

British Columbia Society of Laboratory Science

**MEDICAL LABORATORY ASSISTANT TRAINING INSTITUTES
APPLICATION FOR ACCEPTANCE OF PROGRAM**

Program Title: _____

Name of Institute: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (____) _____ Facsimile: (____) _____

E-mail address: _____

Name of Director/Program Head: _____

Name of person completing application: _____

Title of person completing application: _____

BCSLS MLA Program application Completion Date: _____ 20____

If applicable:

Private Career Training Institute Agency # _____ Registration Date: _____ 20____

To facilitate the process of assessing graduate eligibility for the BCSLS MLA Certification Program, we request your assistance. Your program's information will be reviewed in relation to the BCSLS Certified Medical Laboratory Assistant (MLA) Syllabus.

To ensure there are no delays in recognizing your graduate's eligibility for certification with BCSLS, please ensure your application is complete.

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Enrolment

Number of Students (Min) _____
Number of Students (Max) _____
Number of Students Enrolled (during past 12 months) _____

Total Length of Program

Number of hours allotted for the teaching of theory _____ Hours
Number of hours allotted for in-house practical _____ Hours
Number of hours in clinical training (placements) _____ Hours

Program Format

Full Time
Part Time
Distance Education

Recommended Requirement for Student-Teacher Ratio

Laboratory Practice: 15:1 Will your program be at or below this ratio Yes or No (circle)
Theory: 20:1 Will your program be at or below this ratio Yes or No (circle)

Practicum Information

Number of clinical training sites used in the previous year _____ (provide site contact information on page 6 below).

Educators *

Name	Credentials **	Course ***
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

* Add additional sheet if necessary

** Provide copies of professional registration, certification or other relevant qualifications

*** Refers to courses this person is teaching this school year

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Provide a description of the program content in sufficient detail to allow an evaluation against the Practice Guidelines. Your program's information will be reviewed in relation to the BCSLS Syllabus (1998) & OSMT Common Core Competency Guidelines (2000), specifically:

- Medical Terminology
- Basic Biology, Anatomy & Physiology
- Laboratory Mathematics, Statistics & Quality Control
- Specimen Procurement and Handling
- Laboratory Safety
- Laboratory Equipment
- Information Management
- Anatomical Pathology
- Clinical Microbiology
- Clinical Chemistry
- Hematology
- Transfusion Medicine

Note: Provide a statement of the institution's status with the appropriate provincial government agency overseeing post-secondary education providers.

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Provide a list of the equipment required to deliver the program. Indicate if the equipment is located on-site or at the practicum sites.

The Medical Laboratory Assistant is expected to understand the theory and application of the equipment below. This includes knowledge of the associated handling, storage, safety precautions, care and cleaning methods.

- * Balances (including electronic)
- * Centrifuges (all types) including cytospin

Thermal Equipment:

- * Water baths
- * Hot air ovens
- * Incubators
- * Hot plate
- * Autoclave
- * Refrigerator
- * Freezer
- * Thermometers (including recording)
- * Alarm systems
- * Microwave ovens

Automatic Media Processor

Tissue processors including fluid exchange processors:

- * Open systems
- * Closed systems
- * Rotary microtomes
- * Flotation bath
- * Cryostat
- * Embedding centres
- * Microtomes knives
- * Wedge knives (disposable, non-disposable)
- * Disposable knives and adaptors

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Mechanical Aids:

- * Automated staining machines
- * Automated and semi-automated pipettes
- * Automatic dispensers
- * Automatic diluters
- * Mixing devices
- * Cell washers
- * Automated cell counter

Safety Cabinets

Desiccators

pH Meter

Production of Pure Water:

- * Water distiller

Laboratory Glass and Plastic Ware

Microscope / Compound microscope

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Provide a list of the clinical placement sites used for the practicum portion of the program, Include addresses, contact person names, phone numbers and number of placements.

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STATEMENT OF VERACITY

I hereby certify that this program follows the requirements of the BCSLS Syllabus and OSMT Common Core Competency Guidelines, and the information given in this application and in any documents attached is true and complete in every respect. I authorize BCSLS to make all necessary enquiries in relation to this application. I understand that this application may be denied, or acceptance of the teaching institute named below may be revoked if this document is found to contain false, misleading, or incomplete information.

Institute _____

Name _____ Position _____

Signature _____ Date _____

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Please include the following information, which is required to begin the review.

Enclosed

- | | |
|--------------------------------|--------------------------|
| 1. Program Description | <input type="checkbox"/> |
| 2. Instructor Qualifications | <input type="checkbox"/> |
| 3. Equipment List | <input type="checkbox"/> |
| 4. Practicum Placement Details | <input type="checkbox"/> |
| 5. Statement of Veracity | <input type="checkbox"/> |
| 6. Payment | <input type="checkbox"/> |

Please return to:

BC Society of Laboratory Science
#720 – 999 West Broadway Avenue
Vancouver, BC V5Z 1K5

Make cheques payable to BCSLS