



Medical Laboratory Technology Program

Faculty Fact Sheet

**** To be completed by Student Coordinator and/or for the major clinical faculty for each laboratory discipline (e.g., microbiology, hematology).***

Name: _____

Position: _____

Employed by: _____

Title (MLT, MT, etc.): _____

Proportion of time in:	Teaching: %	Administration: %	Clinical Services: %
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EDUCATION	INSTITUTION	FIELD OF STUDY	DEGREE	YEAR
Undergraduate				
Graduate				
Other/Lab Training (Specify)				

Certified by: _____

Certification #: _____

Year Certified: _____

Experience (List current position first):

INSTITUTION/CITY/STATE	POSITION	YEARS



Medical Laboratory Technology Program

List principal functions in the education program:

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List continuing education activities during the past **three (3)** years:

TITLE	SPONSOR	DATE

(2/2002; modified 070502kc)