WELCOME

We are pleased you have chosen a program of study within the School of Health Care Professions at the University of Wisconsin-Stevens Point. It is our hope you will take advantage of all the University of Wisconsin-Stevens Point and the School of Health Care Professions has to offer. Enjoy your time here!

The undergraduate programs offered through the School of Health Care Professions are both challenging and rewarding. Majors include clinical laboratory science (options in medical technology, cytotechnology, histotechnology), health science (options in health care administration, health care informatics, pre-physical therapy, pre-occupational therapy) and pre-nursing. Our faculty and staff are dedicated to providing you with a high caliber program. The quality of our program is reflected in our success assisting you in reaching your educational and professional goals.

This handbook represents the policies and procedures used by the University of Wisconsin Stevens Point School Of Health Care Professions (SHCP). It is a guide describing what is expected of you while enrolled at this university, within the SHCP and where required, within a clinical site. It is the individual responsibility for you and faculty to become familiar with the information presented in this handbook and to use it as a reference. It is a resource that has evolved over time and is based on experience, feedback and discussion involving students, university and clinical faculty and university administrators. While nothing is totally inflexible, the policies and procedures as stated in this handbook will be supported and adhered to by both you and faculty.

This handbook is designed to guide you through the phases of the majors. Information regarding the SHCP, advising, and the curriculum is included for your reference. Should you have additional questions, please stop in the office or contact your advisor to schedule an appointment.

The faculty and staff would like to welcome you to UWSP and the School of Health Care Professions. We hope that your time on campus will be successful, and we look forward to working with you!

Sincerely,

UWSP School of Health Care Professions Faculty and Staff
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>WELCOME</td>
<td>1</td>
</tr>
<tr>
<td>SHCP Mission statement</td>
<td>4</td>
</tr>
<tr>
<td>Faculty &amp; Staff</td>
<td>6</td>
</tr>
<tr>
<td><strong>SHCP GENERAL INFORMATION &amp; POLICIES:</strong></td>
<td></td>
</tr>
<tr>
<td>Academic Policies</td>
<td>7</td>
</tr>
<tr>
<td>Advising</td>
<td>7</td>
</tr>
<tr>
<td>Appeal Process</td>
<td>8</td>
</tr>
<tr>
<td>Grade Review</td>
<td>8</td>
</tr>
<tr>
<td>Non-academic Grievance Process</td>
<td>9</td>
</tr>
<tr>
<td>Communication</td>
<td>9</td>
</tr>
<tr>
<td>Graduation</td>
<td>10</td>
</tr>
<tr>
<td>Letters of Recommendation</td>
<td>10</td>
</tr>
<tr>
<td>Scholarships</td>
<td>10</td>
</tr>
<tr>
<td>Special Needs</td>
<td>10</td>
</tr>
<tr>
<td>Student Organization</td>
<td>10</td>
</tr>
<tr>
<td>Tuition &amp; Refunds</td>
<td>11</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>11</td>
</tr>
<tr>
<td>Dismissal from the Program</td>
<td>11</td>
</tr>
</tbody>
</table>

**PROGRAM SPECIFIC INFORMATION & POLICIES:**

**CLINICAL LABORATORY SCIENCE – Medical Technology**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>15</td>
</tr>
<tr>
<td>Goals</td>
<td>15</td>
</tr>
<tr>
<td>Competencies &amp; Objectives</td>
<td>15</td>
</tr>
<tr>
<td>Essential Functions</td>
<td>16</td>
</tr>
<tr>
<td>General Expectations</td>
<td>17</td>
</tr>
<tr>
<td>Health Requirements</td>
<td>18</td>
</tr>
<tr>
<td>Hepatitis B Vaccination</td>
<td>18</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>19</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
</tr>
<tr>
<td>Facilities</td>
<td>19</td>
</tr>
<tr>
<td>Special Fees</td>
<td>19</td>
</tr>
<tr>
<td>Required Courses (curriculum)</td>
<td>21</td>
</tr>
<tr>
<td>Courses in Clinical Laboratory Science</td>
<td>21</td>
</tr>
<tr>
<td>Admission Requirements</td>
<td>25</td>
</tr>
<tr>
<td>Application to Clinical Laboratory Science Program</td>
<td>25</td>
</tr>
<tr>
<td>Application for the Clinical Practicum</td>
<td>25</td>
</tr>
<tr>
<td>Clinical Affiliates</td>
<td>26</td>
</tr>
<tr>
<td>Clinical Placement</td>
<td>27</td>
</tr>
<tr>
<td>Clinical Practicum Procedures and Policies</td>
<td>27</td>
</tr>
</tbody>
</table>
Attendance...........................................................................................................27
Dismissal .............................................................................................................27
Dress Code ........................................................................................................28
Excused Absences .............................................................................................28
Exit Interviews ..................................................................................................28
Financial Aid ......................................................................................................28
Orientation .........................................................................................................28
Physical Exams & Immunizations ......................................................................28
Review Session ..................................................................................................28
Service Work ......................................................................................................28
Health Insurance ................................................................................................29
Senior Presentation Day .....................................................................................29
Tardiness .............................................................................................................29
Tuition & Fees .....................................................................................................29
Vacation & Holidays ...........................................................................................29
Clinical Practicum Registration Schedule .........................................................30
Required Summer Session ..................................................................................30
Procedures before leaving UWSP for Clinical Practicum .................................30
National Certification .........................................................................................31

APPENDIX .............................................................................................................32

Letters of Recommendation Forms
Recommendation Request Form ........................................................................33
Letter of Recommendation Release Form .........................................................34
Personal Data Form .............................................................................................35

Admission to Professional Program (CLS only) & Clinical Practicum Forms
Application .........................................................................................................38
Hospital Choice Form .........................................................................................42
Essential Functions .............................................................................................43
Background Check Authorization ........................................................................44
SCHOOL OF HEALTH CARE PROFESSIONS

Mission: Preparing Health Care Professionals for 21st Century Health Care

The mission of the School of Health Care Professions is to provide you with a high quality, professional, undergraduate educational experience culminating in a Bachelor of Science Degree with one of the following majors: Clinical Laboratory Science (options in Medical Technology, Cytotechnology, or Histotechnology) or Health Science (options in Health Care Administration Health Care Informatics, Pre-Physical Therapy, Pre-Occupational Therapy, and provides advising and guidance in undergraduate courses for Pre-Nursing.

The SHCP's policy is to provide equal opportunities in accordance with all regulations supported by UWSP as stated in the current university catalog. The SHCP shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, nation origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity or gender expression.

Vision: Exploring and deepening interdisciplinary partnerships, while expanding traditional and non-traditional learning opportunities through community outreach, articulation, service, and travel.

The SHCP provides an educational environment for you within its majors and program concentrations that is broad-based in health science disciplines, encourages clear oral and written communication, promotes ethical and professional behavior in all professional roles, and requires application of skills of critical inquiry to issues and problem-solving across disciplines and within specific content areas.
SHCP Student Performance Learning Outcomes:

1. Relate theoretical constructs from the biological, physical, social and behavioral sciences to the knowledge of health, disease and health systems
2. Apply principles of written, verbal and non-verbal communication to interactions with colleagues in learning, among disciplinary professionals and with clients in health care
3. Discuss how health care evolved into current policy and systems of health issues and their delivery
4. Assess moral, ethical and values-based dimensions of health issues and their implications on outcomes
5. Compare and contrast fields of healthcare and the impacts of interdisciplinary practice
6. Apply basic research methodology and appreciate the role of research in understanding and improving healthcare
7. Analyze the dimensions of diversity and geographic awareness in relation to health care implications
8. Demonstrate proficiency in self learning and in developing professionalism
9. Evaluate issues in healthcare using scientific reasoning and evidence-based research
10. Synthesize individual knowledge base directed to collaborative problem-solving of healthcare issues
11. Apply computer technology and data management skills
12. Demonstrate discipline appropriate proficiencies

Assessment Plan:

The assessment plan for student outcomes for each major within the SHCP consists of three parts: program goals, objectives, and assessment techniques. Assessment of student performance learning outcomes occurs at a frequency as determined by policies of the UWSP and SHCP faculty. Detailed information can be found in the SHCP Assessment Plan.

Curriculum assessment is completed systematically as agreed upon by faculty and staff within the SHCP. Curriculum assessment and modifications are based on congruency between SCHP goals, student performance learning outcomes for its majors (CLS/HS), course objectives, and course learning activities.
FACULTY and STAFF

The UWSP School of Health Care Professions is within the College of Professional Studies (CPS). It is located in room D127 Science building.

