Instructions for Completing the Application Form for the Advanced Training in Clinical Research (ATCR) Certificate Program

- SAVE THE APPLICATION FORM ON YOUR COMPUTER BEFORE COMPLETING IT.
- BEGIN TYPING IN THE FIRST SHADED BOX.
- USE THE TAB KEY (NOT THE ENTER OR RETURN KEY) TO MOVE TO THE NEXT SHADED BOX.
- YOU MAY ALSO USE THE MOUSE TO MOVE TO ANY SHADED BOX AT ANY POINT.
- USE THE MOUSE TO CLICK ON THE CHECK-BOXES (☐)

Application Check List

☐ Application Form for Advanced Training in Clinical Research (ATCR) Certificate Program
   (Mail to the address below. Please also email to TICR_Admissions@psg.ucsf.edu)

☐ One letter of recommendation
   (Request the references to submit their letters directly to the address below or by e-mail to TICR_Admissions@psg.ucsf.edu or via hard copy)

☐ For applications to the ATCR Credit-Bearing Program: Official transcripts from all institutions attended after high school (secondary school), including any schools you are currently attending. (Request the respective institutions to submit official signed/stamped copies of your transcripts to the address below).

☐ For applications to the ATCR Traditional Program: Follow same instructions as for Credit-Bearing Program except that transcripts are NOT required for applicants who have completed doctoral level training (defined as medical, dental, or pharmacy school or PhD-level training).

☐ Official Test of English as a Foreign Language (TOEFL) scores. Request that the TOEFL/TSE services (www.toefl.org) send official score report to UCSF. Use recipient code 4840. The TOEFL is required of applicants whose education has taken place in a non-English speaking country.

Send materials to:  Contact Phone/Fax:
Admissions  415-514-6399 (telephone)
Training in Clinical Research (TICR) Program  415-514-8150 (fax)
Department of Epidemiology and Biostatistics
University of California, San Francisco
Mission Hall (UCSF Box 0560)
550 16th Street, 2nd floor
San Francisco, CA 94143
(For FedEx only, use 94158)

<table>
<thead>
<tr>
<th>For Administrative Use Only: Dates Materials Received</th>
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<tbody>
<tr>
<td>Initial Application:</td>
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<tr>
<td>Undergraduate Transcript:</td>
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<tr>
<td>Graduate Transcript:</td>
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<td>Professional School Transcript:</td>
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vs. 10/23/2017
Application Form
Advanced Training in Clinical Research (ATCR) Certificate Program

Personal Information:

Last Name (Surname)  First Name (Given Name)  Middle Initial  Date of Birth

Home Address  City

State/Province  Zip Code  Country

Best Phone Number to Reach You (include area code in the US; add country code if not in US):  Personal Email Address  Work Email Address

Degrees

Countries in which you have Citizenship

Note: We ask questions about sex, gender, race and ethnicity both because we are interested in the diversity of our students and because we are often asked by our funders and regulatory bodies.

What sex were you assigned at birth, on your original birth certificate?  Male  Female

How do you describe your gender identity?  Male  Female  Other (specify)

Gender identity refers to a person’s internal sense of themselves (how they feel inside) as being male, female, transgender, or another gender. This may be different or the same than a person’s assigned sex at birth.

Do you consider yourself of Hispanic/Latino ethnicity*?  Yes, I am from Hispanic/Latino ethnicity  No, I am not from Hispanic/Latino ethnicity  Prefer not to answer

*We are following the classification of the U.S. National Institutes of Health, which defines Hispanic/Latino ethnicity as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What race* do you consider yourself? Mark all that apply

American Indian/Alaska Native  Black or African American  White
Asian  Native Hawaiian or Other Pacific Islander  Prefer not to answer

*We are following the classification of the U.S. National Institutes of Health, which defines the following racial groups:
- American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.
- Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Positions and Institutional Affiliations:

Are you already currently enrolled in a program in the UCSF Graduate Division?

No  Yes

What kind of program:  Credit-bearing Certificate Program  Master’s Program  PhD Program

Name of your program:
Other than the UCSF Graduate Division, do you currently have a position at UCSF (e.g., professional student, clinical trainee, staff member, faculty member)?

- [ ] No
- [ ] Yes

Choose from the following list

Your Position at UCSF

Specify other Position

School

Supervisor

Department

Division

Other than the UCSF Graduate Division (or this Master’s Program to which you are applying), will you have a position at UCSF at the time of enrollment into the Master’s Program (e.g., professional student, clinical trainee, staff member, faculty member)?

- [ ] No
- [ ] Yes

Choose from the following list

Your Position at UCSF

Specify other Position

School

Supervisor

Department

Division

Do you currently have a position/affiliation with an institution aside from UCSF (e.g., another college/university, medical center, governmental agency, foundation, or private industry)?

- [ ] No
- [ ] Yes

Name of the Other Institution

City

Country

Position

School (e.g., Medicine, Dentistry)

Department

Division

Will you have a position/affiliation with an institution aside from UCSF at the time of enrollment into the Masters Program (e.g., another college/university, medical center, governmental agency, foundation, or private industry)?

