

Sutter Health Shared Laboratory Clinical Microbiology Scientist Program Application for Admission

Please send completed application with all related documentation via mail or email: **Myldred Canete, CLS (ASCPi)** Technical Specialist, Microbiology Sutter Health Shared Laboratory, 2950 Collier Canyon Road, Livermore, CA 94551 Phone: (925) 371-3841, Fax: (925) 371-3805

Program Email: LabCMSTraining@sutterhealth.org

As part of the application process, each applicant must provide a Limited License Clinical Microbiologist Scientist Trainee license from the California Department of Public Health - Laboratory Field Services: <u>https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/CLS-Trainee-Microbiologist.aspx</u> (Please note that this is NOT the same as a Clinical Laboratory Scientist Generalist Trainee License).

Please type and respond to all questions:

PERSONAL INFORMATION:

Last Name			First Name	Middle Initia
ist any alternate names which may appear on documentation	:			
Applying for Year:			□ New Applicant	□ Reapplicant
Current Address	Perm	anent Ad	dress (if different fro	om current address)
Phone Number:				
Email:				
Phone Number: Email: EGAL STATUS: Are you a U.S. Citizen or permanent resident?	□ Yes	□ No		
GAL STATUS:	□ Yes □ Yes	□ No □ No		
Email: EGAL STATUS: Are you a U.S. Citizen or permanent resident?			□ N/A	

pre-conviction program? A "yes" answer does not automatically result in your disqualification for admission. If Yes, please explain on a separate document and include with your application.

🗆 Yes 🛛 🗆 No

Applications for CLS Intern positions in the Sutter Health Laboratories IHS Training Programs are considered without regard to race, color, creed, national origin, sex, age, or handicap.



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EDUCATIONAL BACKGROUND

Total GPA: _____ Science Math GPA: _____ GPA for last 60 semester units or 90 quarter units:

Calculating GPA: • GPA calculations should include all lower division and upper division courses taken. This includes Bachelors degree and any post-Bachelors courses, whether in pursuit of advanced degree or not. • Round numbers to two decimal places. • If all three of the requested GPAs are identical, you very likely did not follow instructions. • All GPAs will be verified. • If you took both semester and quarter unit coursework, you will need to convert them all to determine an accurate GPA. • Many different GPA calculators are easily found online.

Microbiology Training Program Relevant Coursework: List science & math coursework as indicated below. Indicate if units are Q-quarter or S-semester. If you took a class more than once, list the course with the highest grade achieved. All courses listed below must appear on your transcripts. List courses in progress.

Course Type	Name of College or University	Course Name & Number	Units Q/S	Grade
Medical Microbiology				
Medical Microbiology Lab				
Medical Parasitology				
Medical Mycology				
Immunology				
Immunology Lab				
Genetics				
Genetics Lab				
Biology				
Biology Lab				
Quantitative Analysis				
Quantitative Lab				
Physiology				
Physiology Lab				
Statistics				
Calculus				
Medical Terminology				



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LABORATORY EXPLOYMENT/EXPERIENCE:

EMPLOYER NAME	EMPLOYER ADDRESS	POSITION TITLE	EMPLOYMENT DATES

Briefly describe your clinical laboratory experience, such as job duties, shift, instruments used, etc:

OTHER EXPERIENCE (include non-lab jobs or unpaid lab positions/externships here):

EMPLOYER NAME	EMPLOYER ADDRESS	POSITION TITLE	EMPLOYMENT DATES

Optional Information: Sutter Health maintains a program of nondiscrimination in all aspects of the services it provides. The optional questions are intended solely for the purpose of providing the Training Program with information that enables it to measure the effectiveness of its compliance with the Civil Rights Act of 1964, Title IX of the 1972 Educational Amendments and Executive Order 11246 as amended.

You are not required to answer these questions, since the information is unnecessary for the evaluation of your application for admission. You may elect to answer or not answer each question, at your option.

Birth date:			
Mon	th Day	Year	_
Birthplace:			
	City	State	Country
Gender: 🗌 Male	Female		
Racial/Ethnic Informatic	on: 🗌 White (non-Hispa	anic) 🛛 Black (non-Hispanic)	American Indian/Alaskan native

<u>PLEASE READ CAREFULLY BEFORE SIGNING</u>: 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 Limited License Clinical Microbiology Training Program.