

APPLICATION

**HISTOTECHNOLOGY SCHOOL
UNIVERSITY OF PITTSBURGH MEDICAL CENTER
MWH Gulf Building, Suite 208
327 Craft Ave
Pittsburgh, PA 15213-3180
(412) 641-4664**

Date _____

Name _____ Social Security # _____
(last) (first) (M.I.)

Address _____
(street) (city) (state) (zip)

Telephone # (____) _____

E-mail address _____

Are you a U.S. citizen or eligible to work or study in the United States?

____ Yes
____ No

Person to notify in case of emergency _____
(name) (telephone #)

MILITARY SERVICE:

Have you ever served in the armed forces? Yes _____ No _____
Branch _____

List training or skills that would be applicable to your histotechnology training.

Date of duty: From _____ to _____
(month) (day) (year) (month) (day) (year)

EDUCATION:

High School Name (Please send copy of diploma or equivalent to the Histotechnology School)

_____ Was diploma awarded? _____ or GED? _____

(Please send all OFFICIAL college transcripts directly to the Histotechnology School)

College or University	Years attended	Degree	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: (List in order, last or present employer first)

	Name and Address	From	To	Position and Duties
1.	_____	_____	_____	_____
	_____			_____
	_____			_____
2.	_____	_____	_____	_____
	_____			_____
	_____			_____

EMPLOYMENT OR ACADEMIC REFERENCES:

(Contact 2 persons to forward references directly to the school; attached reference form from school can be used.)

1. _____

2. _____

Please send all application paperwork to:

**Karyn Varley, School of Histology
MWH Gulf Building, Suite 208
327 Craft Ave
Pittsburgh, PA 15213**