

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

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**CERTIFICATE PROGRAM APPLICATION FORM**

**Application deadline: March 31<sup>st</sup>**

*Type or print clearly*

Date \_\_\_\_\_ Program Year \_\_\_\_\_

**Section 1. Personal Information**

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Last four digit of SS# \_\_\_\_\_

Male  Female  Other / Prefer not to disclose

Address \_\_\_\_\_  
Number, Street, Apt. No. City State Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

US Citizen  Permanent Resident  Other Citizenship \_\_\_\_\_

Visa, what kind? \_\_\_\_\_ Expiration date \_\_\_\_\_  
(Submit a copy of your visa along with the application)

Applicant's Preferred Language \_\_\_\_\_

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.	_____	_____	_____	_____

**Pre-clinical / 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  |

Official Transcripts submitted?  Yes  No

2 Recommendation letters submitted?  Yes  No

Transcripts/Degrees 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/board-of-certification/get-credentialed> *(Check the list Acceptable Evaluation Agencies for Foreign Transcripts)*

**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. Career Statements** On a separate sheet of paper, complete the following statements as clearly as possible.

1. Briefly describe characteristics that you possess which will enable you to be a competent Cytotechnologist.
2. What are your short and long term career goals? How does training as a Cytotechnologist fit these goals?

**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 31<sup>st</sup>.** Please return the application, all required documents, and non-refundable processing fees of **\$50** 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**

UCLA Health School of Cytology

UCLA Medical Center

Department of Pathology and Laboratory Medicine

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