



**BLOOD BANK TECHNOLOGY PROGRAM
APPLICATION FOR ADMISSION**

NAME: _____
(LAST) (FIRST) (MIDDLE/MAIDEN)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME
PHONE: () _____

e-MAIL
ADDRESS: _____

WORK
PHONE: () _____

WORK
HOURS: _____

FLORIDA TECHNICIAN
LICENSE NUMBER:
(If Licensed) _____

EXP: _____

SOCIAL
SECURITY #: _____

EDUCATION (post high school only)
(Please attach copies of transcripts.)

NAME OF SCHOOL	LOCATION	DEGREE	DATE	MAJOR

**Blood Bank Technology Program
Application for Admission**

Have you previously applied for admission here? [] Yes [] No

If yes, when? _____

Applying for class beginning: _____

What goals have you set for yourself? _____

What do you expect to obtain from this blood bank training? _____

How will you balance School and Work? _____

Briefly describe the personal characteristics you have which make you effective in working with people. _____

Honors and activities (Include organizations, publications, attendance at seminars, workshops, or meetings, etc.) ? _____

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Work Experience (List most recent first) and please include any activities relating to blood banking in column four (i.e. reagent prep, component prep, blood typing, antigen –antibody workups, other):

DATE FROM TO	EMPLOYER & ADDRESS	TITLE AND JOB DESCRIPTION	BLOOD BANK EXPERIENCE? IF SO, EXPLAIN	REASON FOR LEAVING

If additional space is needed, attach a separate sheet

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List three professional references that we may contact:

NAME & TITLE	INSTITUTION	ADDRESS	e-mail and Phone number

Please write a paragraph explaining what role you desire to have in the blood bank field and how this will influence your future career goals.

Please return this completed application to:

Marjorie W. Doty, MT(ASCP)SBB
Transfusion Medicine Academic Center Manager
Florida Blood Services
10100 Dr. Martin Luther King Jr. St. N.
St. Petersburg, FL 33716



Release of Information

NAME: _____
(PLEASE PRINT)

DATE: _____ SOCIAL SECURITY # _____

I hereby grant permission for the Transfusion Medicine Academic Center of Florida Blood Services, St. Petersburg, FL, to receive all information regarding my employment and/or scholastic standing with your organization/institution.

SIGNED: _____