Statement of Support
Medical Laboratory Science On-line Program

Prospective Online Student: ____________________________________________

Facility Name: ______________________________________________________

Address: __________________________________________________________

City/State/Zip Code: _________________________________________________

Please indicate on site departments: (all departments do not need to be present, however student is responsible for finding a site to sponsor them if employment facility cannot support).

<table>
<thead>
<tr>
<th>Phlebotomy</th>
<th>Chemistry</th>
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<tbody>
<tr>
<td>Hematology</td>
<td>Blood Bank</td>
</tr>
<tr>
<td>Microbiology</td>
<td>UA/Serology</td>
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<tr>
<td>Other/Specify</td>
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The aforementioned individual has expressed a great interest in participating in the Georgia Southern University-Armstrong Campus Medical Laboratory Science on-line program. This program, which is accredited by NAACLS allows a valued employee the opportunity to further their educational status and obtain national certification required for different levels of laboratory work.

The didactic component of this program will be delivered utilizing “Desire to Learn” (D2L) delivery format. Access to D2L is virtually 24/7. The coursework adheres to the same rigorous standards as the on campus component. Coursework will be completed within the semester timeframe. It is during the semester timeframe and while the student is registered for a particular class that the practicum component will be fulfilled. Competencies (clinical rotations) are completed during this time. The training must be completed at the student’s work/host facility or other approved clinical site. For this to take place, the assistance of a mentor or other facilitator is required. The facilitator will not serve as a full-time clinical instructor, but should be available to answer questions, evaluate core laboratory competencies, and give valuable assistance as needed. Various mentors may be utilized dependent upon the organization and size of our facility. Dependent on the applicant’s skill level and work experience the time involved for mentors will vary for each course. At the beginning of each course, the student will be given a list of clinical competencies that must be met to successfully complete the course. The student and the clinical facility should discuss scheduling times for the student to complete the required tasks.

Prior to being accepted into the Georgia Southern University-Armstrong Campus Medical Laboratory Science on-line program, the student must obtain a statement of support indicating the employer/host understands this responsibility. In addition, a legal contract, Memorandum of Understanding (MOU), must be in place prior to the student starting this program.

Date: __________________________
Laboratory Manager: ________________
E-Mail: __________________________
Phone: __________________________
Facility Name: ____________________
Address: _________________________
City/State/Zip Code: _______________
Laboratory Accreditation: CAP, JCAHO, COLA, CLIA, Other (Please specify)
Contact For MOU: __________________
MOU Phone: _____________________
MOU Email: _____________________