Susan Raab, Ed. D, MLS(ASCP)  sraab@uwsp.edu
Associate Dean, College of Professional Studies
Professor and Chair, SHCP
715-346-3766, Sci D-127

Dawn Barten, MLS(ASCP)  dbarten@uwsp.edu
Lecturer
715-342-5175, Sci D-124C

Joyce Bulgrin, MS, MLS(ASCP)  jbulgrin@uwsp.edu
Senior Lecturer
715-341-3765, Sci D-133

Daniel J. McCarty,  dmccarty@uwsp.edu
Associate Professor
715-342-5177, CPS 112

Jodi L. Olmsted,  jolmsted@uwsp.edu
Assistant Professor
715-342-5272, Sci D-124B

Carole Paulson,  c paulson@uwsp.edu
Assistant Professor
715-346-4740, CPS 114

Mitch Rasmussen, MLS(ASCP)\textsuperscript{CM}  mrasmus@uwsp.edu
Lecturer
715-346-4701, Sci D-124A

Michelle Shulfer, MS Ed., MLS(ASCP)\textsuperscript{CM}  mshulfer@uwsp.edu
Senior Lecturer
715-346-2780, Sci B-149

Nancy Habermann  nhabernma@uwsp.edu
Office Manager
715-346-3766, Sci D-127

Susan Jankowski  sjankows@uwsp.edu
Staff – LTE Program Assistant
715-346-4870, Sci D-124
SCHOOL OF HEALTH CARE PROFESSIONS

GENERAL INFORMATION & POLICIES

Academic Policies

The Office of Student Rights and Responsibilities protects your rights as a student. If you believe that your rights have been violated, or if you have questions concerning your rights, write or visit this office, Room 139 Delzell Hall, or call them at 715-346-2611.

You have the responsibility to act appropriately and responsibly. If your actions conflict with the welfare and integrity of UW-Stevens Point or disregard the rights of other members of the university community, including guests and visitors to the campus, you will face student conduct disciplinary proceedings.

You will find copies of the University of Wisconsin System disciplinary procedures and UWSP's institutional policies under these procedures (Chapter UWSP 17) at each residence hall desk, the Reserve Desk of the Learning Resources Center, the Information Desk of the University Center, the offices of all academic deans, and the Office of Student Rights and Responsibilities. We urge you to read Chapter UWSP 17, which is part of our contract with you, since it describes what constitutes violations of appropriate conduct on campus and for university activities.

Advising

To declare any of the program majors found in the School of Health Care Professions you must complete a form indicating your intentions and schedule an appointment with one of the advisors. Prior to admission to the professional program, you must attain the required minimum grade point average of 2.75 overall and 2.75 in the sciences or have a plan on file to achieve the minimum grade point average requirement.

You will be assigned an advisor within the department at the time that you declare the major. All faculty and staff are involved in advising. If it is an emergency and your advisor is not available, you will be able to meet with another advisor.

You are encouraged to schedule appointments with your advisor whenever you have questions.

Academic advising will be scheduled about the 8th or 9th week of the semester for the next semester’s registration. You must meet with your advisor at that time to receive authorization to register for courses. Notices will be sent to you, and sign-up sheets will be posted on the CLS bulletin board, outside the SHCP Office, D-127, Science Building. When meeting for academic advising you should bring a copy of your Degree Progress Report (DPR) with you. With the guidance of your advisor, you will create a tentative program plan for your course work at UWSP. Courses for which you will register will be determined.
If you are a new student (freshman), a transfer student in your first semester at UWSP, or you do not meet the minimum grade point average requirements for the professional program, you are asked to meet with your advisor within the first three weeks of the semester. You will be sent an email notifying you to schedule an appointment with your advisor, and it is your responsibility to schedule the appointment. In making that contact, please indicate days and times convenient for you. Your advisor will make every effort to schedule the appointment at a mutually agreed upon day/time.

**Appeal Process**

**Course Grades**

The grade review process is outlined in the university catalog. If you feel there is a discrepancy between the grade awarded for the course and the grade you believe you earned, contact your instructor first. Should satisfaction not be achieved, an appeal must be filed with the School of Health Care Professions Head within four weeks of the end of the semester in which the course was taken. If the matter is still unresolved, refer to the university catalog. You must submit an appeal to the Coordinator of Grade Review before the end of the fourth week of classes in the following semester.

**Grade Review**

If an instructor does not give you, by the end of the second week of class, a written statement of how grades are determined, or if you feel that your instructor does not assign grades as described on that written statement, you may appeal the grade you receive in the course.

First talk with your instructor about your concerns. If, after doing so, you are not satisfied, write a statement of the problem and request that your grade be reviewed by the SHCP Department Chair. Within two weeks of the department’s receipt of your appeal, a meeting will be scheduled with you, the SHCP Department Chair, and other individuals involved. If, after doing so, you are not satisfied, write a statement of the problem and request that your grade be reviewed. Submit this to the coordinator for grade review in the Provost/Vice Chancellor for Academic Affairs Office, Room 202 Old Main. You may submit this appeal up until the end of the fourth week of classes in the following semester.

After the coordinator receives your request, the following things take place:

1. You meet with the coordinator and discuss your grounds for appeal, the appeal process, and the options available to the Grade Review Subcommittee if the appeal is sustained.
2. The coordinator gives a copy of your appeal to your instructor and asks the instructor to respond to it in writing within 20 working days.
3. After 20 working days, the coordinator evaluates the allegations and determines if your appeal is valid.
4. Then, if the coordinator concludes that a grade change may be warranted, or if the instructor has failed to respond in writing, the coordinator gives the Grade Review Subcommittee of the Academic Affairs Committee all relevant information and directs
the members of the committee to investigate your allegations and determine whether they are valid.

The subcommittee usually reaches a decision by the end of the semester in which you make the appeal. If, however, one of the parties is not on campus that semester, it may take longer.

If the subcommittee or the instructor determines that special academic expertise is needed, the subcommittee solicits an independent evaluation in writing from three impartial experts appointed by the chair of the instructor’s department in consultation with the instructor and the subcommittee chair. The subcommittee accepts the evaluation and recommendations of the impartial experts on matters of academic content whenever it asks for them.

After investigating your grievance, the subcommittee will inform both you and your instructor of its decision in writing. If it finds that a change of grade is warranted, it will also recommend to your instructor the appropriate grade change. If your instructor refuses to make the recommended grade change within 10 school days after being notified, the subcommittee will do one or more of the following to protect your interests:

1. Attach to your permanent record and transcript a statement of the recommended change of grade and the reasons your instructor did not change the grade.
2. Exempt the challenged grade from being included in your grade point average, unless you want the grade to be included.
3. Authorize your graduation minus the credit hours represented by the challenged grade, if that grade was F.

Non-academic Grievance Process

For the non-academic grievances, you may follow the “chain-of-command.” A written grievance is filed with the Head of the School of Health Care Professions. If satisfaction is not achieved, the grievance is filed with the Dean of the College of Professional Studies. If you remain unsatisfied, the grievance continues with the Provost and Vice Chancellor of Academic Affairs, and finally, with the Chancellor of the university. In extremely rare cases the grievance process could be filed at the level of the University of Wisconsin System.

Communication

When enrolled at UWSP, you will be assigned a UWSP email account. It is your responsibility to monitor this account on a regular basis. Periodically throughout the semester, notices may be forwarded to you using e-mail, U.S. mail or phone calls. Check the School of Health Care Professions bulletin board outside D-127, Science Building for copies of notices sent to students (broadcast-type messages), meeting schedules, sign-up sheets, and other professional information.

Return emails: Instructors have five business days to return emails. If you have not heard back from an instructor within five business days, it is acceptable to inquire about receipt of the email.
All communications between you and your instructor shall be in a professional and courteous manner.

Graduation

To graduate, you must earn at least 120 credits (30 credits in residence at UWSP), which include the general requirements for your degree and the requirements for at least one major. A minimum of 40 credits must be at the 300 level or higher. You may need to take some elective credits. Specific requirements for each major may be found in the UWSP course catalog. A bachelor’s degree will be granted only if you complete the general degree requirements and at least one major.

