Trinity College of Nursing & Health Sciences
UnityPoint Health

MLS Clinical Placement Support Form

Student Name: _____

The Clinical Placement Support Form for the Medical Laboratory Science (MLS) program is a required document that ensures the student's laboratory facility is prepared to support their clinical training. This form verifies that the facility understands its responsibilities in providing the necessary resources, mentorship, and supervision for the student during their clinical rotations. It also confirms that the laboratory is aware of any specific requirements, such as background checks, drug screenings, and immunization records, as outlined in the program's affiliation agreement. Completion of this form is a required step in securing the student's placement in the MLS program and to ensure a successful learning experience.

Program Structure

- Lecture Component: Each MLS course is conducted online, allowing students to learn at their own pace.
- Clinical Component: Students complete the clinical portion of each course at their supporting laboratory, under the guidance of a qualified mentor. While lab mentors are not full-time clinical instructors, they assist students by answering questions, evaluating core laboratory competencies, and offering support as needed. Multiple mentors may be involved in a student's laboratory experience.
- The lecture and laboratory portions of each course are completed simultaneously. The goal is for the laboratory mentor to be confident in the student's performance at an entry-level standard. Students must complete the competency checklist to pass the course.

MLS Clinical Courses	Semester	Minimum clinical hours
MLS 310 Urinalysis and Body Fluids	Summer	48
MLS 330 Phlebotomy and Pre-analytical Variables	Summer	24
MLS 415 Clinical Chemistry	Fall	96
MLS 425 Clinical Hematology and Hemostasis	Fall	96
MLS 430 Immunohematology	Spring	96
MLS 435 Clinical Microbiology	Spring	96

Clinical Checklists can be reviewed on Trinity College of Nursing and Health Sciences website

By signing below, I have reviewed and understand the information provided above.

_____ _____

Student Signature and Date Lab Leadership Signature and Date

Any questions regarding Clinical Placement Support contact:
MLS Program Director
Stephanie Tieso DHSc, MS, MLS(ASCP)^{cm}
Stephanie.tieso@trinitycollegeqc.edu

The MLS Program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). Trinity College of Nursing and Health Sciences (TCONHS) is accredited by the Higher Learning Commission (HLC) and Illinois Board of Higher Education (IBHE).

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Student Name: _____

This section to be completed by the Lab Leadership:

Facility Name: _____
Address: _____
Laboratory Accreditation (CAP, COLA, JACHO, CLIA, list others): _____
Laboratory Leadership Name/Title: _____
Laboratory Leadership email: _____

Review the Clinical Checklists and indicate below if the student can complete their clinical rotations in the following departments:

Urinalysis and Body Fluids ____
Hematology ___
Blood Bank ___
Phlebotomy and Pre-Analytical Variables ____
Chemistry ___
Microbiology ___

Will student on-boarding need to be completed for the clinical site? Yes ____ No ____
Name and email for clinical site on-boarding coordination: _____

By signing below, I acknowledge and understand that before being accepted into the TCONHS MLS program, the student must submit the completed Clinical Placement Support form indicating that the supporting laboratory is aware of its responsibilities. Additionally, I acknowledge that the supporting laboratory has the required resources to support the student in the specified areas.

_____ _____
Student Signature and Date Lab Leadership Signature and Date

In addition to this support form, TCONHS and the laboratory facility must complete an affiliation agreement before the student can begin rotations or be accepted into the MLS program. The affiliation agreement will outline specific requirements, which may include a background check, drug screening, and a record of the student's immunizations. The MLS department will contact the person listed below to arrange this affiliation.

Clinical agreement contact name and email: _____