



**BLOOD BANK TECHNOLOGY PROGRAM  
APPLICATION FOR ADMISSION**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE/MAIDEN)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

HOME  
PHONE: ( ) \_\_\_\_\_

e-MAIL  
ADDRESS: \_\_\_\_\_

WORK  
PHONE: ( ) \_\_\_\_\_

WORK  
HOURS: \_\_\_\_\_

FLORIDA TECHNICIAN  
LICENSE NUMBER:  
(If Licensed) \_\_\_\_\_

EXP: \_\_\_\_\_

SOCIAL  
SECURITY #: \_\_\_\_\_

EDUCATION (post high school only)  
(Please attach copies of transcripts.)

NAME OF SCHOOL	LOCATION	DEGREE	DATE	MAJOR

**Blood Bank Technology Program  
Application for Admission**

Have you previously applied for admission here?    [    ] Yes    [    ] No

If yes, when? \_\_\_\_\_

Applying for class beginning: \_\_\_\_\_

What goals have you set for yourself? \_\_\_\_\_

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What do you expect to obtain from this blood bank training? \_\_\_\_\_

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How will you balance School and Work? \_\_\_\_\_

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Briefly describe the personal characteristics you have which make you effective in working with people. \_\_\_\_\_

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Honors and activities (Include organizations, publications, attendance at seminars, workshops, or meetings, etc.) ? \_\_\_\_\_

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Work Experience (List most recent first) and please include any activities relating to blood banking in column four (i.e. reagent prep, component prep, blood typing, antigen –antibody workups, other):

DATE		EMPLOYER & ADDRESS	TITLE AND JOB DESCRIPTION	BLOOD BANK EXPERIENCE? IF SO, EXPLAIN	REASON FOR LEAVING
FROM	TO				

If additional space is needed, attach a separate sheet

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List three professional references that we may contact:

NAME & TITLE	INSTITUTION	ADDRESS	e-mail and Phone number

Please write a paragraph explaining what role you desire to have in the blood bank field and how this will influence your future career goals.

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Please return this completed application to:

Marjorie W. Doty, MT(ASCP)SBB  
Transfusion Medicine Academic Center Manager  
Florida Blood Services  
10100 Dr. Martin Luther King Jr. St. N.  
St. Petersburg, FL 33716



**Release of Information**

NAME: \_\_\_\_\_  
(PLEASE PRINT)

DATE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

I hereby grant permission for the Transfusion Medicine Academic Center of Florida Blood Services, St. Petersburg, FL, to receive all information regarding my employment and/or scholastic standing with your organization/institution.

SIGNED: \_\_\_\_\_