

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 (☒)
- THIS FORM SHOULD WORK WELL ON MICROSOFT WORD 2003, 2010, 2013 and 2016 FOR PC AND MICROSOFT WORD 2010, 2011 and 2017 FOR MAC.

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:
Admissions
Training in Clinical Research (TICR) Program
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)

Contact Phone/Fax:
415-514-6399 (telephone)
415-514-8150 (fax)

For Administrative Use Only: Dates Materials Received

| | |
|--|--|
| Initial Application: _____ Undergraduate Transcript: _____ Graduate Transcript: _____ or <input type="checkbox"/> Not Applicable Professional School Transcript: _____ or <input type="checkbox"/> Not Applicable | Ref 1: _____ TOEFL: _____ or <input type="checkbox"/> Not Applicable Application Complete: _____ |
|--|--|

Advanced Training in Clinical Research (ATCR) Certificate Program

Personal Information:

| | | | |
|---|--------------------------------|---------------------------|---|
| <i>Last Name (Surname)</i> | <i>First Name (Given Name)</i> | <i>Middle Initial</i> | <i>mm/dd/yyyy</i> <i>Date of Birth</i> |
| <i>Home Address</i> | | <i>City</i> | |
| <i>State/Province</i> | <i>Zip Code</i> | <i>Country</i> | |
| <i>Best Phone Number to Reach You (include area code in the US; add country code if not in US):</i> | <i>Personal Email Address</i> | <i>Work Email Address</i> | |

| | |
|----------------|--|
| <i>Degrees</i> | <i>Countries in which you have Citizenship</i> |
|----------------|--|

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 Male-to-Female Transgender (MTF)
 Female Female-to-Male Transgender (FTM)
 Other (specify) _____ Prefer not to answer

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

| | | |
|---------------------------------------|-------------------------------|---------------------------------------|
| <i>Choose from the following list</i> | <i>Specify other Position</i> | <i>Choose from the following list</i> |
| <i>Your Position at UCSF</i> | | <i>School</i> |
| <i>Supervisor</i> | <i>Department</i> | <i>Division</i> |

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

| | | |
|---------------------------------------|-------------------------------|---------------------------------------|
| <i>Choose from the following list</i> | <i>Specify other Position</i> | <i>Choose from the following list</i> |
| <i>Your Position at UCSF</i> | | <i>School</i> |
| <i>Supervisor</i> | <i>Department</i> | <i>Division</i> |

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

| | |
|--------------------------------------|---|
| <i>Name of the Other Institution</i> | <i>City</i> |
| <i>Country</i> | <i>Position</i> |
| | <i>School (e.g., Medicine, Dentistry)</i> |
| <i>Department</i> | <i>Division</i> |

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

| | |
|--------------------------------------|---|
| <i>Name of the Other Institution</i> | <i>City</i> |
| <i>Country</i> | <i>Position</i> |
| | <i>School (e.g., Medicine, Dentistry)</i> |
| <i>Department</i> | <i>Division</i> |

Anticipated Research Mentors During the ATRC Program:

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

Anticipated Research Mentor #1:

| | | |
|----------------------------|-------------------|---------------------------------|
| <i>Last Name (Surname)</i> | <i>First Name</i> | <i>Institution</i> |
| <i>School</i> | <i>Department</i> | <i>Division (if applicable)</i> |

Anticipated Research Mentor #2:

| | | |
|----------------------------|-------------------|---------------------------------|
| <i>Last Name (Surname)</i> | <i>First Name</i> | <i>Institution</i> |
| <i>School</i> | <i>Department</i> | <i>Division (if applicable)</i> |

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.

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

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

| | | | | |
|----|-------------------|--------------------|-----------------|--------------------------------|
| 1. | <i>Position</i> | <i>Institution</i> | <i>Location</i> | <i>School (e.g., Medicine)</i> |
| | <i>Department</i> | <i>Division</i> | | <i>Years of Attendance</i> |
| 2. | <i>Position</i> | <i>Institution</i> | <i>Location</i> | <i>School (e.g., Medicine)</i> |
| | <i>Department</i> | <i>Division</i> | | <i>Years of Attendance</i> |
| 3. | <i>Position</i> | <i>Institution</i> | <i>Location</i> | <i>School (e.g., Medicine)</i> |
| | <i>Department</i> | <i>Division</i> | | <i>Years of Attendance</i> |
| 4. | <i>Position</i> | <i>Institution</i> | <i>Location</i> | <i>School (e.g., Medicine)</i> |
| | <i>Department</i> | <i>Division</i> | | <i>Years of Attendance</i> |
| 5. | <i>Position</i> | <i>Institution</i> | <i>Location</i> | <i>School (e.g., Medicine)</i> |
| | <i>Department</i> | <i>Division</i> | | <i>Years of Attendance</i> |

Academic Honors, Honorary Societies, and Awards:

| | |
|-------------|--------------------------|
| <i>Date</i> | <i>Title/Description</i> |
| <i>Date</i> | <i>Title/Description</i> |
| <i>Date</i> | <i>Title/Description</i> |
| <i>Date</i> | <i>Title/Description</i> |

