**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 Department of Public Health (CDPH). Please complete all items below and mail your completed application with all other required documents to:

Hubert Clark

Director, Microbiology and Immunoserology

Department of Pathology & Laboratory Medicine

UCLA Healthcare Clinical Laboratories Brentwood

11633 San Vicente Boulevard, Room 401

Los Angeles, CA 90049

HClark@mednet.ucla.edu

310-794-3551

*Please note: Effective October 2018, the Clinical Microbiologist Scientist training program will be offered every other year. The application window for the class is November 1, 2019 – March 1st, 2020, for a July 2020 program start date.*

## Application deadline: March 1, 2020 for a July 2020 program start date

## Please Type or print

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CELL PHONE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**US Citizen**: YES / NO **If no, What type of VIsa** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undergraduate college/university and location**:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**undergraduate major (biology, chemistry, etc.) and Degree (BS, BA, etc.):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undergraduate GPA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Date applied for CA training license:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Prior to acceptance to this training program, each applicant must apply for and receive a Limited Clinical Laboratory Scientist Training License from the CA Department of Public Health (CDPH). The state of CA requires that all applicants have a valid social security number (SSN) before issuing any licenses, including training licenses. Listing the date of application with the CDPH is essential to ensure that all training licenses are received and recorded before the start of the training program.

**Application essay**: Please attach 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 enclose or have a copy of your college or university academic transcript(s) sent directly to us at the address listed at the top of this application.

Note: applicants with degrees from foreign countries must send a copy of the official transcript evaluation performed by AACRAO (www. AACRAO.org) prior to August 15, 2016. As of August 15, 2016, AACRAO discontinued its educational transcript evaluation services. Until further notice, LFS will accept educational transcript evaluations completed 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 enclosed with your completed application or mailed separately to the address listed at the top of this application. Please list the names and contact information, including phone number and email address for each reference:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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(Signature of Applicant) (Date)

**UCLA Health**

**Clinical Microbiologist Scientist Training Program Checklist**

**Please ensure the following items are included in your application packet:**

**□Application**

**□CV/Resume**

**□Application Essay**

**□Official, sealed transcripts.**

**-**These may be sent directly to the address listed above, or be included in your application packet. Transcripts that are included in your application packet must be in a sealed, unopened envelope.

-Ensure all transcripts are sent that encompass all coursework. This includes, but is not limited to:

 -Community college/Associates degree

 -Bachelor’s degree

 -Post graduate education

 -Graduate level coursework

-Applicants with foreign degrees must send an official transcript evaluation performed by AACRAO, NACES, or AICE as described above.

**□References/Recommendation letters**

**-**These may be sent directly to the address listed above, or be included in a sealed, unopened envelope with your application packet

**□Copy of your Trainee License from CA state, or include the date you applied for your trainee license.**

Note: The state of California requires applicants to have successfully completed a Medical Microbiology course in order to receive a trainee license.

**Only complete application packets will be reviewed by the selection committee. It is the applicant’s responsibility to ensure that complete application packets are submitted.**