

David Axelrod Institute 120 New Scotland Avenue, PO Box 22002

Albany, NY 12201-2002 Phone: (518) 402-4133 Email: wcmls@health.ny.gov

APPLICATION FORM

		ORMATION							
Name	Last (Far	nily)	First		Mid	dle Sut	ffix (Jr., Sr., etc.)		
		//			Male	☐ Fem	ale		
Current									
		Street Address		Ap	t #				
С	ity/Town	State/Pr	ovince	Zip/Pos	tal	Count	гу		
Phone (_)		_ Email _						
Permane	ent Address	(if different from above)							
		Street Address		Ap	t #				
C	ity/Town	State/Pr	ovince	Zip/Pos	tal	Count	Country		
Phone (_)		_						
I am a U.S.	. Citizen \square	English is my primary lar	nguage 🗖	My primary la	anguage i	is			
2. ACAI	DEMIC BAC	KGROUND							
Date	Degree	Major/Minor	Ins	Institution		cation (city, stat	ty, state) GPA		
3 STAI	VDARDI7FC	TEST INFORMATION	J (GRE MCA	T TOFFL)					
Date		Subject	(ORE, WOR	Sco		re Documentation			
						☐ Attached	☐ To Follow		
						☐ Attached	☐ To Follow		
						☐ Attached	☐To Follow		
4. ACA receiv		ROFESSIONAL DISTIN	ICTIONS (List	any academic o	or profess	sional awards and	d honors you		

5. EMPLOY	MENT INFOR	MATION (List any work, laboratory	y experience or skills)		
6. ACTIVITY	/ INFORMAT	ON (List extracurricular or voluntee	er activities)		
7 DISCIPLU	NE INFORMA	TION			
		obation, suspended, removed, dismis	ssed or expelled from an	y school?	J _{Yes} □ _{No}
Have you ever be	een charged or c	onvicted of any misdemeanor; felony	, or other crime?	· [□Yes □No
·	•	ion, please attach an explanation and			
8. SUPPORT	•				
		terials are being sent with the compl	leted application form:		
Resume (tw	o pages maximui	m)			☐ Attached
Official und	ergraduate trans	cripts			☐ Attached
Verification	of GRE and TOE	FL (if required) exams			☐ Attached
	niliar with your a	e, title and professional address inclu cademic and/or professional qualific			
Name	Title	Institution/Professional Addr	ess Email	Phone	
					Attached
					Attached
					Attached
(i) Why are you (ii) What are yo (iii) What unique	narrative, up to t u interested in a our immediate (3 e qualities (skills	wo pages in single space, addressing career as a public health laboratory s -4 year) plans? What are your long-te , knowledge, achievements, etc.) wo interest for laboratory training and/o	scientist? erm career goals? ould you bring to this pro	ogram?	terest to you.
11. AUTHOR					
Your signature b		his application (including any supple	montal information) is f	actually true	and honostly
presented a (ii) authorizes t	ind that you are	his application (including any supple the person submitting this application tenter Master of Science in Laboraton ion process.	n,	-	-
Signature of a	applicant		Date		

Reference Letter for Wadsworth Center Master of Science in Laboratory Sciences

Name of Applicant				
Name of Recommender		Title		
Recommender's Address				
City		State	Zip code	
()	()		
Telephone	Fax	Fax Email		
To the Applicant: Please recommendation.	e indicate by signing be	elow that you	u have waived the right to read the completed letter of	
Signature			Date	
Degree Program at the New Yo	ork State Department of	Health. We a	for the Wadsworth Center Master of Science in Laboratory Science appreciate your honest and objective evaluation of the applicant. applicant's evaluation. Please complete the chart below and a	

separate narrative. Your careful consideration of the applicant's ability to benefit from the program is greatly appreciated. Thank you.

Please complete the following checklist:

In a group of 100 other individuals of comparable experience, please rate the applicant with respect to the following characteristics:

	Below Average	Average	Above Average	Outstanding
Breadth of general laboratory science experience and knowledge				
Acquired laboratory skill and technique				
Ability to communicate information (written/oral)				
Promise as a laboratory scientist				
Critical thinking and problem solving skills				
Motivation toward a successful, productive career				
Emotional stability and maturity				
Ability to work with others				
Self-reliance and independence				

Please attach a narrative comment that addresses the following three items (one page maximum):

- How long have you known the applicant and in what capacity?
- Provide descriptive comments related to the applicant's character, attitude and scientific ability/potential. Please
- comment on weaknesses as well as strengths.

 Describe any special attributes in the applicant that would be relevant to his/her candidacy in this program and future career goals.

Return this page with the attached narrative to the applicant in a sealed envelope with your signature across the seal. It will be included in the submitted application. Alternatively, submit separately via mail, e-mail, or fax.