



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 2010, 2013, 2016, AND 2019 FOR PC AND MICROSOFT WORD 2010, 2011, 2016, AND 2019 FOR MAC.

Application Check List

- Application Form for Advanced Training in Clinical Research (ATCR) Certificate Program
(Please email an electronic version to ticr_admissions@ucsf.edu)
- One letter of recommendation
(Request the letter be sent to ticr_admissions@ucsf.edu. If e-mail not possible, send to address below.)
- 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. Transcripts from institutions outside of the U.S. or Canada need to be evaluated by an accredited evaluation service, such as [World Education Service](http://www.wes.org) (WES) (strongly preferred to speed up the review of your application) or [Educational Credential Evaluators](http://www.ece.org) (ECE).
(The Program accepts official electronic transcripts (e-transcripts). Request the institutions to submit official e-transcripts to ticr_admissions@ucsf.edu. If this is not possible, send official transcripts to the mailing 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).
- The Official Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) examination is required of applicants whose education has taken place in a non-English speaking country. Request that the TOEFL services (www.toefl.org) or IELTS (www.ielts.org) send official score report to UCSF. For TOEFL, use recipient code 4840.

Mailing Address
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:
415-514-6399

Email:
ticr_admissions@ucsf.edu

For Administrative Use Only: Dates Materials Received

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



Application Form 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?*

<input type="checkbox"/> Male	<input type="checkbox"/> Male-to-Female Transgender (MTF)
<input type="checkbox"/> Female	<input type="checkbox"/> Female-to-Male Transgender (FTM)
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> 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

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 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 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 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 ATRC 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.

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

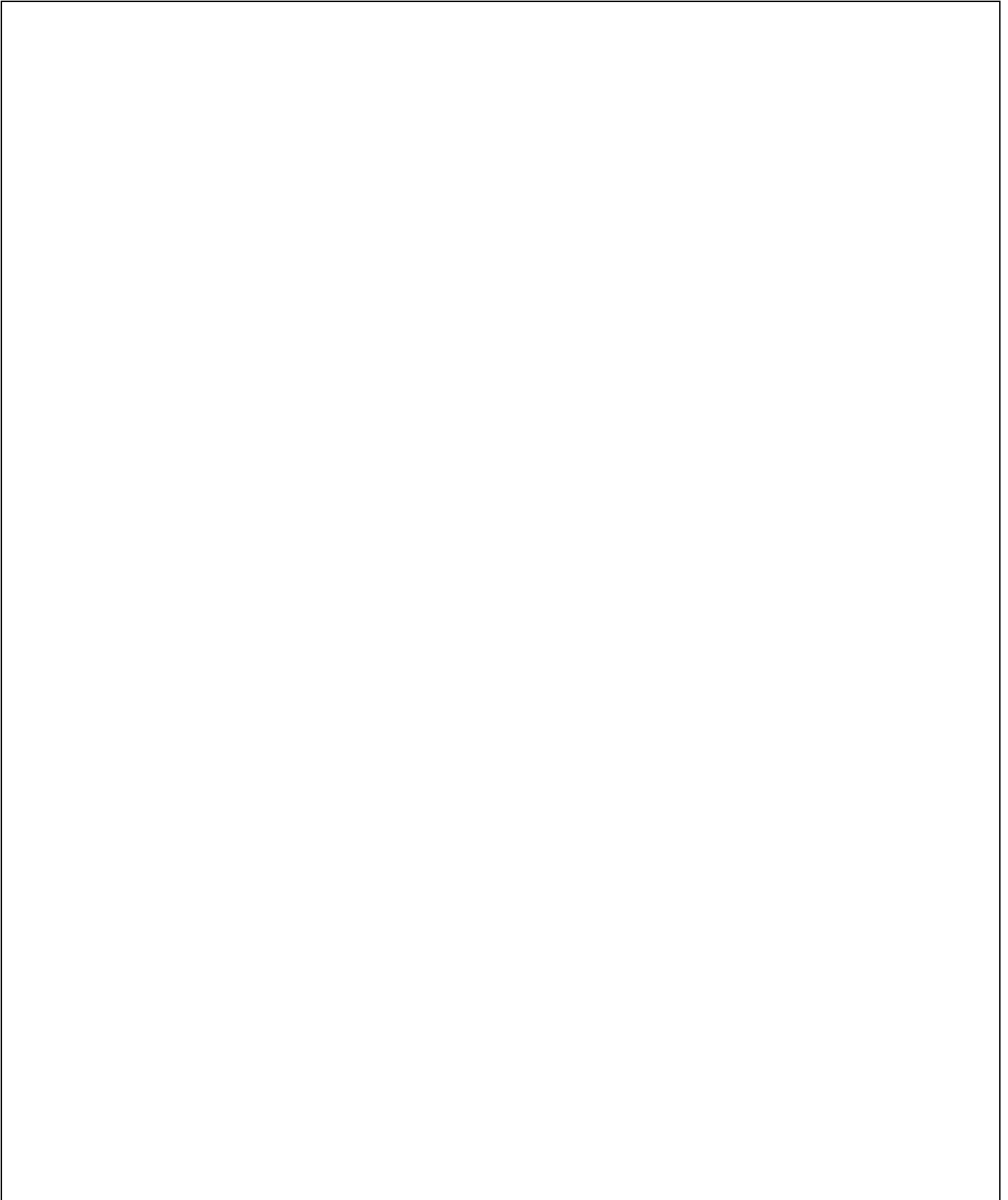
→	Board Specialty
	#1: Field: _____
	In which country? _____
→	Board Specialty
	#2: Field: _____
	In which country? _____

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), Faculty Advisor (if you are pre-doctoral outside of a fellowship or a graduate student) or Supervisor (if you are a staff member) to send our program a concise letter describing your qualifications for this program and your approximate rank among peers. If you are unaffiliated with UCSF, please obtain this letter from a current or recent instructor, advisor, or supervisor; the letter should describe your qualifications for this program and your approximate rank among peers. 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?): _____

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 e-mail this application and letter of reference to the e-mail below. If you are applying to the Credit-bearing ATCR Program, please arrange to have official electronic transcripts (e-transcripts) from all undergraduate, graduate, and professional schools sent to the e-mail address below. If e-mail not possible for any of these documents, please send to the mailing address. If applicable, please arrange to have your degree/credential verification and official TOEFL or IELTS scores sent to UCSF. For TOEFL, use recipient code 4840. For IELTS, request the scores be mailed to the address below.

Mailing Address: 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: 415-514-6399
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