

**Instructions for Completing the Application Form for the
Master's Degree Program in Clinical Research**

- PLEASE COPY AND 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 Master's Degree Program in Clinical Research
(Submit to Olivia De Leon at the address below. Please also email to olivia@epi.ucsf.edu)
- Official transcripts from all institutions attended beyond high school
(Submit in sealed envelope with official stamp/signature of the institution to Olivia De Leon at the address below)
- Three letters of recommendation
(References must send the letters of recommendation directly to our program in a sealed envelope to the address below)
- 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. TOEFL is required of applicants who hold an advanced degree from a non-English speaking country.

Send materials to:
Olivia De Leon
Training in Clinical Research (TICR) Program
University of California, San Francisco
Department of Epidemiology and Biostatistics
Mission Hall (UCSF Box 0560)
550 16th Street, 2nd floor
San Francisco, CA 94143
(For FedEx only, use 94158)

Contact Phone/Fax:
415-514-8231 (telephone)
415-514-8150 (fax)

For Administrative Use Only: Dates Materials Received	
Initial Application: _____	Ref 1 _____
Undergraduate Transcript _____	Ref 2 _____
Professional School Transcript _____	Ref 3 _____
	Application Complete _____

Master's Degree Program in Clinical Research

Current Information:

Male Female / /

Last Name *First Name* *Middle Initial* *Sex (check)* *Date of Birth*

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Home Address *City* *State* *Zip Code* *Telephone Number*

Office Address *City* *State* *Zip Code*

() - () -

UCSF Box # *Work Email Address* *Personal Email Address* *Office Telephone Number Ext.* *Fax Number*

Current Position/Title (e.g., Fellow) *Institution* *School (e.g., Medicine, Dentistry, Pharmacy, Nursing)*

Department *Division (if applicable)* *Degree (e.g., MD)* *Country of Citizenship*

- Race/Ethnicity:
- | | | |
|--|--|---|
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> East Indian/Pakistani | <input type="checkbox"/> Japanese/Japanese American |
| <input type="checkbox"/> Chicano/Mexican American | <input type="checkbox"/> Polynesian/Pacific Islander | <input type="checkbox"/> Korean/Korean American |
| <input type="checkbox"/> Latino/Latin American | <input type="checkbox"/> African/African American | <input type="checkbox"/> Thai/Other Asian |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Filipino/Filipino American | <input type="checkbox"/> Vietnamese/Vietnamese American |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Chinese/Chinese American | <input type="checkbox"/> Other (please specify): _____ |

Information Pertaining to the Time of Desired Date of Enrollment:

Leave blank if you will be only affiliated with the Master's Program and not any other program at UCSF or other institution.

Your Anticipated Position (e.g., Fellow) *Anticipated Institution* *Anticipated School (e.g., Medicine, Dentistry)*

Anticipated Department *Anticipated Division (if applicable)*

Anticipated Fellowship Director (if a Fellow) *Anticipated Department Chair* *Anticipated Division Chief (if applicable)*

Research Mentors During the Master's Program:

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

Anticipated Research Mentor #1 *Mentor #1's Institution* *Mentor #1's School*

Mentor #1's Department *Mentor #1's Division (if applicable)*

Anticipated Research Mentor #2 *Mentor #2's Institution* *Mentor #2's School*

Mentor #2's Department *Mentor #2's Division (if applicable)*

Education: list all undergraduate, graduate, and professional schools attended in chronological order.

1.	<i>Institution</i>	<i>Location</i>
	<i>Dates of Attendance</i>	<i>Major</i>
		<i>Degree and Graduation Date</i>
2.	<i>Institution</i>	<i>Location</i>
	<i>Dates of Attendance</i>	<i>Major</i>
		<i>Degree and Graduation Date</i>
3.	<i>Institution</i>	<i>Location</i>
	<i>Dates of Attendance</i>	<i>Major</i>
		<i>Degree and Graduation Date</i>
4.	<i>Institution</i>	<i>Location</i>
	<i>Dates of Attendance</i>	<i>Major</i>
		<i>Degree and Graduation Date</i>
5.	<i>Institution</i>	<i>Location</i>
	<i>Dates of Attendance</i>	<i>Major</i>
		<i>Degree and Graduation Date</i>

Post Graduate Training: include internships, residencies, fellowships, and other appointments.

1.	<i>Position</i>	<i>Institution</i>	<i>School (e.g., Medicine, Dentistry)</i>
	<i>Department</i>	<i>Division</i>	<i>Location</i>
			<i>Dates of Attendance</i>
2.	<i>Position</i>	<i>Institution</i>	<i>School (e.g., Medicine, Dentistry)</i>
	<i>Department</i>	<i>Division</i>	<i>Location</i>
			<i>Dates of Attendance</i>
3.	<i>Position</i>	<i>Institution</i>	<i>School (e.g., Medicine, Dentistry)</i>
	<i>Department</i>	<i>Division</i>	<i>Location</i>
			<i>Dates of Attendance</i>
4.	<i>Position</i>	<i>Institution</i>	<i>School (e.g., Medicine, Dentistry)</i>
	<i>Department</i>	<i>Division</i>	<i>Location</i>
			<i>Dates of Attendance</i>

Academic Honors, Honorary Societies, and Awards:

