



NAACLS ACCREDITED

OBSERVATION VISIT INFORMATION

An integral part of your application to the MLT Program is the completion of an Observation Visit in a hospital Medical Laboratory Department. The visit will serve to increase your knowledge and awareness of the field of medical laboratory technology. You are **required** to complete **one** Observation Visit, a minimum of **three hours** in length, and it should be scheduled between the hours of 7:00 AM - 11 :00 AM.

It is the responsibility of the applicant to schedule the Observation Visit. Below is a list of clinical sites and contact information. Observation Visits are not limited to these sites, and applicants may choose to visit a hospital not listed by contacting that facility's Medical Laboratory Department to request a scheduled Observation Visit.

IMPORTANT POINTS TO REMEMBER

- **Observation visits MUST be scheduled in advance and** completed prior to the application deadlines.
- **Please dress appropriately for the OBSERVATION VISIT.** (No open-toed shoes, blue jeans, short skirts, or caps are to be worn.)
- **Take the MEDICAL LABORATORY OBSERVATION FORM with you to the Observation Visit and present it to the technologist at that facility.** Complete the top portion prior to arriving; the technologist will check the appropriate areas observed, sign, and return this form to you.
- **The technologist at the facility will not turn the form in to the college.** You **MUST** submit the completed Observation form with application to the MLT program by the posted deadline.

Suggested Clinical Sites (Other accredited Medical Laboratories are acceptable)

Huntsville Hospital, Huntsville, AL	Robbie McManus	256-265-3982
Decatur-Morgan Hospital, Decatur, AL	Steven Smith	256-973-2250

This page not to be submitted with application, retain for your records.

MEDICAL LABORATORY OBSERVATION FORM

Print and Take with you to Scheduled Observation Visit

Print Applicant Name: _____

Medical Laboratory Visited: _____

PLEASE READ AND SIGN THE FOLLOWING STATEMENTS prior to Observation:

CONFIDENTIALITY STATEMENT: I understand and agree that in the performance of my Medical Laboratory observation as a student at the above listed medical center I must hold medical information in confidence. I understand that any violation of this policy will result in legal action.

NON-DISCRIMINATION STATEMENT: I understand and agree that in the performance of my Medical Laboratory observation as a student at above medical center I *will* not harass the employees or visitors nor discriminate against any patient in rendering patient care (including, but not limited to the equality and quantity of patient care) because of race, color, national origin, sex, age, marital status, religion, veteran's status, financial status, or mental or physical handicap. I understand that any violation of this policy will result in legal action.

Applicant Signature _____ Date _____

Clinical Staff: Please initial the appropriate areas listed and sign below.

Hematology	Chemistry
Blood Bank	Serology
Microbiology	Urinalysis
Phlebotomy or Processing	Other-list:

Date of Visit		Time of Arrival		Time of Departure	
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Clinical Staff Signature

Position