



Specialist in Blood Bank Technology Program

Application for Admission

Name: (Last) (First) (MI/Maiden)

Address: (Street) (City) (State/Zip)

Home/Cell Phone: Birth date:

Work Phone: Work Hours:

Email address: Permanent email address

US or Canadian Citizen? Yes *No If no, are you a legal US resident? Yes No

*Non-US residents may be eligible for the program but should contact the education coordinator at SBB@lifeshare.org to discuss TOEFL score, international travel, etc.

Certified as by Year: Number:

If applicable, please submit copy of certification with application.

Education (post high school only):

Table with 5 columns: Dates (From, To), Name of School, Location, Major, Degree received (Title/Date)

Have you previously applied for admission to this program? No Yes if yes, when

Applying for admission to class beginning:

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What career goals have you set for yourself?

What qualities do you have that will help you succeed in a distance-learning program?

Describe the personal strengths that make you effective working in a team.

Describe how you see this online program affecting your life. Explain how you will find time for studying, completing rotations and writing a research paper.

List honors, awards and activities (include organizational memberships, publications, and presentations at seminars or meetings).

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Please provide three professional references that we may contact. These references must also complete and submit a reference form (separate document). The first entry must be current supervisor or medical director.

Name and title	Email address telephone	Institution name city and state

Who will act as your mentor? (Provide name, title, organization) The mentor must complete the Mentor Role and Agreement form and submit a CV/resume.

Completed application, college transcripts and reference forms may be scanned and submitted by email to SBB@lifeshare.org or sent as hardcopy to:

LifeShare Blood Center
attn: Katrina Billingsley
SBB Education Coordinator
8910 Linwood Avenue
Shreveport, LA 71106

SSB@lifeshare.org
Office: 318.673.1463
Fax: 318.227.8317

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List all relevant work experience, most recent position first. Print additional pages if needed. Explain any gaps in employment > 6 months.

Date	Employer Name, city, state	Title and Description of duties	% time in BBk	# Beds (if hospital)	Reason for leaving
From (Mo/Yr) To (Mo/Yr)					
From (Mo/Yr) To (Mo/Yr)					
From (Mo/Yr) To (Mo/Yr)					
From (Mo/Yr) To (Mo/Yr)					

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Please indicate how often you perform the following procedures (daily, weekly or monthly) by checking the applicable box. If it has been more than a year since a procedure was performed, list the last year it was performed (LYP). Leave blank any procedures you have not performed. Do not include school or workshop experience.

Daily	Weekly	Monthly	LYP	Procedure
				Laboratory Generalist
				ABO and Rh Typing:
				by tube
				by gel
				by solid phase
				Red cell phenotyping
				Direct antiglobulin testing
				Type and screens
				Compatibility tests
				Resolution of ABO discrepancies
				Single antibody identification
				Multiple antibody identification
				Enzyme panels
				DTT/ZZAP treatment of cells
				Neutralization techniques
				Autoadsorptions
				Differential (allo) adsorptions
				Elutions, temperature (Lui Freeze or Heat)
				Elutions, pH (ELU kit)
				Fetomaternal hemorrhage screen
				Kleihauer-Betke stain
				Donor blood collection
				EIA/RIA testing
				Component preparation for storage (FFP, platelets, cryo)
				Component preparation for administration (pool, thaw, aliquot)
				Blood or components issuing
				Investigation of transfusion reactions
				HLA typing (indicate technique:)
				Molecular techniques

Other relevant experience not listed above:

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Release of Information

Name:

SSN (last 4 digits):

I hereby grant permission for LifeShare Blood Center, Shreveport, Louisiana to receive all information regarding my employment and/or scholastic standing with your organization/institution.

Applicant signature:

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Sixteen clinical or administrative rotations must be completed during the program year. Each rotation has objectives and a sign-off sheet to aid in the successful completion of the rotation. While you are not required to complete this form as part of the application process, the rotations must be completed prior to graduation from the program. Use this form as a guide for rotation planning.

Rotation	Facility (name, city, state) where rotation will most likely be completed
1. Transfusion Service	
2. Reference Lab	
3. Donor room	
4. Donor Recruitment	
5. Apheresis	
6. Component Preparation	
7. Donor Processing	
8. Quality Assurance	
9. HLA	
10. Mobile Blood Drive	
11. Management	
12. HPC	
13. Medical Director/Pathologist	
14. Molecular Testing	
15. Coagulation	
16. Intraoperative Salvage	