



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 or Curriculum Vitae, Unofficial transcripts) have been received. Please allow 3-5 business days for a response once submissions are complete.

PROGRAM APPLICATION FORM 2022

SCRIPPS HEALTH CLINICAL LABORATORY SCIENTIST (CLS) TRAINING PROGRAM

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

Current address: _____
Number/Street City State Zip Code

Permanent address: _____
Number/Street City State Zip Code

Message phone Home/Alternate phone Email

Emergency Contact _____
Name Relationship phone/contact #

Applicant status: I have applied to a CLS program in the past I am a first time applicant

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

Are you currently a Scripps Health employee? No Yes

Have you ever been convicted of a felony or pleaded guilty and been placed on probation, court supervision, or other pre-conviction program? A 'yes' answer does not automatically result in your disqualification for admission.

No Yes. If yes, please explain on a separate piece of paper and submit electronically.

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.*

RELATED LICENSES, CERTIFICATIONS (TRL, MLT, CPT, other)

Apply for or possess a CLS Trainee License (TRL) issued by the state of California. Final acceptance for admission to the program is contingent upon receiving this license.

To apply, visit: <https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/CLS-Trainee.aspx>

TRL (Clinical Laboratory Scientist Trainee License)	Number	Expiration date	If pending, date of application
TRL			
Other licenses, certifications	Number	Expiration date	

EDUCATION HISTORY

List all institutions for which you will send unofficial transcripts (Official transcripts will be requested only from candidates invited to a program interview).

School type (U)Univ or (C)Comm college	Years attended (from - to)	School / Institution Name	# units	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/Biochem Chemistry, 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/members.html>
- <http://aice-eval.org/members/>

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

ACADEMIC COURSEWORK

Course	Grade	Year	Institution	# units	Sem or Qu	leave blank if 'no'		
						Online ?	Lab ?	In Prog or Planned?
General Chemistry								
Organic Chemistry								
Biochemistry								
Analyt/Clin Chem, or Quant Analysis								
Hematology								
Immunology								
Medical Microbiology								
Physics (light & electricity)								
College level Math (calc, stats, biostats)								
Other upper division courses in Biological Sciences, Chemistry, Biology (list top 5 relevant courses)								

COURSES “IN PROGRESS” OR “PLANNED”

If also enrolled, provide proof of enrollment on a separate document (snapshot of enrollment confirmation).

Course	Institution	# units	Online?	Start date	End date

PERSONAL STATEMENT

On the next page – please address the following: What draws you to the field of clinical lab medicine? What traits do you possess that would make you a good CLS? In anticipation for applying to a CLS program, what steps have you taken to be a strong candidate? What are your career goals after graduation? Limit your statement to 1000 words.

Personal Statement:

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 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 CLS training program, and confirm I can meet these requirements.

FINAL ATTESTATION

By checking this box, and typing my name below,

Name: _____ Date: _____

I attest that all information documented and submitted to the Scripps Health CLS program by my email correspondence is true and accurate to the best of my knowledge:

- Program Application Form
- Resume or Curriculum Vitae
- Unofficial academic transcripts
- Additional documents submitted, as requested by the program

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

END OF FORM

Please save/name this Program Application Form as [Last name_First name. Application]