**UCLA Health**

**Clinical Microbiologist Scientist Training Program**

# **Application**

Thank you for your interest in UCLA’s Limited License Training Program. This training program is approved by the state of California. Graduates of our training program will be eligible to apply for and obtain certification by the American Society for Clinical Pathology (ASCP) and licensure by the state of California Laboratory Field Services. Please complete all items below and send your completed application with all other required documents to:

Hubert Clark, CMS, (ASCP)

Director, Microbiology and Immunoserology

UCLA Healthcare Clinical Laboratories Brentwood

11633 San Vicente Boulevard, 4th Floor, Rear Building

Los Angeles, CA 90049

[HClark@mednet.ucla.edu](mailto:HClark@mednet.ucla.edu)

310-794-3551

## Application deadline: March 1 for a July program start date.

**Name**:

**Home address**:

**PHONE:**

**EMAIL ADDRESS**:

**US Citizen**: YES / NO

**If no, What type of VIsa**

**Undergraduate college/university**:

**undergraduate major and Degree :**

**Undergraduate GPA**:

**Graduate college/university (if applicable):**

**graduate major and Degree (if applicable):**

**graduate GPA** **(if applicable):**

**CA training license Number:**

**CV/RESUME:** Please include your CV/Resume.

**Application essay**: Please include a brief written statement (less than 1 page) stating why you are interested in the Clinical Microbiologist Scientist Training Program. Please include a description of recent laboratory experience you have had and your expectations for your career in 5 years.

**Transcripts**: Please send via mail, or electronically, all transcripts post-high school. This includes Community College and Extension/Online courses in addition to your degree. Unofficial transcripts may be sent, but only official transcripts will be evaluated. Official transcripts must come sealed from the college/university.

Note: applicants with degrees from outside of the United States must send a copy of the official transcript evaluation performed by “Current Members” of the National Association of Credential Evaluation Services (NACES), and “Endorsed Members” of the Association of International Credential Evaluators, Inc. (AICE). Please use the links below to view the “Current” and “Endorsed” members of NACES and AICE.

<http://www.naces.org/members.html>

<http://aice-eval.org/members/>

**References**: Please have two (unrelated) individuals who are familiar with your work send us a brief evaluation of you. Please have them comment on your ability to understand basic scientific concepts and your ability to work well with others. Recommendations may be emailed or enclosed with your application. References that are enclosed with your application must be in a sealed envelope by your reference with their signature across the envelope seal. Please list the names and contact information, including phone number and email address for each reference:



**Apply for the position through ucla health.** Visit the UCLA Health careers page at <https://www.uclahealthcareers.org/> Using the Search field, search for and apply for the following position: CLS Apprentice.

Ensure the position you are applying for reports to Hubert Clark.

**Please read carefully before signing:**

Information given within this application is true to the best of my knowledge. I understand that misrepresentation or omissions of facts may disqualify or terminate my application or participation in the Training Program. I authorize investigation of all statements contained with in this application, as necessary, to determine my eligibility for the UCLA Limited License Training Program.

(Signature of Applicant) (Date)