



Statement of Support

Waters College of Health Professions
 Department of Diagnostic & Therapeutic Sciences
 Medical Laboratory Science Online Program

Prospective Online Student: _____

Facility Name: _____

Address: _____

City/State/Zip Code: _____

Please indicate on-site departments:

Phlebotomy		Chemistry	
Hematology		Blood Bank	
Microbiology		UA/Serology	
Other/Specify			

The individual above has expressed an interest in participating in the Georgia Southern University-Armstrong Campus Medical Laboratory Science on-line program. This program, which NAACLS accredits, allows a valued employee to further their educational status and obtain national certification required for different laboratory work levels.

The didactic component of this program will be delivered utilizing the “e-Classroom” that is delivered virtually 24/7. The coursework adheres to the same rigorous standards as the on-campus component. Coursework will be completed within the semester timeframe. Students will complete the clinical practicum component following the didactic component. The training must be completed at the student’s work facility or a preapproved clinical site. For this to take place, the assistance of a mentor or other facilitator is required. Various mentors may be utilized depending upon the organization and size of the facility. Depending on the applicant’s skill level and work experience, mentors' time 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 complete the course successfully. The student and the clinical facility should discuss scheduling times for the student to complete the required tasks.

Before 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. A legal contract, Memorandum of Understanding (MOU), must be in place before the student starts this program.

Date:	
Laboratory Manager:	
Email:	
Phone:	
Facility Name:	
Address:	
City/State/Zip Code:	
Laboratory Accreditation:	CAP, JCAHO, COLA, CLIA, Other (Please specify)
Contact For MOU	
MOU Phone	
MOU Email	

MEDICAL LABORATORY SCIENCE PROGRAM
 DEPARTMENT OF DIAGNOSTIC AND THERAPEUTIC SCIENCES
 WATERS COLLEGE OF HEALTH PROFESSIONS
 ARMSTRONG CAMPUS: 11935 Abercorn Street • Savannah, GA • Phone: 912-344-2549 • Fax: 912-344-3472

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