Letters of Recommendation

- Faculty and advisors often write letters of recommendation for you when applying for jobs, scholarships or graduate programs. You must complete a “Recommendation Request Form”, “Personal Data Form”, and “Letter of Recommendation Release Form” located on the SHCP home page under student resources and scholarship/summer internship opportunities. Send these forms as an e-mail attachment to the faculty/staff when making the request for a recommendation. Copies of these forms may be found in the appendix.
- These forms are essential to write letters of recommendation that contain specific details regarding your work history, volunteer work, awards, GPA, future plans, courses taken with the recommendation letter writer, deadline for submission, etc.
- As a courtesy, when requesting a letter of recommendation from faculty, you should allow at least 3-4 weeks.
- You may need to remind faculty by email of the submission deadline for the letter of recommendation and the logistics for picking up the completed letters.

Scholarships

Scholarship information specific for the School of Health Care Professions is updated and distributed by the end of January each year. You will receive notification from the SHCP office. For general scholarship information, contact the Financial Aid Office, Room 106 Student Services Center (Phone 715-346-4771).

Special Needs

The Disability Services Office provides assistance for special needs. Contact the Disability Services Office, Room 103, Student Services Center, 715-346-3365. Accommodations in CLS courses will not be made without notification from this office.

Student Organization

Sigma Mu Tau is the recognized student organization for Health Science, Clinical Laboratory Science, Pre-Nursing, and other Allied Health majors. Monthly meetings are scheduled and include a variety of activities such as field trips, guest speakers, community service opportunities, and fund-raisers. You are encouraged to begin your professional development by participating in this organization.
**Tuition**

The basic costs per semester are listed in the UWSP catalog or on the Accounts Receivable website: [www.uwsp.edu/admin/busaffaris/ar](http://www.uwsp.edu/admin/busaffaris/ar) for undergraduate and graduate students. When planning your budget for college, you should also take into account the costs of travel to and from the university and personal expenses such as clothing, laundry, school supplies, phone calls, etc.

The total cost includes tuition and seven segregated fees: the University Center fee, the Student Activity fee, the Text Rental fee, the Student Health fee, the Municipal Services fee, the Health Enhancement Center fee, and the United Council fee.

You are required to pay a $100 registration deposit prior to registration.

**Refunds**

Written notification must be sent to the Registrar’s office as soon you decide to cancel your enrollment or withdraw from UW-Stevens Point. The refund policy and schedule can be found in the UWSP catalog or on the Accounts Receivable website.

There is no fee assessed if you cancel your registration prior to the first day of the semester. Withdrawals effective the first week of classes will be assessed a $100.00 fee.

**Withdrawal**

You should notify the School of Health Care Professions office of a change of majors or upon withdrawing from the university. When dropping or changing to a different major you will be asked to complete a form indicating you are dropping the major and which major you are adding. The information will be entered into the Student Information System, and you will be referred to the department of the new major. If you choose to withdraw from any of the preclinical programs, notify the SHCP Head. Consult the university admissions office if withdrawing from or transferring to another university.

**Academic Misconduct (Dismissal from the Program)**

You will maintain academic standards, ethics, and honesty, including UWSP, SHCP, and individual course standards. The following policy statement does not replace, but rather defines the SHCP cheating policy as it relates to all students in the programs. SHCP faculty equate unethical and/or dishonest behavior as demonstration of the potential for harmful and life-threatening behavior in the clinical setting. Therefore, cheating in any of its forms will not be tolerated. The following activities are specifically prohibited and will warrant a warning or reprimand, failure or reduction of your grade on and assignment or exam, probation, temporary or prolonged suspension, or permanent expulsion from the SHCP programs.

1. **Cheating** includes but is not limited to the following:
   a. Copying from another student’s test paper.
b. Copying from another student’s assignment without faculty approval for collaboration.

c. Using materials, or inappropriate procedures during a test not authorized by the person giving the test.

d. Collaborating with any other person during a test without faculty approval for collaboration.

e. Knowingly obtaining, using, buying, selling, voluntarily revealing, transporting, or soliciting in whole or in part the contents of any test without authorization of appropriate official.

f. Bribing any other person to obtain a copy of a test.

g. Soliciting or receiving unauthorized information about any test.

h. Substituting for another student or permitting any other person to substitute for you in completing a test.

2. **Plagiarism** is the unacknowledged use of any other person or group’s ideas or work. This includes purchased or borrowed papers.

3. **Collusion** is the unauthorized collaboration with another person in preparing assignments or projects in course work.

4. **Falsification** is the intentional and unauthorized altering or inventing of any information or citation in an academic exercise, activity, or record-keeping process.

5. **Giving, selling, or receiving unauthorized course or test information.**

6. **Using any unauthorized resource** or aid in the preparation or completion of any course work, exercise, or activity.

7. **Infringing on the copyright law of the United States** which prohibits the making of reproduction of copyrighted material except under certain specified conditions.

8. **Falsifying data** and submitting as true, authentic data.

9. **Altering test responses after the test is corrected** and stating that altered response was actually misread by the faculty or staff reviewing the test responses.

You are subject to cheating policies, codes, definitions, and sanctions established by the SHCP, the University of Wisconsin System, and the University of Wisconsin – Stevens Point. Please refer to the university handbook for details


Specific SHCP sanctions that typically apply to cheating during test-taking or to cheating on class assignments are listed below.

1. **Warning.** A warning will be issued if the incident cannot be verified beyond a reasonable doubt. A warning is a verbal or written notice to you that your conduct may be in violation of UWSP and/or SHCP’s rules and regulations. Continuation of such conduct or actions may result in further disciplinary action.

2. **Grade Reduction.** Reduction by one full letter grade of your grade for the course (example B to C) will be implemented if you have previously committed no verifiable acts of cheating.

3. **Failure of course.** A failing grade for the course will be assigned if you have previously participated in at least one verifiable act of cheating.

4. **Dismissal from the Program.** Dismissal from the program will be implemented if:
   
a. you previously participated in more than one verifiable act of cheating.
b. you fail to meet time deadlines to correct deficiencies pursuant to academic probation matters.

c. you fail to attend a scheduled practicum.

d. you fail to successfully complete a practicum with minimum proficiency.

e. you fail to consistently follow guidelines for protection of self and others in matters regarding health and safety.

You are encouraged to consult with your instructor or advisor if you are having problems meeting program goals, objectives, or academic standards. The following provides a summary of the your due process procedure which should be followed.

1. Schedule a conference with your clinical or academic instructor.

2. If unsatisfactory progress is made or no resolution can be reached, schedule a meeting with your director, program coordinator, or department chair for review and resolution of the matter.

3. If the findings by the program director/coordinator are not acceptable, an appeal may be made to the Dean of the College in which the program or course is offered.

4. If you remain unsatisfied, contact the Office of Student Rights and Responsibilities, Room 139, Delzell Hall (Phone 715-346-2611).
PROGRAM SPECIFIC INFORMATION & POLICIES

CLINICAL LABORATORY SCIENCE – Medical Technology

The Clinical Laboratory Science major offers three options: Medical Technology (performing lab tests used in preventing, diagnosing, and monitoring diseases), Cytotechnology (examining tissue and fluids microscopically to distinguish cancerous from normal cells), or Histotechnology (preparing slides for microscopic examination using complex processing and staining techniques). One of these three options is selected to determine the course of study.

The Clinical Laboratory Science Program is designed to prepare you to enter the field of Clinical Laboratory Science. The design of the curriculum assures instruction in the theory and techniques of diagnostic laboratory procedures. The faculty in the Clinical Laboratory Science Department is dedicated to providing you with the newest innovations and technology.

The program requires three to four years of academic courses on the UWSP campus, followed by a clinical practicum in a hospital-based clinical laboratory. Upon completion of the requirements, a Bachelor of Science Degree with a major in Clinical Laboratory Science, and you may also earn a minor in Chemistry. The University of Wisconsin-Stevens Point has affiliations with hospitals in Wisconsin as well as out-of-state affiliations.

A profession in the Clinical Laboratory Sciences offers a challenging and rewarding career. Job opportunities are numerous and diverse. Placement of graduates in positions of employment approaches one hundred percent. Graduates are employed in clinical, industrial, research, environmental, crime, and public health laboratories. Professionals hold a wide variety of positions as staff technologists, managers, supervisors, infection control officers, researchers, educators, consultants, analysts, industrial specialists, and quality assurance specialists.

The program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLs).* Upon successful completion of the program you are eligible to take the nationally recognized certification exam. (Certification is not required for the degree.)

