

**River Valley Community College, Claremont, NH**  
**Medical Laboratory Technical Program**  
**Applicant Observation Record**

One of the expectations of the applicant for the Medical Laboratory Technician Program is that they have some knowledge of the medical laboratory field. Therefore, we ask that applicants provide the College with evidence of this knowledge. Many new applicants have no previous experience and are advised to arrange a tour at an area laboratory. The Program Advisor can give you names of contacts. Please use this form to document your experience with the field of medical laboratory science.

Applicant Name (please print)

Date:

Applicant Signature: \_\_\_\_\_

1. If you have previous experience or knowledge of the medical laboratory field, please describe here:
  
  
  
  
  
  
  
  
  
  
2. If you have no previous experience, please contact a local or regional hospital laboratory, and request a tour. Names of contacts can be provided by the MLT Program Advisor, Kim-Laura Boyle by contacting her at [kboyle@ccsnh.edu](mailto:kboyle@ccsnh.edu) or 603-542-7744 x5434.
  - a. Name of Hospital or Laboratory for tour:
  - b. Name of contact person at the site:
  - c. Describe your lab tour experience here: