



University of California
San Francisco
advancing health worldwide

Department of Laboratory Medicine Clinical Laboratory Scientist Training Program

Please fill out this application and mail or e-mail it with all other required documentation to:
Joseph Musallam, CLS, UCSF Clinical Labs, 185 Berry St., Suite 290, Room 2132, San Francisco, CA 94107
Joseph.musallam@ucsf.edu

APPLICATION FORM

APPLICATION DEADLINE: First week of August

Prior to starting date of the training program, each applicant must apply and receive Trainee License issued by California Department of Public Health, Laboratory Field Services, 850 Marina Bay Parkway, Bldg. P, 1st Floor, Richmond, CA 94804-6403

PLEASE TYPE OR PRINT

DATE: _____

NAME: _____
(Last) (First) (MI)

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS: _____
(Street)

(City) (State) (Zip Code) (Telephone)

E-MAIL ADDRESS: _____

ARE YOU A US CITIZEN? YES NO

IF NO, DO YOU HAVE PERMANENT RESIDENCY CARD? YES NO

IN CASE OF EMERGENCY, PLEASE CONTACT: _____
(Name)

(Address) (City) (State) (Zip Code) (Telephone)

Application for position to UCSF Clinical Laboratory Scientist Training Program is considered without regard to race, color, creed, national origin, sex, age or handicap.

EDUCATION:

PLEASE LIST ALL COLLEGES/UNIVERSITIES YOU HAVE ATTENDED:
(Official college/university transcripts must be sent to the training program director)

NAME	ADDRESS	MAJOR	YEARS ATTENDED	DEGREE/DATE

PLEASE LIST PREREQUISITE COURSES IN PROGRESS:

COURSE TITLE	No. OF UNITS	COURSE TITLE	No. OF UNITS

LABORATORY EMPLOYMENT/EXPERIENCE:

PLEASE LIST LABORATORY EXPERIENCE/EMPLOYMENT, INCLUDING SUMMER OR VOLUNTEER WORK, YOU HAVE HELD IN THE LAST FEW YEARS

EMPLOYER NAME AND ADDRESS	NATURE OF WORK	EMPLOYMENT DATES

Briefly describe your clinical or research laboratory experience:

PLEASE READ CAREFULLY BEFORE SIGNING:

Information given in this application process is true to the best of my knowledge. I understand any misrepresentation or omissions of facts may disqualify or terminate my application. I authorize investigation of all statements contained in this form as necessary to determine my eligibility for the Clinical Laboratory Scientist Training Program.

(Date)

(Signature of Applicant)

PLEASE FILL IN THE INFORMATION OF COMPLETED **PRE-REQUISITE AND RECOMMEDED COURSES** IN THE TABLE BELOW:

Course Title	Course Number	# of Units	Date Completed	Name of College/University Course Completed	Grade
REQUIRED COURSES <i>(*must be completed within 3 years)</i>					
Hematology with Lab*					
Medical Microbiology with Lab*					
Immunology*					
Biochemistry*					
Analytical/Clinical Chemistry*					
Physics (with instruction in light and electricity)					
RECOMMENDED COURSES					
Molecular/Cell Biology					
Genetics					
Mycology					
Parasitology					
Virology					
Statistics					

Please write below a statement of about 500-word essay describing your interest in UCSF Medical Center Clinical Laboratory Science (CLS) training program, your career goals, and how you think you can contribute to the CLS profession?