*NAACLs
5600 N. River Rd., Suite 720
Rosemont, IL 60018-5119
Phone: 773-714-8880
Fax: 773-714-8886
Email: info@naacls.org
Website: www.naacls.org
CLINICAL LABORATORY SCIENCE PROGRAM
Mission, Goals, Competencies, and Objectives

Program Mission Statement

The mission of the Clinical Laboratory Science program is to provide students with a high quality, professional, undergraduate educational experience, culminating in a Bachelor of Science Degree with a major in Clinical Laboratory Science.

Program Goals

The goals of the Clinical Laboratory Science program include:

1. Providing an educational program in accordance with the National Accrediting Agency for Clinical Laboratory Science and the Standards of Accredited Programs for the Clinical Laboratory Scientist/Medical Technologist.
2. Enabling students to attain professional credentials to enhance their ability to practice as laboratory professionals.
3. Preparing competent clinical laboratory scientists with the necessary knowledge, skills, and attitudes to fulfill current and future professional positions.
4. Preparing students for leadership roles in the laboratory, research, and industry.
5. Demonstrating and guiding student development of ethical behavior appropriate for the profession.
6. Providing, especially the central and northern areas of Wisconsin, with qualified clinical scientists/medical technologists.

Program Competencies and Objectives

Upon completion of the clinical practicum, the graduate will be able to:

1. Identify patients, collect specimens, and process clinical samples properly and according to protocol.
2. Evaluate the suitability of specimens for analysis.
3. Prepare test runs with knowledge of scientific principles, methodologies, and technical aspects of clinical laboratory testing.
4. Evaluate, prioritize and perform procedures in a timely manner.
5. Accurately interpret and report test results.
6. Correlate clinical test results to the patient’s condition, differentiating normal from abnormal findings as well as disease status.
7. Perform complex analysis that requires a network of steps and variables.
8. Perform quality assurance procedures, assessing the validity and accuracy of results using quality control data and quality assurance practices.
9. Recognize errors that occur and demonstrate proper problem-solving techniques.
10. Initiate corrective procedures when indicated.
11. Make decisions based on information, facts, and concepts.
12. Utilize and maintain laboratory equipment to obtain high quality results.
13. Recognize the relationship among various tests and the physiological conditions affecting the results.
15. Perform all aspects of laboratory service in a manner that assures the safety of patients, coworkers, self, and the public.
16. Demonstrate ability to multi-task.
17. Demonstrate basic skills in method evaluation and procedure writing.
18. Apply principles of management and supervision that are appropriate to the clinical laboratory, including preparation of schedules and budgets, optimizing reimbursement while avoiding fraud and abuse, management of personnel, and compliance with regulatory agencies.
19. Participate in continuing education and in-service programs as a presenter as well as a participant.
20. Communicate ideas and facts effectively to peers, co-workers, and other medical personnel.
21. Practice ethical standards in matters related to medical information and patient care, including emphasizing patient's right to confidentiality.
22. Manage patient data by evaluating, selecting and using information systems.
23. Demonstrate performance as a team player in the laboratory as well as outside the laboratory.
24. Strive continually for quality improvement.
25. Serve clients, co-workers, others in the workplace effectively and efficiently but cordially and respectfully.

**Essential Functions**

The Essential Functions are the non-academic requirements of the program. You must meet these requirements to successfully participate in the program and become employable. If you do not meet the requirements, notify the program director. Corrective devices and reasonable accommodations may be utilized to satisfy Technical Standards.

**You are expected to:**

- Possess sufficient vision to easily read charts, graphs, instrument panels and printouts.
- Be able to discriminate colors in order to identify reagents, media, stained cell preparations and physical properties of various body fluids, as well as delineate fine details of cellular structure and morphology when using a microscope.
- Be able to read, write and communicate in the English language to facilitate effective communication with patients, physicians and all other members of the health care team.
• Possess enough hearing ability with or without auditory aids to understand the normal speaking voice and discern audible instrument alert signals and timing devices.
• Demonstrate sufficient manual dexterity to perform such required tasks as: performing Phlebotomy safely and accurately; operating delicate instruments; manipulating tools; handling small containers of potentially biohazardous specimens (one by one-half inch); utilizing sample measuring devices; and adequately focusing and manipulating a microscope.
• Be sufficiently mobile to traverse about the Laboratory and Hospital corridors, including patient rooms (minimum width: 3 feet).
• Demonstrate sufficient psychological stability to effectively problem solve and to react effectively in stressful situations. Must be able to recognize emergency situations and take appropriate action. In general, you must possess the emotional health required for full utilization of his or her intellectual abilities.
• Corrective devices and reasonable accommodations may be utilized to satisfy Technical Standards.

You will be required to read the Essential Functions document included in the program application and submit a signed copy to affirm your ability to perform these tasks that are essential functions to the profession. If you cannot meet the expectations of the Essentials, consult with your advisor. Often special accommodations can be made.

General Student Expectations

1. You are expected to complete lessons, assignments, quizzes, and exams according to the course schedule, syllabus and/or calendar. If an emergency or illness occurs that prevents you from accomplishing the above, it is your responsibility to contact the instructor (in person or by telephone, voicemail or email) prior to the absence.
2. It is your responsibility to read and obtain notes or course materials from other students. Each instructor reserves the right to determine how they will incorporate lessons, assignments, quizzes, and/or exams not completed into your final grade.
3. It will be the instructor’s decision to allow or not allow make-up lessons, assignments, quizzes and/or exams.
4. Verification of your attendance in class will be accomplished by the completion of class assignments, participation evaluation and/or the taking of attendance. Class attendance records may be reviewed as part of determining the affective portion of your evaluation that counts toward determination of your grade by your instructor. If an absence is lengthy, the you may not receive credit and may be asked to repeat the course the next time it is offered.
5. Tardiness will not be tolerated. Each instructor will inform you of the extent for which tardiness determines your course grade.
6. The format for make-up exams may differ from the original exam delivered in class. It will be up to each instructor to determine the format used.
7. Use of any electronic devices is not allowed during any quiz or exam both in lecture and laboratory experiences (except approved calculators).
8. Cell phones must be turned off and put away during all lectures, quizzes, exams and laboratory experiences.
Professional Demeanor

1. You will interact professionally with instructors and peers at all times. Courteous behavior and use of only appropriate language will be expected.
2. You will demonstrate appropriate professional demeanor by promptly and consistently attending all classroom and laboratory sessions.
3. You will follow all safety policies and other procedural guidelines consistent with OSHA and university requirements. Personal protective equipment must be worn at all times in the laboratory.
4. You will demonstrate appropriate professional demeanor by consistently remaining in the work area during scheduled lab times and completing all required work in a thorough manner.
5. You will demonstrate appropriate professional demeanor by adhering to the current dress and appearance codes while in the laboratory. Absolutely no open-toed shoes or shorts may be worn in the lab.
6. You will demonstrate a high degree of professional demeanor by consistently cleaning (to include disinfection) work areas when entering and leaving the laboratory and returning supplies to where they were originally found.

Health Requirements

1. **Hepatitis B Vaccination (HBV)**
   The series of three injections for Hepatitis B immunization is strongly recommended for individuals at risk of exposure to blood or other potentially infectious materials. Documentation & proof of vaccination is required.

   The Hepatitis B vaccination is a noninfectious yeast-based vaccine administered as a series of three injections. It is prepared from recombinant yeast cultures, rather than from human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

   The second injection should be administered one month after the first and the third injection six months after the initial dose. More than 90% of those vaccinated will develop immunity to the Hepatitis B virus. To maximize development of immunity, it is important for individuals to receive all three injections. Currently, it is unclear how long the immunity lasts, so booster shots may be required at some time in the future.

   The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Individuals may opt to have their blood tested for antibodies to determine the need for the vaccine. Anyone who declines vaccination must complete a declination
form. This form will be kept on file. If an individual experiences an exposure incident (needle stick, blood splash in the eye, etc.), a confidential medical evaluation must be completed by a licensed health care professional. An appropriate follow-up procedure is also determined. The HBV and HIV status of the source individual is determined to the extent possible as provided by law. The health professional follows guidelines of the US Public Health Service in providing treatment. The health care professional must give a written opinion on whether or not HBV vaccination is recommended at this time and whether the exposed individual received it. Medical records are confidential. HIV or HBV status must not be reported. The expense of vaccinations and titers is your responsibility.

