical Site

File Notes

Review Quizzes and Exams

why

APPENDIX B

Sandhills Community College
Medical Laboratory Technology Program
Student Attendance Probation Plan

General Information

Consequences and Expectations

APPENDIX C

ABSTRACT RUBRIC EXAMPLE

Rating	Description:
Does not meet	
Marginal	
Meets	
Exemplary	

Category	Does not meet	Marginal	Meets	Exemplary
Attitude				
Engagement				
Attendance				
Initiative				
Communication				
Respect				

GRADE CALCULATIONS

Rating	Total #	Multiplier	Points earned/lost
Does not meet		-20	A

TECHNICAL SKILLS RUBRIC EXAMPIE

Slide Making Practical - MLT120 Hematology/Hemostasis

	1- Beginning	25- Developing	35- Competent	4- Advanced
Smooth uninterrupted film, thickest at the origin and gradually thinning out				
A good feathered edge; the film should fade away without a defined border				
Feathered edge runs straight across, not tongue shaped				
No tails or streaks beyond the feathered edge				
Films are $\frac{1}{2}$ to $\frac{3}{4}$ the length of the slide				

PSYCHOMORANDOCOGNITIVE

**MINUM
PASSIEM**

1

2

3

4

5

6

Sandhills Community College

FINAL EVALUATION

Category	Does not meet	Meets	Exceeds	Excels
Professional Behavior				

APPENDIX

PHLEBOTOMY EXPERIENCE VERIFICATION

Purpose:

SECTION A: STUDENT OBSERVATION

Student Name	Student ID#

1. Using the checkboxes below, indicate all route(s) by which your phlebotomy competency may be verified

ROUTE 1	current	<input type="checkbox"/>	<input type="checkbox"/>
ROUTE 2	within the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>
ROUTE 3	within the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>

2. Attach or email documentation of at least one of the routes listed above. Required documentation for each route is listed in ROUTE no. no.

PHLEBOTOMY EXPERIENCE VERIFICATION

Purpose:

Student Name:	
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SECTION B EMPLOYMENT VERIFICATION

Employer Name	Employer Address
Employer Representative Name	Employer Representative Title
Job title(s) of student while employed at your facility	
Employment Status	Full time <input type="checkbox"/> Part time <input type="checkbox"/>
Employment Dates	

I attest that while employed at my facility, the student named above performed phlebotomy as part of their daily work	<input type="checkbox"/>	<input type="checkbox"/>
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Signature	Date