

UCLA Health School of Cytology

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

CERTIFICATE PROGRAM APPLICATION FORM

Application deadline: March 31st

Type or print clearly					
Date		Program Year			
Section 1. Personal	<u>Information</u>				
Last Name	Middle Name	First Name_			
Date of Birth		Last four digit of	SS#		
□ Male □ Female	e ☐ Other / Prefer not to d	lisclose			
A 1.1					
AddressNum	ber, Street, Apt. No.	City	State	Zip Code	
Di		- "			
Phone		Email			
□ US Citizen	□ Permanent Resident	☐ Other Citizenship			
		Expiration date			
(Submit a copy of you	ur visa along with the applicat	tion)			
Applicant's Preferred	Language				
Emergency Contact		Relationship			
- 0y 					
Addrace		Phor	10		

<u>Section 2. Education</u> (List the most recent attended first)

School and Location	Da	te Attende	d	Degree	GPA
1					
2					
3					
4					
5					
Pre-clinical / Science Courses Com	pleted (Check all t	hose apply	y)		
☐ Human Anatomy☐ Hematology☐ Microbiology	☐ Molecular Biol☐ Histology☐ Immunology	logy		□ Cell Biology□ Human Genetics□ Biostatistics	
Official Transcripts submitted?		□ Yes		No	
2 Recommendation letters submitted?		□ Yes		No	
Transcripts/Degrees Evaluation submi	tted?	□Yes		No	
(Note: All applicants with foreign college American Society for Clinical Patholog https://www.ascp.org/content/board-c	y (ASCP) designatof-certification/get-c	ted agenci	es:		•

<u>References</u>: 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			

<u>Section 5. Career Statements</u> 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.

<u>The deadline for application is March 31st.</u> 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)
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