

We will NOT be accepting applications starting with the March 2026 Class, until further notice.
Please check our website for updates on future application cycles.



Department of Laboratory Medicine
Clinical Laboratory Scientist Training Program

APPLICATION FORM

Please fill out this application and e-mail (shaun.arevalo@ucsf.edu) or mail it with all required documentation (Shaun Arevalo, UCSF Clinical Labs, 185 Berry St., Suite 290, Room 2132, San Francisco, CA 94107)

Note: Application fee must be mailed and received to match up with the application form before the Application process can begin.

Application For CLS Trainee Class

Year:

March: **September:**

Have you applied for previously?

Yes: / **No:**

If yes, please list the class and years you applied to.

APPLICATION DEADLINES

Last Friday of August for March training session and last Friday of May for the September training session.

Prior to starting date of the training program, each applicant **must** apply and receive Trainee License issued by California Department of Public Health, Laboratory Field Services, 850 Marina Bay Parkway, Bldg. P, 1st Floor, Richmond, CA 94804-6403

PLEASE TYPE OR PRINT

DATE: _____

NAME: _____
(Last) (First) (MI)

HOME ADDRESS: _____
(Street)

_____ (City) (State) (Zip Code) (Telephone)

E-MAIL ADDRESS: _____

ARE YOU A US CITIZEN? **YES** **NO**

IF NO, DO YOU HAVE PERMANENT RESIDENCY CARD? **YES** **NO**

IN CASE OF EMERGENCY, PLEASE CONTACT: _____
(Name)

_____ (Address) (City) (State) (Zip Code) (Telephone)

Applications for the UCSF Clinical Laboratory Scientist Training Program are considered without regard to race, color, creed, national origin, sex, age, or handicap.

EDUCATION:

PLEASE LIST ALL COLLEGES/UNIVERSITIES YOU HAVE ATTENDED:
(Official college/university transcripts must be sent to the training program director)

NAME	ADDRESS	MAJOR	YEARS ATTENDED	DEGREE/DATE

PLEASE LIST REQUIRED COURSES IN PROGRESS:

COURSE TITLE	NO. OF UNITS	COURSE TITLE	NO. OF UNITS

LABORATORY EMPLOYMENT/EXPERIENCE:

PLEASE LIST LABORATORY EXPERIENCE/EMPLOYMENT, INCLUDING SUMMER, OR VOLUNTEER WORK, YOU HAVE HELD IN THE LAST FEW YEARS.

EMPLOYER NAME AND ADDRESS	NATURE OF WORK	EMPLOYMENT DATES

Briefly describe your clinical or research laboratory experience:

PLEASE READ CAREFULLY BEFORE SIGNING:

Information given in this application process is true to the best of my knowledge. I understand any misrepresentation or omissions of facts may disqualify or terminate my application. I authorize investigation of all statements contained in this form as necessary to determine my eligibility for the Clinical Laboratory Scientist Training Program.

(Date)

(Signature of Applicant)

PLEASE FILL IN THE INFORMATION OF COMPLETED **REQUIRED** AND **RECOMMENDED COURSES** IN THE TABLE BELOW:

COURSE TITLE	COURSE NUMBER	NO. OF UNITS	NAME OF COLLEGE/UNIVERSITY COURSE COMPLETED	GRADE
REQUIRED COURSES				
Hematology				
Medical Microbiology				
Immunology				
Biochemistry				
Analytical/Clinical Chemistry				
Physics (With instruction in light and electricity)				
RECOMMENDED COURSES				
Hematology Lab				
Medical Microbiology Lab				
Immunology Lab				
Clinical Chemistry Lab				
Molecular/Cellular Biology				
Genetics				
Statistics				
Mycology				
Parasitology				
Virology				

Please write below a statement of about 500-word essay describing your interest in UCSF Medical Center Clinical Laboratory Science (CLS) training program, your career goals, and how you think you can contribute to the CLS profession?