2. Pregnancy
If you become pregnant, notify the instructors for all laboratory courses (CLS, Biology, Chemistry, Physics) in which you are enrolled. This notification is essential for your health and safety. Pregnancy need not disrupt continuance in the program if course requirements can be completed. You and the instructor will work together in determining any special accommodations.

3. Other Health Conditions
Notify your laboratory course instructors if other medical/surgical conditions exist. The notification will serve in your best interest regarding potential health and safety issues. Program continuance and department expectations of you will remain the same. Medical information remains confidential.

Facilities

The Clinical Laboratory Science program has a dedicated laboratory in Room D-123 in the Science Building. You will be assigned a station in the laboratory at the time you begin the Clinical Laboratory Science courses.

The Resource Room, Room D-122, Science Building, adjacent to the laboratory, is available for your use. Computers, reference materials, textbooks, journals, and a study area are found in this room.

A Research Lab is located in Room B-248, Science Building. This lab is employed for research projects and to house instruments that are used periodically for assigned laboratory experiences. With permission of instructors, keys for the lab may be checked out through the SHCP Office.

Special Fees

You will be required to purchase additional textbooks and review materials prior to your clinical practicum rotation. The following are approximate costs:

- Acceptance into a 6 month Clinical Practicum Program – approximately $700.
Accepted into a 9 or 12 month Clinical Practicum Program – between $500 and $700 depending on the affiliate site.

It must be noted that some of our affiliated clinical sites do charge a clinical fee. You will be informed as to the most recent charge utilized by these facilities. The clinical site will also include a policy regarding refunding of that fee should the need arise.

Other costs include:

♦ Professional Membership Dues - approximately $35
♦ Application fees for NCA and/or ASCP Certification Exams – $150-$300
♦ Conference-required WISCLS Convention in April – approximately $100. You must provide their own expenses and transportation to and from the required conference.
♦ A criminal background check is done prior to the clinical practicum-approximately $8 - $12 depending on your clinical site.
♦ Poster board for Student Poster Day-approx. $6.50-$7.00 depending if you chose white or colored.
♦ Living expenses and transportation to and from the clinical site.
MEDICAL TECHNOLOGY OPTION
CURRICULUM

Academic Core Requirements

Courses that are required for the Clinical Laboratory Science-Medical Technology Option are listed below.

Bachelor of Science:
General Degree Requirements

Mathematics:
Mathematics 100 - College Algebra (3 cr.)
Mathematics 355 - Elementary Statistical Methods (4 cr.)

Biology:
Biology 160 - Introduction to Animal Biology (5 cr.)
Biology 210 - Principles of Genetics (3 cr.)
Biology 285 - Human Physiology (4 cr.)
Biology 333 - General Microbiology (4 cr.)

Chemistry:
Chemistry 105 or 115 - Fundamental Chemistry (5 cr.) or General and Quantitative Chemistry (5 cr.)
Chemistry 106 or 116 - Fundamental Chemistry (5 cr.) or General Quantitative Chemistry (5 cr.)
Chemistry 248 - Quantitative Analysis (4 cr.)
Chemistry 325 - Organic Chemistry (4 cr.)
Chemistry 326 - Organic Chemistry (4 cr.)
Chemistry 365 - Biochemistry (4 cr.)

Courses in Clinical Laboratory Science (CLS):

105  Evolution of Health Care and Health Care Professions (3 cr.) - History of medicine and evolution of health care professions in the context of philosophical and cultural influences; examine various health care systems; analyze current health care system and health professions in the United States. 3 hrs lecture per week GDR: SS2.

125  Introduction to Clinical Laboratory Science (2 cr.) - Overview of laboratory safety, phlebotomy, immunology, immunohematology, hematology, coagulation, clinical chemistry, body fluid analysis, diagnostic microbiology, and molecular pathology. Major topics are accompanied with introductory lab exercises. 1 hr lec, 2 hrs lab per wk.

205  Clinical Orientation (1 cr; pass/fail) - Hospital introduction to laboratory techniques. Open to students considering a CLS major.

295  Medical Terminology (2 cr) - Examine bases of medical terms: prefixes, suffixes, roots, combined forms; terms that name the nine basic body systems and organs. 2 hrs lecture per week.
Body Fluid Analysis (2 cr) - Theoretical and practical aspects of chemical and microscopic analysis of urine, cerebrospinal fluid, synovial fluid, and serous fluid. 2 hrs lecture per week. Independent lab. Prereq: Biology 285.

Quality Systems in the Clinical Laboratory (1 cr) - Study quality management in the clinical laboratory; discuss pre-analytical, analytical, and post analytical phases of testing, statistical methods of quality control, regulatory requirements, verification of instrument maintenance and functions, and risk assessment. 1 hr lec per wk. Prereq: Admission to the professional program.

Professional Leadership Development (3 cr) - Study professional roles, responsibilities, contemporary problems and conflicts related to leadership and laboratory administration; discuss human resource management, financial management, and education methodologies appropriate for supervisors and managers. 2 hrs lecture, 2 hrs lab per week. Prereq: Junior standing.


Special Work. (1-3 cr) – Special independent research projects. Credit based on scope of project. Prereq: Junior standing and cons chair.

Clinical Chemistry (4 cr) - Study physiology of body analytes, organ systems, and clinical procedures corresponding to human disease states; discuss areas unique to clinical chemistry laboratory and professional performance. 3 hrs lecture, 3 hrs lab per week. Prereq: Chemistry 365 or concurrent registration.

Clinical Chemistry Practicum (4 cr) - Apply principles of clinical chemistry; use chemical analytical techniques to determine specific substances and correlate results to various disease states. Prereq: CLS 405

Hemostasis (1 cr) – Study mechanisms and disorders of hemostasis and fibrinolysis; diagnostic techniques and instrumentation used in patient diagnosis. 1 hr lecture, 1 hr lab per week. Prereq: Biology 285.

Hematology (4 cr) - Study the hematopoietic system including the relationship of hematologic disease states to diagnostic characteristics; determine blood and bone marrow cellular morphology; discuss erythrocyte and leukocyte disorders; study diagnostic techniques and correlate results to disease processes. 3 hrs lecture, 3 hrs lab per week. Prereq: Biology 285.

Clinical Hematology/Hemostasis Practicum (4 cr) - Practical application of theoretical knowledge in hematology and hemostasis; process and analyze patient specimens; use instrumentation and microscopic techniques to determine anemias, leukemias, coagulation disorders, and other disease processes. Prereq: CLS 415; Admission to professional program.

Diagnostic Medical Microbiology (5 cr) - Study bacterial, viral, mycoplasmal, rickettsial, chlamydia diseases of humans; identify clinical signs and symptoms of these diseases; explore collection, transportation, modes of transmission, and laboratory
methods used to detect and identify the pathogens as well as appropriate antibiotic therapy. 3 hrs lecture, 6 hrs lab per week. Prereq: Biology 333.

*426 **Diagnostic Microbiology Practicum** (5 cr) - Cultivate, isolate, and identify pathogenic bacteria, fungi, viruses, and parasites from a variety of patient specimens; perform antibiotic sensitivities and therapeutic drug testing. Prereq: CLS 425; Admission to the professional program.

427 **Diagnostic Medical Parasitology** (1 cr) - Study of life cycles of human parasites of medical significance. Identify clinical signs, symptoms, treatment, and epidemiology associated with human parasitic disease. Examine specimen collection, transportation and laboratory methods used to detect and identify the parasites. 1 hr lecture, 2 hrs lab per week, for 8 weeks. Prereq: Biology 333.

428 **Diagnostic Medical Mycology** (1 cr) - Study medically significant fungi. Identify clinical signs, symptoms, treatment, and epidemiology associated with human mycotic diseases. Explore laboratory methods used to detect and identify organisms. 1 hr lecture, 2 hours lab per week. Prereq: Biology 333.

435 **Immunology** (3 cr) - Study concepts in immunology and serologic techniques used to diagnose disease; discuss immunodeficiency diseases, autoimmune disorders, immunology of malignancies, and hypersensitivities. 2 hrs lecture, 3 hrs lab per week. Prereq: Biology 285.

*436 **Clinical Immunology Practicum** (2 cr) - Apply clinical immunologic techniques to identify antigen-antibody reactions and relate to disease states; explore principles and interpretation of HLA testing and flow cytometry. Prereq: CLS 435; Admission to the professional program.

