

Sutter Health Laboratories Clinical Immunohematology Scientist Program

Application for Admission

Please send completed application with all related documentation via mail or email:

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LabIHTraining@sutterhealth.org

Prior to beginning the training program, each applicant must be approved and receive a Limited License Immunohematology Trainee license from the California Department of Public Health - Laboratory Field Services:

<https://www.cdph.ca.gov/Programs/OSPHLD/LFS/Pages/CLS-Trainee-Immunohematologist.aspx>.

Applicants with education outside California are strongly urged to apply for a trainee license concurrent with application to the program.

Please type and respond to all questions:

PERSONAL INFORMATION

Name: _____

Last name First name Middle initial

List any alternate names which may appear on documentation: _____

Applying for Fall / Year: _____ New Application Reapplication

Current Address:

Permanent Address (if different from the current address):

Phone Number: _____

Email: _____

LEGAL STATUS

Are you a U.S. Citizen, or permanent resident? Yes No Visa

Are you presently authorized to work in the U.S.? Yes No

Do you have Employment Authorization Documents? Yes No

If you are not a US Citizen, please attach a copy of your Employment Authorization documents.

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

Yes No

If yes, please explain on a separate document and include with your application.

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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LABORATORY EMPLOYMENT/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: Month / Day / Year: _____

Birthplace: City State Country : _____

Gender: ___ Male ___ Female

Racial / Ethnic Information: ___ White (non-Hispanic) ___ Black (non-Hispanic) ___ American Indian / Alaskan native

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 Limited License Immunohematology Specialist Training Program.

(Date)

(Signature of Applicant)