- [ ] No
- [ ] Yes

Name of the Other Institution

City

Country

Position

School (e.g., Medicine, Dentistry)

Department

Division

Anticipated Research Mentors During the ATCR Program:

Leave blank if you are originating from outside UCSF and are in the process of identifying a mentor.

Anticipated Research Mentor #1:

Last Name (Surname)  First Name  Institution

School  Department  Division (if applicable)

Anticipated Research Mentor #2:

Last Name (Surname)  First Name  Institution

School  Department  Division (if applicable)
Education: list all undergraduate, graduate, and professional schools attended in chronological order. If there are more than 5, please list in the Optional Additional Information page.

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Post Graduate Training: include internships, residencies, fellowships, and other appointments. If there are more than 5, please list in the Optional Additional Information page.

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### Academic Honors, Honorary Societies, and Awards:

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### Research Experience: include major clinical and laboratory research experiences (full and part-time).

1.  
   - **Position:**  
   - **Institution:**  
   - **Preceptor’s Name:**  

   **Project Title:**  
   **Dates:**

2.  
   - **Position:**  
   - **Institution:**  
   - **Preceptor’s Name:**  

   **Project Title:**  
   **Dates:**

3.  
   - **Position:**  
   - **Institution:**  
   - **Preceptor’s Name:**  

   **Project Title:**  
   **Dates:**

4.  
   - **Position:**  
   - **Institution:**  
   - **Preceptor’s Name:**  

   **Project Title:**  
   **Dates:**

5.  
   - **Position:**  
   - **Institution:**  
   - **Preceptor’s Name:**  

   **Project Title:**  
   **Dates:**

### Board Certification Status: include Specialties (e.g., Internal Medicine, Pediatrics) and Sub-Specialties (e.g., Infection Diseases, Cardiology)

Are you board certified or eligible:  
☐ No  ☐ Yes

- **Board Specialty #1:**  
  - **Field:**  
  - **In which country?:**

- **Board Specialty #2:**  
  - **Field:**  
  - **In which country?:**

Taken the exam?:  
☐ Yes  ☐ No  
- exam taken, awaiting report  
- failed exam  
- board certified – year:

- **Board Specialty #2:**  
  - **Field:**  
  - **In which country?:**

Taken the exam?:  
☐ Yes  ☐ No  
- exam taken, awaiting report  
- failed exam  
- board certified – year:
Publications:
Use the provided optional additional information page if publications exceed one page.
Objectives:
Please describe your reasons for interest in the program. Include your objectives, clinical and research interests and goals, and how acceptance into the program can help you accomplish these. Please limit your response to this page.
Optional Additional Information:

*Please use the following space to tell us anything else you would like us to know about your background, experience, or objectives. Please limit to one page.*
Reference:
If you are affiliated with UCSF, please ask your Division Chief/Department Chair (if you are a faculty member), Program Director (if you are a Resident, Fellow or a pre-doctoral student in a research fellowship), or Faculty Advisor (if you are pre-doctoral outside of a fellowship or a graduate student) to send our program a concise letter describing (a) your qualifications, (b) your approximate rank among peers, (c) your availability all day on Tuesdays and Thursdays from mid-September to May for classroom work, and (d) your availability for spending at least 70% of effort devoted to clinical research activities in your home department and in our program. If you are otherwise unaffiliated with UCSF, please obtain this letter from a current or recent instructor, advisor, or supervisor. We define recent as the past two years.

Name of person writing the letter for you

Position/Title

Institution

Waiver:  □ I waive the right to read this letter at a later time.  □ I do not waive the right to read this letter.

How did you learn about our program? Mark all that apply:

□ You know one or more of our current or former students
Which ones? (optional): ____________________________________________

□ Your advisors told you about it

□ You performed an internet search

□ You saw an ad on:  □ Facebook  □ Another website (which one?): ________________________________________

Social Security Number: Include this ONLY on the hard copy of the application that you sign: ______________________

Signatures:
If selected as a Scholar in the Advanced Training in Clinical Research (ATCR) Certificate Program, the applicant will complete the core curriculum and its assignments, and spend at least 70% time from September to June in activities related to clinical research in the applicant’s home department and in the ATCR Program.

Applicant’s Signature

Research Mentor Name
(Leave blank if you are originating from outside UCSF and are in the process of identifying a mentor)

Research Mentor Signature

For applicants affiliated with UCSF only:

Program Director Name

or

Division/Department, Chief Name

or

Faculty Advisor Name

Program Director Signature

or

Division/Department, Chief Signature

or

Faculty Advisor Signature

Date of Application:    / / 

mmm/dd/yyyy

Mark which of 2 tracks you are applying for:

□ Traditional ATCR Program

□ Credit-bearing ATCR Program (This program also requires a separate short application to the UCSF Graduate Division)

Please remember to submit all applicable official school transcripts.

Send materials to:  Admissions
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