445 **Immunohematology** (3 cr) - Study of human blood group systems, antibody screening and identification, blood components, compatibility testing, donor selection and processing, blood bank regulations; perform blood bank procedures. 2 hrs lecture, 3 hrs lab per week. Prereq: Biology 285.

*446 **Clinical Immunohematology Practicum** (3 cr) - Concepts of blood banking; determine patient compatibility for blood and blood components; solve hemolytic disease and antibody identification problems; process blood and components; explore histocompatibility techniques. Prereq: CLS 445; Admission to the professional program.

*456 **Advanced Application Practicum** (1 cr) - Advanced study in specific practice of Clinical Laboratory Science such as ancillary testing, laboratory information systems, primary care laboratory, management, industry, cytogenetics or molecular biology. Prereq: Admission to the professional program.

465 **Molecular Pathology** (3 cr) - Study composition, structure, function, and characteristic DNA; use clinical laboratory techniques to isolate, amplify, manipulate, and analyze DNA sequences; relate to human health and disease states. 1 hr lecture, 6 hrs lab per week. Prereq: Admission to the professional program.

*476 **Clinical Body Fluid Analysis** (1 cr) - Clinical study of body fluids including cerebral spinal fluid, synovial fluid, pleural fluid, seminal fluid, and urinalysis; discuss specimen analysis, diagnostic procedures, and test results as related to disease. Prereq: 365; Admission to professional program.
486 Management and Laboratory Information Systems (2 cr) - Management theory and application of management techniques to laboratory situations; fundamentals of laboratory information systems. Prereq: CLS 385; Admission to professional program.

495 Research Design and Methods in Clinical Laboratory Science (1 cr) - Apply scientific method to health care research problems; explore research design principles; write research proposals; design research project. 1 hr lecture per week. Prereq: Admission to the professional program.

496 Clinical Correlations I (1 cr) - Correlation of symptoms, clinical test results, and diagnosis of diseases as related to cardiovascular, pulmonary, renal, gastrointestinal, and hepatobiliary disorders; appropriate lab use. Prereq: Admission to professional program.

497 Clinical Correlations 2 (1 cr) - Correlation of symptoms, clinical test results, and diagnosis of diseases as related to endocrine disorders, reproduction, neurological, hematologic, and immunologic disorders; appropriate lab use. Prereq: Admission to professional program.

498 Clinical Correlations 3 (1 cr) - Correlation of symptoms, clinical test results, and diagnosis of diseases as related to tumor markers, infectious disease, nutritional and metabolic disorders, toxicology and drug monitoring, the neonate, and geriatrics. Prereq: Admission to professional program.

499 Advanced Clinical Studies (2 cr) – Capstone course under supervision of mentor. Design and conduct research project in specialty area of clinical laboratory science; prepare major research paper and presentation. Prereq: Admission to the professional program.

*CLINICAL PRACTICUM: These courses will be completed at the affiliated clinical laboratories.
MEDICAL TECHNOLOGY
PROFESSIONAL PROGRAM

Application to Professional Program (CLS only) – Admission Requirements

To be eligible to apply for the professional phase of the Clinical Laboratory Science Program, you must have a 2.75 minimum grade point average overall and in the sciences. If your grade point average is between 2.50 and 2.74, you may apply for conditional acceptance.

Application to the Professional Program is completed in the spring of your sophomore year (four year program) or the fall of your junior year (five year program). An interview with university and hospital personnel will be scheduled. Within a week of your interview, you will be notified of your acceptance status. If accepted, you will be eligible to apply for clinical practicum placement in the fall of your junior year.

Acceptance into the program is not based upon gender, race, color, creed, religion, national origin, disability, ancestry, age, sexual orientation, pregnancy, marital or parental status, or relationship to employees in this institution.

Application for the Clinical Practicum

The application process for Clinical Practicum positions is completed early in the fall semester, following acceptance into the professional program the previous spring. A meeting is scheduled within the first two weeks of the fall semester. You will update your application, request letters of recommendation, and indicate three clinical sites of your choice in prioritized order. (Preferences for clinical sites will be considered but not guaranteed.) Interviews with hospital sites are scheduled.

You will follow the schedule listed here when applying to your clinical practicum site. The due dates for the applications will change annually; it is your responsibility to monitor the web page to keep current with the due dates. You can access this information through the SHCP web page under academics, medical technology, and your clinical application instructions. A copy of each form is included in the Forms section of this handbook.

Clinical Practicum Application Instructions

1. Use this Checklist as a guide to make sure you have completed all the required materials.

2. Save all forms as Microsoft Word Documents using the format indicated for each. This would be your last name and the abbreviations listed below.

3. ALL FORMS MUST BE TYPED.

4. Hospital Choice Form* – Save as Last Name-Hosp. Update your Hospital Choice Form from spring. Make your choices from the following list of Hospital Affiliations. Make
every attempt to visit the hospitals to which you are applying. Any earlier visits and CLS 205 do count!

5. Application** – Save as Last Name-Appli. Update your application, including the reference section on page 3 of the application. Now is the time to ask the individuals you are using as references, if they are willing to serve as a reference. Be sure to verify the person’s email address and add the email address to the application under the person’s name in the Reference Section. If you need to redo the application, click on Application and complete. If necessary, revise the Narrative Form (last page of the application). Be sure that your narrative is Double spaced and justified. (To justify text: Highlight the text, click on Paragraph, under General, change to Justified. Check your pages. Make sure you do not have a signature line or just one sentence as a page. You may have to adjust your pages!

6. Reference Form** - Complete Section 1 and save as Last Name-Ref. Inform your reference that the reference form link will be emailed to them from the School of Health Care Professions Office in late summer/early fall. (DO NOT SEND THE REFERENCE FORM TO YOUR REFERENCE).

7. Personal Data Form** - Update and save as Last Name-PD. This form is used by faculty when writing letters of recommendation for CP applications, scholarships, etc. Be sure to include all your accomplishments!

BE SURE TO PROOFREAD ALL THE FORMS!

Clinical Affiliates
You are required to complete the clinical practicum at one of the affiliated hospitals. The opportunities at these sites will be discussed at the time you apply for the Professional Program.

Current participating health care institutions are:

- Affinity Health System
- Aspirus Wausau Hospital
- Bellin Memorial Hospital
- Berkshire Medical Center
- Black River Memorial Hospital
- Divine Savior Healthcare
- Edward Hines, Jr., VA Hospital
- Howard Young Medical Center
- Langlade Hospital
- Marshfield Labs/Marshfield Clinic
- Mayo Clinic
- Ministry St. Mary’s Hospital
- Ministry St. Michael’s Hospital
- Monroe Clinic & Hospital
- Richland Hospital

Appleton, WI
Wausau, WI
Green Bay, WI
Pittsfield, MA
Black River Falls, WI
Portage, WI
Hines, IL
Woodruff, WI
Antigo, WI
Marshfield, WI
Rochester, MN
Rhinelander, WI
Stevens Point, WI
Monroe, WI
Richland Center, WI
• Riverview Hospital Wisconsin Rapids, WI
• Sacred Heart Hospital Eau Claire, WI
• St. Mary’s Hospital Green Bay, WI
• St. Mary’s Hospital Madison, WI
• St. Vincent Hospital Green Bay, WI
• Sauk Prairie Memorial Hospital Prairie du Sac, WI
• Southwest Health Center Platteville, WI
• ThedaCare Laboratories Neenah, WI
• UW Health, University of Wis. Hosp. & Clinic Madison, WI
• Wild Rose Community Hospital Wild Rose, WI
• Wisconsin State Laboratory of Hygiene Madison, WI

Clinical Placement
Clinical placement is based upon your site selections, academic credentials, interviews, and the hospital laboratory preferences. Therefore, placement into a clinical practicum is not guaranteed. The clinical practicum rotation will begin the following July-September, depending on the clinical site. You will be notified of your clinical placement status by December 1 of the year preceding the start of the clinical practicum.

If you are not placed into a clinical practicum, your advisor will work with you regarding available options. Options include but are not limited to:
1.) reapplying the following year.
2.) applying to other CLS programs of study.
3.) pursuing a new career path.
4.) pursuing an alternative path to the profession.

Clinical Practicum Procedures and Policies:
When placed in a clinical position, you must adhere to the following procedures and policies:

Academic Progress
You are required to maintain a minimum grade point average of 2.50 during the Clinical Practicum. Each rotation must be completed with a minimum achievement level of 70% or a “C” grade. A rotation of less than 70% or a “C” level must be repeated. You may repeat only one clinical rotation. If extenuating circumstances exist, contact the clinical Program Director and the SHCP Department Chair.

