



**UC San Diego**  
HEALTH SYSTEM



## San Diego Clinical Laboratory Scientist Training Program APPLICATION FORM for Year: \_\_\_\_

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Dear Applicant,

This is the Application Form for the San Diego Clinical Laboratory Scientist Training Program. The program is scheduled to commence training in July of each year. Participating training sites include the clinical laboratories of:

- UC San Diego Health
- Sharp Healthcare
- El Centro Regional Medical Center

For instructions on completing the application form, and information on academic and other requirements, refer to the attached companion document '**Application SD CLS - Checklist & How To Apply**'.

**Postmark deadlines for submission of the application's Items Required for Submission (as listed on page 1 of the 'Application SD CLS - Checklist & How To Apply' are:**

- **by December 31<sup>st</sup> of Application year - Application Form**
  - Resume/C.V.**
  - Un-official**
  - Transcripts**
  - Personal Statement**
  - CLS Trainee License**
  - from the State of CA**
- **If chosen for an interview:**
  - Three Letters of Recommendation**
  - Official Transcripts**
  - If applicable - Proof of Enrollment for courses "In Progress"**
- **No late emailed or postmarked documents will be accepted**
- **No drop-off documents will be accepted**

***IMPORTANT! It is the responsibility of the applicant to ensure that all components of the application (including official transcripts and letters of recommendation) have been received by the program within the appropriate time frame.***

**Re-Applicants** (those who formally applied to the CLS program in the previous year), please submit:

- A complete updated 'Application Form'
- An updated Resume/C.V.
- A new personal statement
- Two new current letters of recommendation
- Official transcripts; only for new or unreported pertinent academic coursework. Transcripts received in the previous year only remain on file with the program.

For specific questions regarding the program or application, contact the San Diego CLS Program coordinator:  
E-mail: [clsprogram@ucsd.edu](mailto:clsprogram@ucsd.edu) Phone: (858) 657-5714  
**Thank you for your interest in our program!**



**UC San Diego**  
HEALTH SYSTEM



**SHARP**  
San Diego's Health Care Leader

Mailing address: **San Diego Clinical Laboratory Scientist Training Program**  
**UC San Diego Health Clinical Laboratory**  
**9300 Campus Point Dr., #7320**  
**La Jolla, CA 92037-1300**

# San Diego Clinical Laboratory Scientist Training Program APPLICATION FORM for 2020-2021

## Application for Admission

Please respond to all questions

### I. APPLICANT INFORMATION

\_\_\_\_\_  
Last name, First name, Middle initial (Maiden name) Date

\_\_\_\_\_  
Current Address - Street City, State Zip code

\_\_\_\_\_  
Permanent Address (if different from the current address)

\_\_\_\_\_  
Message Phone Alternate Phone

\_\_\_\_\_  
E-mail Address

This application is a:  New Application /  Re-Application

Are you a U.S. citizen, or permanent resident?  yes  no

If not, do you presently hold a valid U.S. green card  
as authorization to work in the U.S.?  yes  no

Have you applied for a California Clinical Laboratory Scientist  
Trainee License (TRL) issued by CDPH-LFS? (Required for the  
application, only if coursework was obtained outside of the U.S.)  yes  no

If you have received a TRL, provide a copy with your application

Do you understand that the program training year begins in July,  
and that a program fee will be assessed?  yes  no

### II. RESUME/C.V.

Attach a **resume or C.V.** that includes your academic degree(s), employment history, clinical laboratory experience, school activities, academic and personal honors, volunteer activities and hobbies/interests.

### PERSONAL STATEMENT

State your reasons for pursuing a career in clinical lab science. Why you think that you would be a good fit for the profession, what do you hope to contribute to the profession. Why you are interested specifically in the program in San Diego, and what are your career goals after graduation. Attach as a separate document (maximum 2 pages, double spaced).

