

**New York Methodist Hospital
Center for Allied Health Education
School of Clinical Laboratory Science**

Book List 2011-2012

Required Texts

Clinical Hematology and Fundamentals of Hemostasis, 5th Edition, 2009

Denise M. Harmening, PhD, MT(ASCP), CLS(NCA)

F. A. Davis Company

ISBN 10:0-8036-1732-2

\$114.00

Clinical Hematology Atlas, 3rd Edition, 2008

Jacqueline H. Carr & Bernadette F. Rodak

Saunders/Elsevier

ISBN 978-1-4160-5039-1

\$64.40

Clinical Chemistry, Theory, Analysis, Correlation, 5th Edition, 2010

Lawrence A. Kaplan & Amedeo J. Pesce

Mosby/Elsevier

ISBN 978-0-323-03658-0

\$79.19

Immunology & Serology in Laboratory Medicine, 4th Edition, 2008

Mary Louise Turgeon

Mosby/Elsevier

ISBN 978-0-323-04382-3

\$54.55

Basic and applied Concepts of Immunohematology, 2nd Edition, 2009

Kathy D. Blaney, M.S., BB(ASCP)SBB

Paula R. Howard, M.S., MT(ASCP)SBB

Mosby/Elsevier

ISBN 978-323-04805-7

\$53.86

Textbook of Diagnostic Microbiology, 4th Edition, 2011

Connie R. Mahon, M.S., MT(ASCP)CLS

Donald C. Lehman, EdD, MT(ASCP)SM(NRM)

George Manuselis Jr., M.A., MT(ASCP)

Saunders/Elsevier

ISBN 978-4-4160-6165-6

\$85.02

Molecular Diagnostics, Fundamentals, Methods & Clinical Applications, 2007

Lela Buckingham & Maribeth L. Flaws

F. A. Davis Company

ISBN 978-0-8036-1659-2

\$64.95

Urinalysis and Body Fluids, 5th Edition, 2008

Susan King Strasinger & Marjorie Schaub DiLorenzo

F. A. Davis Company

ISBN 978-0-8036-1697-4

\$56.95

Securexam Remote Proctor

<https://www.remoteproctoradmin.com/buyrp/Default.aspx>

\$280.00 + shipping

Recommended Texts

Board of Certification Study Guide Clinical Laboratory Certification Examinations, 5th

Edition, 2010

American Society for Clinical Pathology Press

ISBN 10:0891895876

\$75.00

Medical Parasitology A Self-Instructional Text, 5th Edition, 2002

Ruth Leventhal & Russell F. Cheadle

F. A. Davis Company

ISBN 978-0-8036-0788-0

\$55.95

Medical Mycology A Self-Instructional Text, 2nd Edition, 1997

Martha E. Kern & Kathleen S. Blevins

F. A. Davis Company

ISBN 978-0-8036-0036-2

\$49.95

Clinical Laboratory Science Review, 3rd Edition, 2006

Robert Harr, M.S., MT(ASCP)

F. A. Davis Company

ISBN 978-0-8036-1373-7

\$41.39

**New York Methodist Hospital
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**ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING
OF PROGRAM POLICIES AS SET FORTH IN THE *INSTITUTIONAL
CATALOG 2011-2012* & THE SCHOOL OF CLINICAL LABORATORY
SCIENCE *PROGRAM HANDBOOK 2011-2012***

I, _____ have received a copy of the New York Methodist Hospital Center for Allied Health Education's *Institutional Catalog 2011– 2012* (v.3.1.11) and the School of Medical Technology *Program Handbook 2011 - 2012* (v.3.1.11). I understand that the policies, rules and regulations outlined in the above documents are binding to me for the duration of the program. I will direct all inquiries to the Program Director.

Signature

Date

Release and Disclosure of Directory Information

New York Methodist Hospital Center for Allied Health Education designates the following information "Directory Information" and includes it in lists of student information that are made available to faculty, staff and administration and can be released to anyone who requests it. If you are interested in withholding all or part of your directory data, please check the items you wish to be withheld below, print your name and student ID, sign and date the form.

Please note that this form must be submitted annually.

Personal Information

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ SS #: _____ DOB: _____

Directory Information

Can New York Methodist Hospital Center for Allied Health Education release your directory information?

- Yes
- No, If no place a checkmark next to the information you want withheld:
 - Name
 - Address
 - Telephone Number
 - E-mail Address
 - Program
 - Enrollment Status

Any of the above information could be made available to general inquiries by staff, faculty, or students as "directory information." Please consider requests to withhold data carefully as it is often to your advantage to have your contact information readily available.

I certify that I have read and understand this form and this form is complete and accurate to the best of my knowledge and belief.

Print Name

Student Signature

Date

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HIPAA Privacy Training

Compliance with HIPAA:

My signature certifies that I have reviewed the attached HIPAA privacy training material. I also agree to comply with all federal and state regulations regarding the use and disclosure of individually identifiable health information.

Print Name _____ Date _____

Signature _____

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Clinical Externship - Clearance Acknowledgement

I acknowledge that I understand that upon completion of the didactic phase of the Clinical Laboratory Science program and prior to participation in the clinical externship at the New York Methodist Hospital School of Clinical Laboratory Science I must have a health physical including blood work and a drug screening as well as a criminal background check conducted. I understand that the results of any of these may prove unfavorable to me and may result in disciplinary action up to and including termination from the program.

Any tuition and/or fees paid to date will be subject to the published refund policy.

Name

Signature

Date

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Sexual Misconduct Prevention Training

My signature certifies that I have reviewed and understand the Sexual Misconduct Prevention Program Policy as published in the Institutional Catalog 2011 (v. 3.1.11).

Print Name_____ Date_____

Signature_____