

FLETCHER ALLEN HEALTH CARE  
SCHOOL OF CYTOTECHNOLOGY  
APPLICATION FORM

Please type or print.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

**EDUCATION:** List universities, colleges and high schools that you have attended starting with the most recent.

<u>Institution – Name and Address</u>	<u>Dates of Attendance</u>	<u>Credits/Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List academic honors, awards and offices: \_\_\_\_\_  
\_\_\_\_\_

List volunteer and community service activities: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT:** List current or most recent first.

<u>Employer</u>	<u>Job Title</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REFERENCES:** List three references with full addresses. (Academic references are preferable)

<u>Name</u>	<u>Title</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Educational Rights and Privacy Act of 1974 as amended allows the applicant the option of waving his/her right of access to the written statements provided by the individuals listed above.

\_\_\_\_\_ I waive my right of access to these evaluations  
\_\_\_\_\_ I do not waive my right of access to these evaluations

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please answer the following questions with concise, clear statements. You may attach an additional page if necessary.

1. Why have you selected Cytotechnology as your career choice?

2. What was your favorite college course? Why?

3. Have you ever worked in a laboratory environment? If so, where and when? Briefly describe the work you performed and your responsibilities.

4. How did you learn about Cytotechnology as a career option?

5. How did you hear about our educational program?

6. Where do you see yourself in five years? What will you be doing?

I hereby apply for the Fletcher Allen Health Care School of Cytotechnology program beginning in September \_\_\_\_\_.

I certify that to the best of my knowledge, all of the above information is true and accurate.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mail application to:**

Sandra Giroux  
Program Director  
School of Cytotechnology  
Fletcher Allen Health Care  
111 Colchester Avenue  
Burlington, Vermont 05401

Phone: (802) 847-5133  
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