



**UCLA Health School of Cytology**

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

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**CERTIFICATE PROGRAM APPLICATION FORM**

**International Applicants**

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

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 Postal Code

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

Applicant's Preferred 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)*

	<b>School and Location</b>	<b>Date Attended</b>	<b>Degree</b>	<b>GPA</b>
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/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. 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 31<sup>st</sup>.** 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**

UCLA Health School of Cytology

UCLA Medical Center

Department of Pathology and Laboratory Medicine

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