

SPC

ST. PETERSBURG COLLEGE MEDICAL LABORATORY TECHNOLOGY PROGRAM CLINICAL AFFILIATE APPLICATION

Name of Institution: _____

Address: _____
Street City State Zip County

Name of Contact Person: _____ Title of Contact Person: _____

Phone Number: _____

Fax: _____

E-mail: _____

Number of Beds (if hospital-based): _____

Total Laboratory Space: _____

Accredited by: _____ Date of Last Accreditation _____

CLIA Certificate # _____ Florida Certificate # (if applicable) _____

Total Annual Number of Clinical Laboratory Procedures: _____

Chemistry: _____ Hematology: _____ Immunology/Serology: _____
Immunohematology: _____ Microbiology: _____ Urinalysis: _____

Daytime Laboratory Staff: Please convert part-time to full-time equivalents:

	FTE's	Number Certified By:			
		ASCP	NCA	AMT	Other (specify)
PhDs					
Specialists					
Supervisors					
MTs					
MLTs					
Phlebotomists					

Number of Pathologists on site _____ Number ABP Certified in Clinical Pathology _____

If you are outside of Florida, what are the continuing education requirements for your technical staff?

(OVER)

Can you designate one person in each department to work with the student? Yes No

If Yes, please list names below.

Department	Name and Credentials	Phone Number	Email
Phlebotomy			
Blood Bank			
Clinical Chemistry			
Hematology			
Microbiology			

Can you designate a clinical supervisor who will monitor student progress, confer with the college instructor on a regular basis by phone or email, and evaluate the student? Yes No

If yes, please provide name and phone number:

_____ Name _____ Phone Number

Do you plan to sponsor more than one employee in the SPC MLT Online Program? Yes No

If yes, please estimate how many in the next 4 years. _____

How many students could you accommodate at the same time? _____

Laboratories outside of Florida: Does your state require licensure or approval of clinical laboratory training programs and/or trainees? Yes No

If yes, please provide name and contact information for licensing board or other regulatory agency:

Florida laboratories: Is your county serviced by a state community college that offers an MLT program?

Yes No

Please attach:

1. Copy of your most recent accreditation certificate or letter
2. List of major equipment in each department of your laboratory where students will be assigned
3. Printout of tests performed on site (not billing lists)
4. Completed and signed Essential Instruction Checklist.

Please check one of the boxes below:

- The standard SPC affiliation agreement has been reviewed by our legal department and will be satisfactory.
 Attached are changes that we would like to request to the standard SPC affiliation agreement.

I understand that once a student begins the program, our laboratory will have a contractual obligation to provide all of the clinical experiences needed for graduation, providing the student remains in good standing in the program.

_____ Signature _____ Title _____ Date