

Application Diploma Route to Registration as a Medical Laboratory Scientist

TO BE COMPLETED BY APPLICANT:

Mr/Miss/Mrs/Ms (Circle one)

Family Name: _____

Given Names: _____

Registration Number: _____

Postal Address: _____

Telephone: _____ Mobile: _____

I agree to notify the Board in the event that I terminate my employment in this laboratory, or I cease to have the support of this laboratory to undertake the diploma course

Signature: _____ Date: _____

TO BE COMPLETED BY EMPLOYER:

I certify that _____ (name) is employed in the

_____ Department of this laboratory and has the support of this laboratory to undertake the practical component of the Diploma in Science course of study leading to registration as a medical laboratory scientist in New Zealand. I agree to notify the Board in the event that he/she terminates employment in this laboratory or ceases to have the support of this laboratory to undertake the Diploma course.

I certify that the above laboratory has full ISO 15189 accreditation status.

Name of Employer: _____

Signature: _____

Position Held: _____ Date: _____

(Please note, should the candidate change employment during the course of his/her study programme he/she will need to get this section completed again by the new employer)

TO BE COMPLETED BY THE DEPARTMENTAL SUPERVISOR:

I agree to offer a placement for _____ (name) to undertake the practical component of the diploma course of studies in the field of

Name of Department: _____

Supervisor's Name: _____

Position Held: _____

Date: _____ Signature: _____

(Please note, should the candidate change employment during the course of his/her study programme he/she will need to get this section completed again by the new Departmental Supervisor)

TO BE COMPLETED BY THE UNIVERSITY COURSE SUPERVISOR (choose one option only):

I certify that _____ (name) is eligible to enrol in the diploma course of studies approved by the Medical Laboratory Science Board for registration as a medical laboratory scientist in New Zealand

OR

I certify that _____ (name) will be eligible to enrol in the diploma course of studies approved by the Medical Laboratory Science Board for registration as a medical laboratory scientist on completion of prior studies as detailed in the attached letter

University: _____ Date: _____

Name: _____ Signature: _____

TO BE COMPLETED BY THE REGISTRATION COMMITTEE OF THE BOARD:

Date Application Received: _____

Choose one of the following options:

Application APPROVED

Application DECLIN ED

Name: _____ Signature: _____

Date: _____