Attendance
Attendance and punctuality are required. If an emergency arises, you must call the clinical program director and education coordinator prior to any absence. Should absences exceed a total of five days for the laboratory rotation, you will be required to correspondingly lengthen your clinical experience to complete missed days in rotations.

Dismissal from the Program
You may be terminated during the clinical practicum if:
   a. Conduct or health, as determined by the clinical facility, has a detrimental effect on patients, staff, or operations.
b. There is a violation of policies and procedures of the Clinical Facility.
c. Academic or laboratory performance falls below the C and/or satisfactory level.
d. Attendance or punctuality requirements are not met.

**Dress Code**
You must adhere to the dress code policy for the institution in which you are placed.

**Excused Absences**
Should an extended absence be necessary, the hospital program director and the university SHCP Head must be notified as soon as possible. The clinical program director and SHCP Head, in consultation with you, will determine an alternate schedule to complete the clinical experience. However, if the absence exceeds four weeks, you may need to re-apply for a clinical position the following year. Unexcused absences will result in dismissal from the Program.

**Exit Interviews**
In a six month clinical practicum, you will be scheduled to complete the exit interview during the review week. You will have an opportunity to express concerns regarding your careers, the Clinical Practicum, or the Clinical Laboratory Science Program. Specifically, you will have the opportunity to address the clinical rotations, program policies, instructors, rotations, and phlebotomy. Your feedback is important to the continuous improvement of the program.

**Financial Aid**
If you qualify for financial aid, the UWSP Financial Aid Office will provide assistance in identifying aid that may be available to you.

**Orientation and Safety Session**
Attendance at all orientation and safety sessions is required according to the policies of the institution in which you are placed.

**Physical Exam and Immunizations**
You must complete physical examination and immunization requirements for the clinical site in which you are placed.

**Review Session (6 mo. Clinical Practicum students only)**
If you completed a six month clinical experience, you will be required to attend a two week review session on the UWSP campus immediately following completion of your clinical experience. The dates will be given to you during the summer courses preceding your clinical practicum experience.

**Service Work**
Service work is defined as work performed in the clinical laboratory as phlebotomists or laboratory assistants. You may not serve as a substitute for regular staff during your clinical practicum. The clinical practicum is strictly an educational experience where you develop entry level skills in the practice of clinical laboratory science.
You may perform service work only if the following criteria are met:

a. Service work must be noncompulsory.
b. Service work must be considered as a position of employment with you receiving appropriate compensation.
c. Service work must be performed outside the hours required for the clinical practicum.
d. You, as an employee, may be permitted to perform laboratory procedures if you have demonstrated competency.
e. You, as an employee, must be supervised by qualified personnel.

**Student Health Insurance**
You are required to provide proof of health insurance coverage for the duration of the clinical practicum experience. Documentation must be provided to the SHCP Office prior to beginning your clinical practicum.

**Student Presentations**
You are required to participate in the Student Poster/Presentation Day. This is scheduled toward the end of your Clinical Practicum. The Student Poster/Presentation Day date will be given to you during the summer courses preceding the clinical practicum experience.

**Tardiness**
The daily starting time will vary depending upon the laboratory departmental rotation. You will be provided with a schedule of rotations and start times. Tardiness is unacceptable and if habitual (greater than five days during the clinical experience), can result in dismissal from the program.

**Tuition and Fees**
Tuition will be paid to the university for Semester 1 and Semester 2 for the academic year of the clinical practicum. Prior to registration the $100 deposit must be made as usual.

**Vacation and Holidays**
During the clinical experience, you are given the following vacation/holiday time:
- Labor Day
- Thanksgiving
- Friday after Thanksgiving
- Christmas
- Memorial Day
Any additional days must be approved by the University Program Director and the Educational Coordinator/Director at the Clinical Facility.
**Clinical Practicum Registration Schedule**

Upon successful completion of the clinical practicum, a total of 26 credits will be awarded.

**Required Summer Session**

You **must** attend the summer session prior to the start of your clinical practicum.

**Procedures before leaving UWSP for Clinical Practicum:**

1. Drop off a complete and up to date immunization form in the SHCP office prior to starting your clinical practicum.

2. The **statement of Health Insurance Coverage form** must be on file in the SHCP office prior to starting your clinical practicum.

3. Purchase of a **National Certification Exam Review Text** (6 mo. Mandatory purchase-Approximately $100.00).

4. Purchase of textbooks as required for your clinical site.

5. Purchase of board for Presentations - $7.00/white or $8.00/colored.

6. **Complete an application for graduation.** Pick up the application in the Registration & Records Office, Room 101, SSC. The mailing address on this application must be one at which you can be certain you will receive your mail. Information regarding graduation will be sent to you early in the Spring semester. There is a graduation fee ($25) whether or not you participate in the ceremony. If you have any questions or problems, contact Registration & Records.

7. **An application for the chemistry minor must be completed.** Please complete this form if you have not already done so. Forms are available in the Clinical Laboratory Science or Chemistry offices. (If you have learned majors or minors in any other area, apply through the appropriate department.) If you have a degree from another institution, this does not apply.

8. **Second Semester Registration**

Register online for the following courses for the second semester. The CLS Office will give you Electronic Authorization to register online. Log on to http://www.uwsp.edu/register. Be sure to check your web registration appointment date and time. Check to see if you have any HOLDS on your registration. Be sure to clear any HOLDS – you must have the $100 deposit paid before you can register. You can do this on-line by credit card or by mailing your payment to the Bursar’s Office, Rm. 007, SSC, UWSP, Stevens Point, WI 54481. The deposit must be received and processed for the hold to be released.
9. **Financial Aid** - must be processed by each individual receiving any kind of financial aid through the Financial Aid Office (715-346-4771). **You need to make the necessary arrangements with the Financial Aid Office for direct deposit or to have your check mailed.**

10. Advise the Clinical Laboratory Science Office of your address and phone number during your clinical practicum rotation. You will still have access to your UWSP e-mail during the clinical practicum rotation and are expected to read and respond to notices sent from the Clinical Laboratory Science Department.

**National Certification**

Upon successful completion of the academic and experience/training components of the Clinical Laboratory Science major, you are eligible for national certification through the American Society for Clinical Pathology (ASCP) Board of Certification (BOC), and successfully complete the appropriate examination. For more information on the certification exam, visit the American Society for Clinical Pathology (ASCP) Board of Certification website at: http://www.ascp.org/Board-of-Certification/Exam-Preparation.
Appendix
RECOMMENDATION REQUEST FORM

Complete this form if you are requesting a scholarship recommendation from any of the Department of Health Sciences faculty. Be sure to give a completed form to the faculty member when you are asking them to be a reference, or e-mail the form to the faculty member after you personally ask the person for a recommendation.

Student’s Name: ________________________________

Name of Faculty Member that you contacted to complete a recommendation: __________________________

Date you contacted faculty to complete a recommendation: __________________________

<table>
<thead>
<tr>
<th>Name of Scholarship</th>
<th>Letter should be addressed to:</th>
<th>Deadline date:</th>
<th>Check one of these options:</th>
<th>Address that recommendation should be mailed to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>I will pick up letter</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>Mail directly</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Letter of Recommendation Release Form

Non-directory information should not be included in a letter of recommendation without the student's written consent. Comments regarding personal observations DO NOT require such a release.

Faculty/Staff: If a letter of recommendation contains any non-directory information, then written authorization is required. This includes recommendations sent to employers, individuals, or educational institutions, including professional school admission services. Examples of non-directory information include: birth date, religion, citizenship, disciplinary status, ethnicity, gender, GPA, marital status, UWSP ID or social security number, grades/exam scores and standardized test scores.

School officials intending to include non-directory information in a letter of recommendation should use this form, or a related document, to obtain signed and dated consent from the student. The type of non-directory information that will be disclosed (i.e. grades, test scores), and to whom, should also be documented.

Students: Complete this form and return to the school official writing your letter of recommendation.