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

- | | | |
|----------------------|--------------------|-------------------------|
| <i>Position</i> | <i>Institution</i> | <i>Preceptor's Name</i> |
| <i>Project Title</i> | <i>Dates</i> | |
- | | | |
|----------------------|--------------------|-------------------------|
| <i>Position</i> | <i>Institution</i> | <i>Preceptor's Name</i> |
| <i>Project Title</i> | <i>Dates</i> | |
- | | | |
|----------------------|--------------------|-------------------------|
| <i>Position</i> | <i>Institution</i> | <i>Preceptor's Name</i> |
| <i>Project Title</i> | <i>Dates</i> | |
- | | | |
|----------------------|--------------------|-------------------------|
| <i>Position</i> | <i>Institution</i> | <i>Preceptor's Name</i> |
| <i>Project Title</i> | <i>Dates</i> | |
- | | | |
|----------------------|--------------------|-------------------------|
| <i>Position</i> | <i>Institution</i> | <i>Preceptor's Name</i> |
| <i>Project Title</i> | <i>Dates</i> | |

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

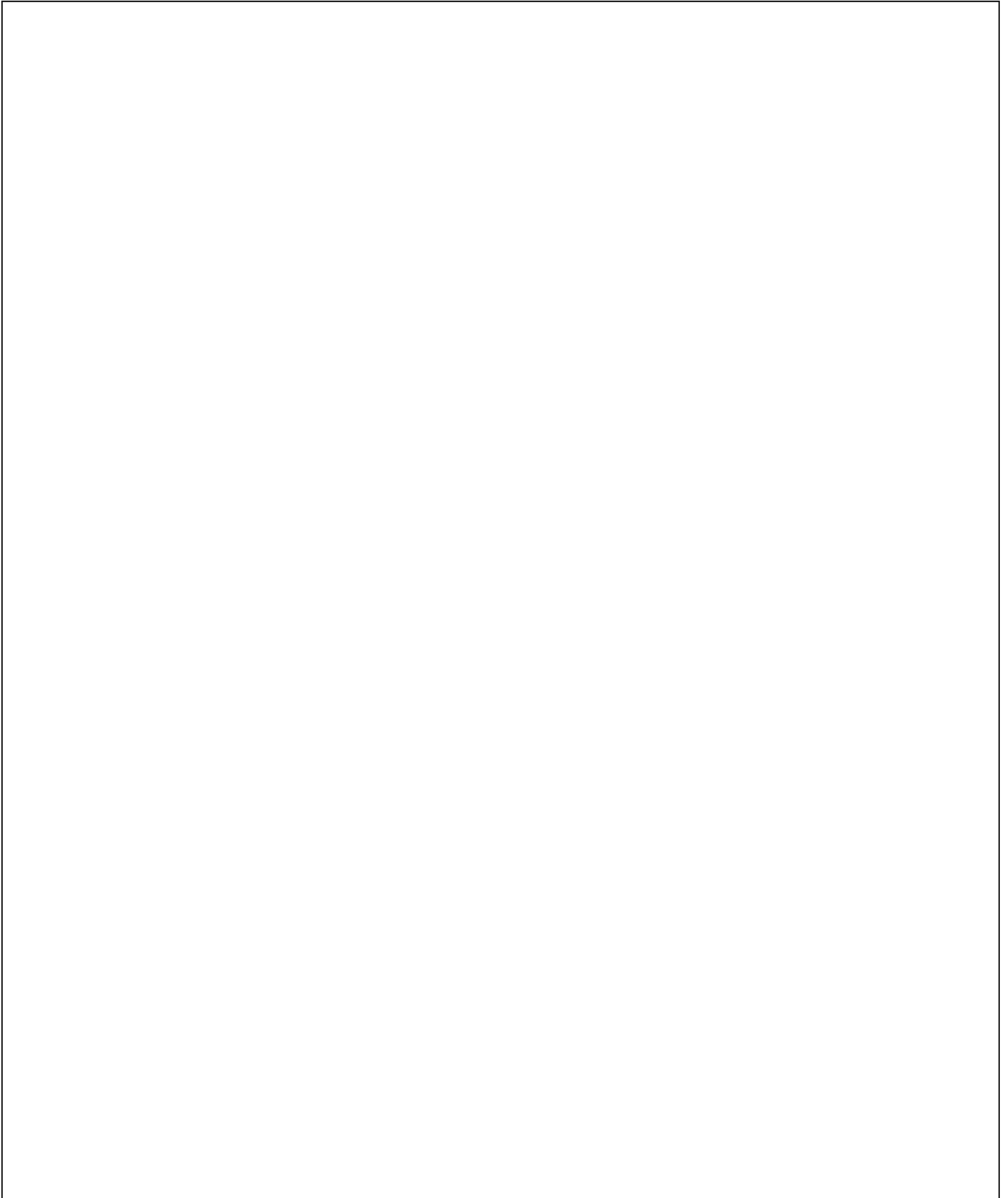
| | |
|--|--|
| <p>→ Board Specialty #1: Field: _____</p> <p>In which country? _____</p> | <p>→ Board Specialty #2: Field: _____</p> <p>In which country? _____</p> |
|--|--|

| | |
|------------------------------|--|
| Taken the exam?: | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| → | <input type="checkbox"/> exam taken, awaiting report |
| → | <input type="checkbox"/> failed exam |
| → | <input type="checkbox"/> board certified – year: _____ |

| | |
|------------------------------|--|
| Taken the exam?: | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| → | <input type="checkbox"/> exam taken, awaiting report |
| → | <input type="checkbox"/> failed exam |
| → | <input type="checkbox"/> board certified – year: _____ |

Publications:

Use the provided optional additional information page if publications exceed one page.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to list their publications, as indicated by the text above it.

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

Research Mentor Signature

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

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
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:
415-514-6399 (telephone)
415-514-8150 (fax)

Please also send a copy of this application form, as an email attachment, to TICR_Admissions@psg.ucsf.edu