Name: _____
Last name First name

Refer also to the "Application Instructions and Important Program Dates" document, available on our program website.
An email confirmation will be sent when all components of your application (Program Application Form, Resume, and Unofficial transcripts) have been received. Please allow a couple weeks for email confirmation after the submission deadline.

PROGRAM APPLICATION FORM 2026-27

SCRIPPS HEALTH CLINICAL LABORATORY SCIENTIST (CLS) TRAINING PROGRAM

_____ _____
Last name, First name Middle name/Initial Prev. name(s) used

Residence address: _____ _____
Number/Street City State Zip Code

Permanent address: _____ _____
Number/Street City State Zip Code

_____ _____ _____
Mobile phone Home/Alternate phone Email

Applicant status: ☐ I am a re-applicant to the Scripps CLS program ☐ I am a first time applicant

I am a: ☐ U.S. Citizen -or- ☐ Permanent resident, authorized to work in the U.S., other _____

I am currently a Scripps Health employee: ☐ No ☐ Yes -enter location, dept, and supervisor in the box below:

I am a past employee of Scripps Health:

☐ No ☐ Yes - location, dept., and supervisor in the box above:

Equal Employment Opportunity, Scripps Corporate Policy S-FW-HR-0200; This policy extends to acceptance of applicants for the CLS program.

A. *Scripps is committed to a policy of equal employment opportunity and does not discriminate against applicants or employees on the basis of race, national origin or ancestry (including natural hairstyles and grooming practices associated with individuals of a particular race, national origin or ancestry), color, sex/gender (including pregnancy, childbirth, related medical conditions and breastfeeding), marital status, age, religious creed (including religious dress and grooming practices), disability (mental or physical), medical condition, gender identity, gender expression, sexual orientation, genetic information, military or veteran status or any other basis prohibited by applicable local, state or federal law.*
B. *Scripps also prohibits discrimination based on the perception that an employee or applicant has any of the above protected characteristics or is associated with a person who has or is perceived as having any of those protected characteristics.*
C. *Equal employment opportunity will be extended to all individuals in all aspects of the employment relationship, including recruitment, hiring, training, promotion, compensation, transfer, discipline, demotion, layoff and termination.*

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LICENSES and CERTIFICATIONS

Starting the Scripps CLS training Program is contingent upon receiving a TRL license.
CLS Trainee Licenses (TRL) are issued by the state of California CDPH-LFS:
https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/CLS-Trainee.aspx

TRL (Clinical Laboratory Scientist Trainee License)	Number	Expiration date	If pending, enter est. date of application
TRL			
List other relevant lic. & certs (MLT, CPT, etc.)	Number	Expiration date	

EDUCATION HISTORY

List all institutions for which you will submit unofficial transcripts (Official transcripts should be submitted ONLY when specifically prompted/requested by the program for candidates who progress to Advanced Standing).

School type (U)Univ. or (C)Comm. college	Years attended (from - to)	School / Institution Name	# units	Overall GPA	B.S., M.A., M.S., PhD.	Degree/Major, and Year conferred or anticipated date of graduation (or leave blank)

Have you completed prerequisite coursework or obtained a degree outside of the United States?

Prerequisite coursework: General/Organic/Biochemistry, Analytical/Clinical Chemistry or Quantitative Analysis, Hematology, Immunology, Medical Microbiology, Physics (light & electricity)

☐ No ☐ Yes. If yes, submit a course-by-course transcript evaluation report from one of the following agencies:

- http://www.naces.org
- http://aice-eval.org

Note that Scripps Health does not require submission of official transcripts from your foreign academic institution.

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ACADEMIC COURSEWORK

Core Courses	Most Recent: Letter Grade	Year	Institution	# units	Sem. or Qtr.	Leave blank for 'No' or 'N/A': Online ?	Lab ?	In Prog. or Planned?
Hematology								
Immunology								
Medical- Clinical- or Pathogenic-Micro.								
Analyt. Chem. and/ or Quant. Analysis								
Clinical Chem. and/or Biochemistry								
Physics, Math, and/or Statistics or Bio-Stats								
Other Other Relevant Courses:								
General Chemistry								
Organic Chemistry								
Add up to 5 additional relevant courses *(such as Mycology, Virology, Parasitology, Anatomy/Physiology, Molecular Biology, Genetics):*								

COURSES THAT ARE "IN PROGRESS" OR "PLANNED"

Course	Institution	# units	Online?	Start date	End date

PERSONAL STATEMENT

On the next page – please address the following: 1) What draws you to the field of clinical lab medicine? 2) What traits do you possess that would make you a good CLS? 3) In anticipation for applying to a CLS program, what steps have you have taken to be a strong candidate? 4) Why do you want to train at Scripps Health? 5) What are your career goals after graduation? *Statements of more than 5,000 characters will be rejected.*

Personal Statement *(5,000 character maximum)*

ATTESTATIONS

ESSENTIAL FUNCTIONS

Essential functions are non-academic skills for which you must be competent in order to successfully participate in the CLS training program, and are often required for many medical and clinical technology careers. These include:

- **Visual skills** — Differentiating colors and stained vs unstained materials. Distinguishing solution clarity. Reading charts, graphs, rulers and scales. Reading print on paper and computer screens. Locating veins for venipunctures.
- **Manipulative skills**
  - Mobility — Sitting, standing, walking, bending, squatting and reaching. Lifting and carrying objects up to 20 lbs.
  - Fine Motor— Operating microscopes and pipettes, using lab instruments such as wire loops and centrifuges, manipulating tubes (un-capping & re-capping) and containers into racks and trays.
- **Cognitive skills** — Communicating with others using direct conversation, telephone and email. Prioritizing high-level tasks. Recognizing and responding to emergency situations. Following directions and maintaining personal behavioral control.
- **Affective skills** — Practicing respect, honesty and accountability. Complying with professional standards. Accepting change.

☐ By checking this box, I attest that I have read and understand all essential functions required of the Scripps Health CLS Training Program, and confirm I can meet these requirements.

FINAL ATTESTAION

☐ By checking this box, and typing my name below,

Name:_____ Date: _____

I attest that all information documented and submitted to the Scripps Health CLS Training Program by my email correspondence is true and accurate to the best of my knowledge, and attached files are named in the following required format:

Program Application Form	Required naming format: [LastName_FirstName**,**Application] e.g.**Doe_John,Application**
Resume	Required naming format: [LastName_FirstName**,**Resume] e.g. **Doe_John,Resume**
Unofficial Academic Transcripts	Required naming format: [LastName_FirstName,CollegeAbbrev] e.g. **Doe_John,SDSU** e.g. **Doe_John,UCSD-ext**

Thank you for applying to the Scripps Health Clinical Laboratory Scientist Training Program.

END OF FORM