I give permission to ___________________________________________ to disclose the following

(Name of faculty/staff member)

non-directory information items in my letter of recommendation:

☐ Grades (exam scores, quizzes, etc.)
☐ GPA information
☐ Other (please identify) ___________________________________________

I waive my right to review the letter of recommendation: ☐ Yes ☐ No

Parties to whom the disclosure can be made: (person, business, institutions, or service)

(name) ___________________________________________
(address) ___________________________________________
(city) ____________________ (state) ________ (zip) ________

(name) ___________________________________________
(address) ___________________________________________
(city) ____________________ (state) ________ (zip) ________

(name) ___________________________________________
(address) ___________________________________________
(city) ____________________ (state) ________ (zip) ________

Student Signature ___________________________ Date ____________

Rev. 9.2010

Forms should be kept on file in the department office for at least one year.
**PERSONAL DATA FORM**  
(For letters of recommendation and awards nominations)

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (local):</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Campus Phone No.:</td>
</tr>
</tbody>
</table>

### ACADEMIC INFORMATION
If you have graduated from a College or University, list the College or University, the year you graduated, and your degree:

<table>
<thead>
<tr>
<th>College/University</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Overall GPA:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accomplishments in Specific Courses:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Honors:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarship(s) Received:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### CAMPUS ACTIVITIES
List student organizations (memberships, offices, held, special projects, membership dates)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Offices Held</th>
<th>Special Projects</th>
<th>Membership Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

35
**PROFESSIONAL ACTIVITIES**
List Professional organizations (memberships, offices, held, special projects, membership dates)

<table>
<thead>
<tr>
<th>Organization</th>
<th>Offices Held</th>
<th>Special Projects</th>
<th>Membership Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNITY/VOLUNTEER ACTIVITIES**

<table>
<thead>
<tr>
<th>Organization</th>
<th>Special Projects</th>
<th>Membership Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Dates Employed</th>
<th>Employer</th>
<th>Job Title</th>
<th>Hrs/Wk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Other Personal and/or Family Information You Wish Known

Personal and/or Family Financial Need

Special Interests

Hobbies

Plans for 5 years from now

I grant permission for this information to be used by faculty and staff of the UWSP Department of Clinical Laboratory Science for the purpose of drafting letters of recommendation and/or letters for awards nominations.

________________________  ______________________
Signature                     Date
Clinical Laboratory Science Student Programs
APPLICATION FOR ADMISSION

Program Applying For: □ Cytotechnology Option □ Histotechnology Option □ Medical Technology Option:
Early Admit (GPA≥3.5) or General Admit

Name
Last First Middle Former Name(s) if any appear on records

Current Address
Street City State Zip

Permanent Address
Street City State Zip

Cell Phone No.-include area code

Work Phone

E-mail Address

Social Security Number (voluntary)

Emergency Contact
Last Name First Name Relationship
Street City State Zip Phone

It is highly recommended that you have visited clinical laboratories before submitting your application. Please list:
Name of Hospital or Clinic Laboratory, Location Date you visited or plan to visit

Person most helpful in your selection of Laboratory Science as a career:
□ High School Counselor □ College Advisor □ Laboratory Faculty/Staff □ Other

Non-U.S. Citizens – Please complete the following:
Do you have legal authorization to be a student in the United States? □ Yes □ No
ACADEMIC SUMMARY
List in reverse chronological order ALL colleges, universities, professional, technical, or business schools attended. Transcripts from each institution listed must be submitted as part of your application.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location (City, State)</th>
<th>Attendance From Mo/Yr</th>
<th>Attendance To Mo/Yr</th>
<th>Credits Earned</th>
<th>GPA</th>
<th>Degree or Certificate</th>
<th>Date Received or Expected Mo/Yr</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your education has been interrupted, list your activities during the intervening period.

WORK EXPERIENCE
List in reverse chronological order your work experience history. Include volunteer experience if applicable.

<table>
<thead>
<tr>
<th>Name of Employer/Agency/ Institution City, State and Phone Number Name of Supervisor</th>
<th>Dates of Employment</th>
<th>Hours/Week (Part-time Full-time)</th>
<th>Duties and Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EXTRA-CURRICULAR INTERESTS, HONORS AND AWARDS
List extra-curricular interests and give number of years of participation in each.

List honors, awards (e.g. scholarships). Specify high school (HS) or college (C).

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

39
PERSONAL NARRATIVE
Please provide a narrative describing your interest in the selected area of study. Type or computer print your response on a separate sheet of paper. Limit your response to one page. Please discuss the following:

- Why you are choosing this career.
- Your personal characteristics that support your selection for this program.
- Your future academic and professional goals.
- Optional: Use the space remaining to provide additional information, not found elsewhere in this application, that you believe would be important for us to know. This is optional and intended only to give each candidate full opportunity for self-expression.

REFERENCES
List three people that you will be asking for a reference. One reference must be one of your campus advisors; one must be a university chemistry or biology instructor; the other may be a person of your choosing. DO NOT CONTACT THESE PEOPLE AT THIS TIME. You will contact them when you apply for your clinical site in the fall.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name</td>
<td>Position/Title</td>
</tr>
<tr>
<td></td>
<td>E-mail Address (not necessary for Spring application)</td>
<td>Phone Number</td>
</tr>
<tr>
<td>2.</td>
<td>Name</td>
<td>Position/Title</td>
</tr>
<tr>
<td></td>
<td>E-mail Address (not necessary for Spring application)</td>
<td>Phone Number</td>
</tr>
<tr>
<td>3.</td>
<td>Name</td>
<td>Position/Title</td>
</tr>
<tr>
<td></td>
<td>E-mail Address (not necessary for Spring application)</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

VERIFICATION OF AUTHENTICITY AND RELEASE OF INFORMATION

Please note that completing the electronic signature is the equivalent to signing a paper copy of the document.

By electronically signing this, I agree that my answers to the questions in this application and associated materials are true, accurate and complete to the best of my knowledge. Any misrepresentation in these materials will be considered grounds for dismissal from the program, should I be accepted. I hereby grant permission to all of my previous employers and work supervisors listed in the application and the individuals who have provided references for this application, to release information needed to verify any aspect of my application. A copy or facsimile of this application, references, and/or other supporting documents, shall be considered as valid as the original in granting permission to verify this information.

Electronic Signature: 

Date: ____________________
PERSONAL NARRATIVE

Name: ________________________
Hospital Choice Form

Name:

Hospital Choices:

#1

#2

#3

#4

List reasons for your selections:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed:
ESSENTIAL FUNCTIONS

Essential Functions represent the essential non-academic requirements of the program that all students must master to successfully participate in the program and become employable. All students and, thereby, all applicants are expected to:

* Possess sufficient vision to easily read charts, graphs, instrument panels and printouts.

* Be able to discriminate colors in order to identify reagents, media, stained cell preparations and physical properties of various body fluids, as well as delineate fine details of cellular structure and morphology when using a microscope.

* Be able to read, write and communicate in the English language to facilitate effective communication with patients, physicians and all other members of the health care team.

* Possess enough hearing ability with or without auditory aids to understand the normal speaking voice and discern audible instrument alert signals and timing devices.

* Demonstrate sufficient manual dexterity to perform such required tasks as: performing Phlebotomy safely and accurately; operating delicate instruments; manipulating tools; handling small containers of potentially biohazardous specimens (one by one-half inch); utilizing sample measuring devices; and adequately focusing and manipulating a microscope.

* Be sufficiently mobile to traverse about the Laboratory and Hospital corridors, including patient rooms (minimum width: 3 feet).

* Demonstrate sufficient psychological stability to effectively problem solve and to react effectively in stressful situations. Must be able to recognize emergency situations and take appropriate action. In general, the student must possess the emotional health required for full utilization of his or her intellectual abilities.

* Corrective devices and reasonable accommodations may be utilized to satisfy Essential Functions.

I have read the above Essential Functions and fully understand them. Any questions that I have concerning them and how they apply to me have been answered by program representatives to my satisfaction. It is my belief that I can satisfy each of the above Essential Functions based on my existing skills and abilities, or through the use of corrective devices.

Name of Applicant (print)

Signature of Applicant Date

43
AUTHORIZATION AND RELEASE

The undersigned student hereby authorizes the University of Wisconsin – Stevens Point (UWSP) to obtain a Criminal and Caregiver Background Check for the undersigned student from any source. The undersigned student authorizes UWSP to provide such records to third parties for the purpose of evaluating the application for acceptance into an internship or field/clinical placement. Such third parties and the Board of Regents of the University of Wisconsin System, its agents, employees, and officers, including University of Wisconsin-Stevens Point, are hereby release of any liability that may arise from the disclosure of such information.

I have read and understand the above authorization and release.

Signature of Student __________________________ Date __________

Print Name ___________________________________________________________________________