AAS MLT Online Program - Statement of Support

The Medical Laboratory Science Online Program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). WSU is regionally accredited by the Northwest Commission on Colleges and Universities (NWCCU).

- The lecture portion for each MLS course is given in an online classroom with clinical hours completed at the students work facility or supporting laboratory.
- The laboratory portion of the course is learned, practiced, and perfected to the required level of competency with a qualified mentor at the student’s supporting lab. Lab mentors will not serve as full-time clinical instructors, but should be available to answer questions, evaluate core laboratory competencies, and give valuable assistance as needed. Various mentors may be utilized.
- Please refer to the chart below for a list of the minimum required hours for each discipline. The lecture and laboratory portion of the courses are completed concurrently. Videos with more information about the clinical competencies can be found at the following links: Student information & Mentor information.

Minimum clinical competency hours required for the MLS courses: Please note that hours listed are a minimum and that the goal of the clinical experience is for the laboratory mentor to feel comfortable with the student’s performance at the entry level. Students must pass the competency checklist in order to be deemed competent and pass their courses. If more time is needed than the minimum – the student should expect to spend additional time. Competency checklists may be accessed on the WSU MLS website at: https://weber.edu/mls/labcompetency.html.

<table>
<thead>
<tr>
<th>AAS MLT Laboratory Courses</th>
<th>Minimum total clinical hours required</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLS 1113 Introduction to Laboratory Practices</td>
<td>64 Hours</td>
</tr>
<tr>
<td>MLS 1114 Principles of Hematology and Hemostasis</td>
<td>64 Hours</td>
</tr>
<tr>
<td>MLS 2211 Principles of Clinical Chemistry I</td>
<td>80 Hours</td>
</tr>
<tr>
<td>MLS 2213 Principles of Clinical Chemistry II</td>
<td>80 Hours</td>
</tr>
<tr>
<td>MLS 2212 Principles of Clinical Microbiology I</td>
<td>80 Hours</td>
</tr>
<tr>
<td>MLS 2214 Principles of Clinical Microbiology II</td>
<td>80 Hours</td>
</tr>
<tr>
<td>MLS 2210 Principles of Immunohematology</td>
<td>80 Hours</td>
</tr>
</tbody>
</table>

Please be sure to review the clinical competency checklists. Full support would mean that the lab can support the mandatory items listed on the competency checklists for each area listed above. You can see those checklists at the following link, https://weber.edu/mls/labcompetency.html.

I have read and understand the above information:

_________________________________________    ____________________________
Student Signature                              Date

_________________________________________    ____________________________
Lab Director/Manager Signature                 Date

Questions:
AAS MLT program advisor:
Ashley Wilkinson, BS MLS (ASCP)cm
ashleywilkinson2@weber.edu
801-626-6120

AAS MLT program affiliation specialist:
Cindi Kranek, BS MLS(ASCP)CM
cindikranek@weber.edu
801-626-8546
AAS MLT Online Program - Statement of Support

This statement of support is for the AAS MLS degree program, for other statements of support, please see our website:
https://weber.edu/mls/mls_sos.html

Student: ____________________________ W #: ______________ e-mail: ____________________________

Student must be accepted to WSU before applying for the MLT program

Remaining sections to be filled out by the laboratory manager:

Facility Name: ____________________________
Address: ____________________________ City/State/Zip Code: ____________________________

Laboratory Accreditation: (CAP, JCAHO, COLA, CLIA, other) specify other ______________

Laboratory Manager: ____________________________ e-mail: ____________________________
Title: ____________________________ Phone: ____________________________

Is this student a current employee of your organization? Yes ________ No ________

Is there a student coordinator at your site that we need to contact for student on-boarding? Yes ________ No ________

If yes, Coordinator’s name: ____________________________ e-mail: ____________________________

Please be sure to review the clinical competency checklists. Items marked mandatory (M) must be available at the facility. Areas not available at the facility will need to be supplemented by another supporting clinical site. (Student is responsible for finding a site to sponsor them for any unmarked areas). The laboratory competency checklists can be found on our website at https://weber.edu/mls/labcompetency.html. Please indicate on-site departments below that will be available for the student’s clinical competencies:

Phlebotomy ____________________________ Urinalysis ____________________________ Serology ____________________________

Hematology ____________________________ Blood Bank ____________________________ Chemistry ____________________________

Microbiology ____________________________ *Bacteriology is required

Dates student is requesting support (optional):

Note: In addition to this Support form, Weber State University and the laboratory facility must complete an affiliation agreement before the student can start rotations or be accepted into an MLS program. The affiliation agreement will outline requirements and may require students to comply with a background check, drug screen, and provide a record of their immunizations. The MLS department will be reaching out to you or someone at your facility to set up this affiliation. The MLS Department will inform students of any clinical requirements upon program acceptance.

By signing below I acknowledge that I understand that prior to being accepted into the WSU Medical Laboratory Sciences Online Program, the student must obtain a statement of support indicating that the laboratory understands their responsibility. I also acknowledge that the laboratory has the resources to support the student in the areas indicated above.

______________________________ Date

______________________________ Date

Student Signature

Lab Director/Manager Signature