SAN JACINTO COLLEGE

MEDICAL LABORATORY TECHNOLOGY PROGRAM

VERIFICATION OF HEALTHCARE RELATED EXPERIENCE

The person listed	below has a	applied for admissi	on into our Medic	al Laboratory Technology	⁷ Program
Applica	ant Name: _				
Please verif	y that this a	applicant has been	employed/volunte	ered with (name of busine	ess):
From (month/dag	y/year)		to (month/da	y/year)/	
Averaging	hours per	week as a/an (job ti	itle)		
Please attach a	general de	scription of his/her	duties while und	er your supervision/emplo	yment.
SIGNATURE OF SUPERVISOR				DATE	
SUPERVISOR'S NAME PRINT				SUPERVISOR'S TITLE	
BUSINESS ADDRESS				BUSINESS PHONE	 3
CITY	STATI	E ZIP			
Please return by	Mail:	ail: San Jacinto College Medical Laboratory Technology 8060 Spencer Highway Pasadena, TX 77505			
	Fax:	281-478-2754			
	Email:	Lindsey.Johnson@sjcd.edu			

This form must be received by the application deadline (June 1st for Fall Admission, November 1st for Spring Admission).

If you have any questions, please call 281-478-2730.