



Greater Los Angeles Cytotechnology Training Consortium

UCLA Medical Center, Department of Pathology and Laboratory Medicine, CHS, A7-147
10833 Le Conte Avenue, Los Angeles, CA 90095-1732 Phone: (310) 825-9102, Fax: (310) 983-3289

CERTIFICATE PROGRAM APPLICATION FORM International Applicants

Application deadline: March 31st

Type or print clearly in English

Date _____

Program Year _____

Section 1. Personal Information

Last Name _____ Middle Name _____ First Name _____

Date of Birth _____ Male Female Other, prefer not to disclose

Address

_____ Number, Street, Apt. No.

Address

_____ City State/ Province Country Zip /Postal Code

Phone _____ Email _____

Applicant's First Language _____ Citizenship _____

Visa, what kind? _____ Expiration date _____

(Submit a copy of your visa or passport and 1 picture along with the application)

Emergency Contact _____ Relationship _____

Address _____ Phone _____

Section 2. Education *(List the most recent attended first)*

	School and Location	Date Attended	Degree	GPA
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Science Courses Completed *(Check all those apply)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Human Anatomy | <input type="checkbox"/> Molecular Biology | <input type="checkbox"/> Cell Biology |
| <input type="checkbox"/> Hematology | <input type="checkbox"/> Histology | <input type="checkbox"/> Human Genetics |
| <input type="checkbox"/> Microbiology | <input type="checkbox"/> Immunology | <input type="checkbox"/> Biostatistics |

TOEFL iBT score submitted? Yes No

2 Recommendation letters submitted? Yes No

Degree/Transcripts Evaluation submitted? Yes No

(Note: All applicants with foreign college degrees must submit a Transcript/Degree evaluation by one of the American Society for Clinical Pathology (ASCP) designated agencies.

https://www.ascp.org/content/docs/default-source/boc-pdfs/exam-content-outlines/foreign-evaluation-agencies_12-17.pdf?sfvrsn=12)

References: Please note that reference checks are a requirement of the program application process. By submitting your application, you are consenting to this reference check.

Section 3. Work Experience *(Write N/A if no previous work experience)*

Employer Name and Address	Supervisor/Manager	Date Employed	Position
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Section 4. Professional References

Name	Title	Address and Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section 5. Statement of Purpose:

500 words. Briefly describe characteristics that you possess which will enable you to be a competent Cytotechnologist, including career goals and motivation to enter the clinical laboratory profession.

Section 6. Curriculum Vitae *(Optional)*

Submit with application if available.

In compliance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Age Discrimination Act of 1975, and Americans with Disabilities Act of 1990, the University of California does not discriminate on the basis of race, color, national origin, religion, sex, disability, or age in any of its policies, procedures, or practices; nor does the University discriminate on the basis of sexual orientation.

The deadline for application is March 31st. Return the application, all required documents, and a non-refundable processing fee of **\$50 USD** to the address below. Please make the check or money order payable to the **“Regents of the University of California”**.

Mary Levin, SCT (ASCP)
Program Director
School of Cytotechnology
UCLA Medical Center
Department of Pathology and Laboratory Medicine
CHS AL-209C, Box 951732
Los Angeles, CA 90095-1732
TEL: 1-310-825-9102
FAX: 1-310-983-3289
E-mail: mlevin@mednet.ucla.edu