Date *Title*

Date *Title*

Date *Title*

Date *Title*

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

1. _____
Position *Institution*

Project Title *Dates*

2. _____
Position *Institution*

Project Title *Dates*

3. _____
Position *Institution*

Project Title *Dates*

4. _____
Position *Institution*

Project Title *Dates*

5. _____
Position *Institution*

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? YES NO

If yes, specify the board(s) 1) _____
2) _____

1) Have you taken the exam? YES NO

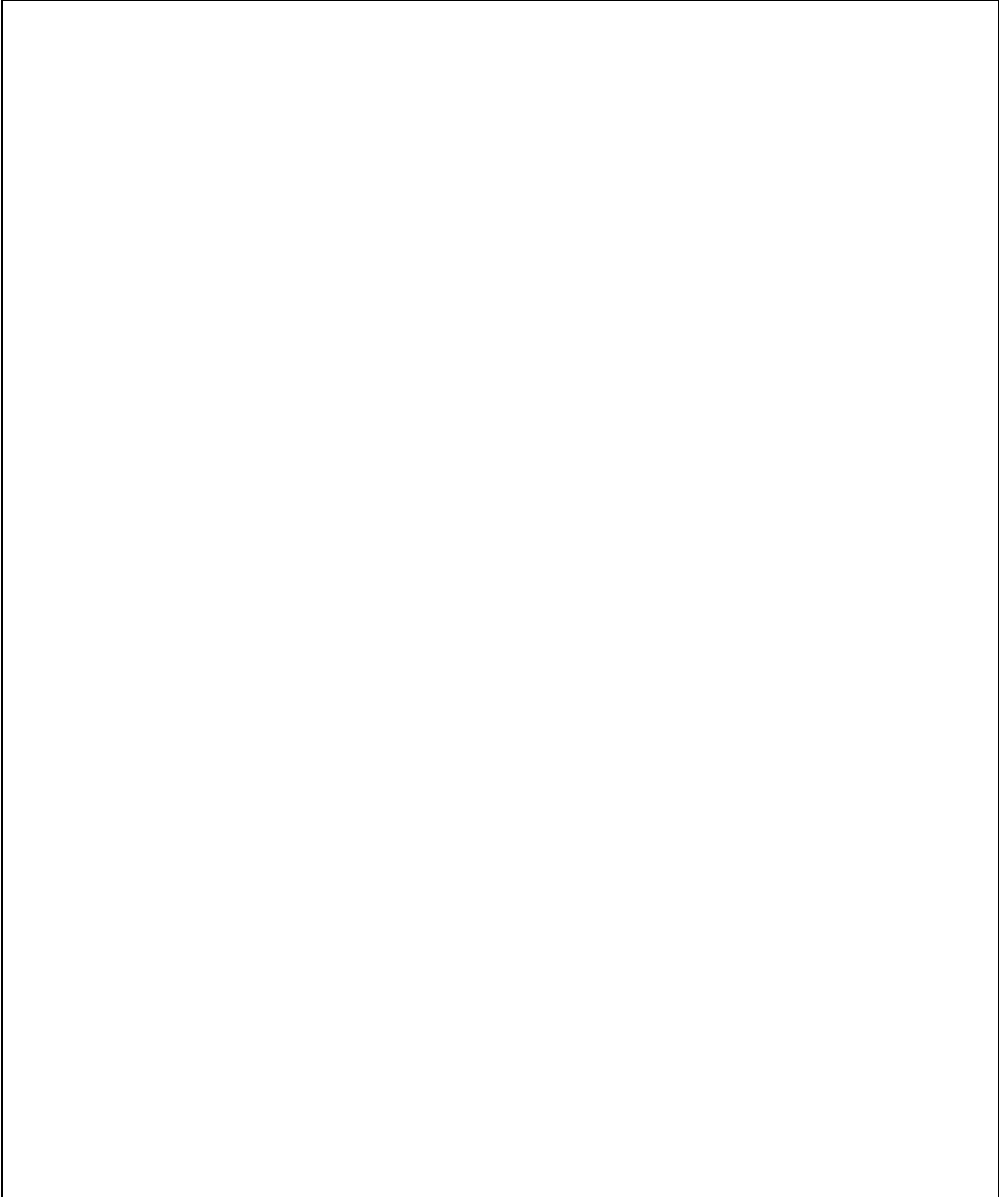
Status: exam taken, awaiting report failed exam board certified - date: / /

2) Have you taken the exam? YES NO

Status: exam taken, awaiting report failed exam board certified - date: / /

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.

References:

List three individuals whom you have asked to send letters of reference. One should be the Program Director of your current training program (if you are a Resident, Fellow or a pre-doctoral student in a research fellowship), your Division Chief or Department Chairperson (if you are a faculty member), your Faculty Advisor (if you are pre-doctoral outside of a fellowship or a graduate student), or equivalent. If you are otherwise unaffiliated with UCSF, please obtain these letters from a current or recent instructor, advisor, or supervisor. Please provide each reference with one of the recommendation forms that are posted on the program website.

1. _____
Name Position/Title

Address

Address

2. _____
Name Position/Title

Address

Address

3. _____
Name Position/Title

Address

Address

Signature (please sign the hard-copy version of this application): _____

Date of Application: / /

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

Are you applying for the combined MD/MAS Program? Yes No

In addition to this application form and three letters of references, please arrange to have official sealed transcripts from all undergraduate, graduate, and professional schools sent to the address below. If applicable, please arrange to have your official TOEFL scores sent to UCSF. Use recipient code 4840.

Please send all materials by mail to:
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