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## ACADEMIC HISTORY and COURSEWORK

**A. Request that an “official” transcript listing all completed courses from each university or college attended be sent to the San Diego CLS Training Program.** Request that transcripts be sent via U.S. mail. Copies of transcripts obtained for personal use, or copies or links from electronic transcript services sent via e-mail will not be accepted.

**B. Un-Official Transcripts**

List each institution from which an official transcript will be sent if needed:

Type of School (university, college, jr.college)	School Name	Major / Degree	Attended	
			FROM (month/year)	TO (month/year)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Total G.P.A. _____ All undergraduate and graduate coursework applied towards the major(s) or this program]		Core courses G.P.A. _____ includes: <div style="display: flex; justify-content: space-between;"> <span>√ Organic Chemistry</span> <span>√ Hematology</span> </div> <div style="display: flex; justify-content: space-between;"> <span>√ Biochemistry</span> <span>√ Immunology</span> </div> <div style="display: flex; justify-content: space-between;"> <span>√ Analytical/Clinical Chemistry</span> <span>√ Medical/Clinical Microbiology</span> </div>		

**C. For Applicants with academic degrees or core courses obtained outside of the United States, complete steps 1 and 2 below**

- 1) Request and submit an official "course-by-course" transcript evaluation to the program. Approved agencies include NACES and AICE.
- 2) Apply for the Clinical Laboratory Scientist Trainee (TRL) license. Submit a copy of the TRL license document, or a receipt or email correspondence of the application suffices.

# San Diego Clinical Laboratory Scientist Training Program APPLICATION FORM for 2020-2021

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**D. Academic History**

In the boxes below, list degrees obtained, core courses completed, and core courses "in progress" or "planned".

\_\_\_\_\_  
Last name, First name, Middle initial

\_\_\_\_\_  
Date

Degree/Major	Type B.S., B.A., M.S. PhD, other)	Institution	Country	Date conferred

Courses "In Progress" or "Planned"	Year	Fall / Winter Spring/Summer	Units	Institution	Start date	End date

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## ATTESTATION

Have you ever been convicted of or pleaded guilty to a felony and been placed on probation, court supervision, or other pre-conviction program? A “yes” answer does not automatically result in your disqualification for admission.

yes                       no                      If yes, please explain on a separate piece of paper and attach.

*The University of California, Sharp HealthCare and Scripps Health entities, in accordance with applicable Federal and State law and University policies, do not discriminate on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, disability, medical condition (cancer-related or genetic characteristics), genetic information, ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services. Sexual harassment is also prohibited. These nondiscrimination policies cover admission, access, and treatment in University of California, Sharp HealthCare and El Centro Regional Medical Center programs and activities.*

### **By signing this application, I assert the following:**

- All information provided is true, to the best of my knowledge.
- I have requested letters of recommendation from persons listed on section IV of this application form. My signature below confirms that I waive my rights to review the letters of recommendation from the persons stated there-in.
- Representatives of the San Diego Clinical Laboratory Scientist Program have my permission to contact my references and inquire about my performance as their student, employee, trainee, or volunteer as applicable.
- I understand that at the successful completion of training in the San Diego Clinical Laboratory Scientist Training Program, I will be eligible to take the ASCP Medical Laboratory Scientist (MLS) certification and California licensing exams.
- I meet the following Essential Functions of the program:
  1. Visual skills (differentiating colors and stained vs unstained materials, distinguishing solution clarity, reading charts/graphs/rulers/scales, reading print on paper and computer screens, locating veins for venipunctures)
  2. Manipulative skills (Mobility- Sitting, standing, walking, bending, squatting, reaching, lifting and carrying objects up to 20 lbs. Fine Motor- Operating microscopes and pipettes, using lab instruments such as wire loops and centrifuges, manipulating tubes and containers into racks and trays)
  3. Cognitive skills (Communicating with others using direct conversation/telephone/email, ability to prioritize high level tasks and recognize and respond to emergency situations, following directions, maintaining personal behavioral control)
  4. Affective skills (practicing respect, honesty, compliance with professional standards, accountability, accepting change)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date