

Greater Los Angeles Cytotechnology Training Consortium

UCLA Medical Center, Department of Pathology and Laboratory Medicine, CHS, A3-231E
10833 Le Conte Avenue, Los Angeles, CA 90095-1732 Phone: (310) 825-9102, Fax: (310) 206-8108

CERTIFICATE PROGRAM APPLICATION FORM

Please Print or Type

Date _____ Program Year _____

Name _____

Address _____
Number, Street, Apt. No. City State Zip Code

Phone (Day) _____ (Evening) _____

Email _____ Date of Birth _____

Citizenship _____ Permanent Resident _____ International Student Visa _____

Have you ever been convicted of a felony? _____ Yes _____ No

If Yes, When _____ Why _____

Emergency Contact _____ Phone _____

Address _____ Relationship _____

Post Secondary Education

| | School and Location | Date Attended | Degree | GPA |
|----|---------------------|---------------|--------|-------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

Pre-Clinical / Science Courses Taken (Please Check)

| Courses | Grade Received |
|---------------------------------------|-----------------------|
| ___ Cell Biology* | _____ |
| ___ General Biology* | _____ |
| ___ General Chemistry* | _____ |
| ___ Hematology (Preferred) | _____ |
| ___ Histology * | _____ |
| ___ Human Anatomy* | _____ |
| ___ Human Genetics* | _____ |
| ___ Immunology* | _____ |
| ___ Microbiology* | _____ |
| ___ Organic Chemistry* | _____ |
| ___ Pathophysiology (Preferred) | _____ |
| ___ Quantitative Analysis (Preferred) | _____ |
| ___ Statistics* | _____ |
| ___ Virology (Preferred) | _____ |

* Core courses required. These courses must have been taken within the last five years in the United States, and completed with a minimum of 3.0 grade point average.

Transcripts submitted? _____ Yes _____ No

Work Experience

| Employer and Address | Supervisor | Date Employed | Nature of Work |
|----------------------|------------|---------------|----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |

References

| Name | Title | Address and Phone |
|----------|-------|-------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

