# Application for Admission

|  |  |  |
| --- | --- | --- |
| **Applicant Name** |  | **ASCP Certified?****[ ]  Yes** **[ ]  No** |
| **Address:** |  | **Certification #** |
| **Date of Birth:** | **Primary Phone Number:** | **Email Address:** | **U.S. Citizen?****[ ]  Yes** **[ ]  No** |

1. **Graduate/Undergraduate Transcript Information:** *(official transcripts to be submitted separately.* Official transcript evaluations by an approved agency are required for international applicants.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates Attended** | **College or University** | **City** | **State** | **Degree** |
| **FROM****mm/yyyy** | **TO****mm/yyyy** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

1. **Record of Work Experience:** *Submit a current CV or resume with this application.*
2. **Personal Statement:** S*ubmit a personal statement in the form of a cover letter or essay that addresses the following:*
3. *What are your career goals and how will an SBB certification will help you achieve your goals?*
4. *What qualities do you have that will help you succeed in a distance-learning program?*
5. *How will you find time for studying, completing required rotations, and writing a research paper?*
6. *Describe the personal strengths that make you effective working in a team.*
7. *List honors, awards, and activities you have received or are involved in (include organizational memberships, publications, and presentations at seminars or meetings.)*
8. **Professional References:** List three persons able to provide a confidential professional reference. *References will be contacted by email by the Program Director.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name** | **Title** | **Email** |
| **1** |       |       |       |
| **2** |       |       |       |
| **3** |       |       |       |

1. **Applicant Signature:**

|  |  |  |
| --- | --- | --- |
|  | **Date:** |  |

## For your application to be processed, you must complete and submit the following packet of information:

1. Application for Admission
2. College transcripts (official transcript required)
3. Personal Statement
4. Current CV/Resume
5. Applicant Experience Form
6. Technical Standards Form
7. Mentor Agreement Form and Mentor CV/resume
8. Facility Information Form
9. Names and e-mails of three professional references (part of application)
10. ASCP certification or equivalent (official documentation)
11. State license, if applicable

**Mail or email completed packet to**: Susan M. Dewberry, MT(ASCP)SBBCM

ABEL SBBT/TM Program

1817 Ashbury Drive

Roanoke, VA 24012

sdewberry@ctf.life

## The SBB Program Director will contact your professional references as listed above by e-mail.

**Completed application packet and recommendations must be received by May 1, 2024 for the class beginning August 26, 2024.**