

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](mailto: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:

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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
<b>REQUIRED COURSES</b>				
Hematology				
Medical Microbiology				
Immunology				
Biochemistry				
Analytical/Clinical Chemistry				
Physics (With instruction in light and electricity)				
<b>RECOMMENDED COURSES</b>				
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?