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 (☒)

- ALL DOCUMENTS SHOULD BE SENT DIRECTLY TO TICR_ADMISSIONS@UCSF.EDU

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-email not possible, send to address below.

☐ Official transcripts from all institutions attended after high school (secondary school), including any schools you are currently attending. The Program accepts/prefers official electronic transcripts (e-transcripts). Request the institutions to submit official e-transcripts directly to ticr_admissions@ucsf.edu. If this is not possible, send official transcripts to the mailing address below.

☐ Transcripts from institutions outside of the U.S. need to be evaluated by an accredited evaluation service, such as World Education Service (WES) (strongly preferred to speed up the review of your application. If you choose WES, please request the report be sent electronically to UC San Francisco) or Educational Credential Evaluators (ECE).

☐ 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)

Email:
ticr_admissions@ucsf.edu

Personal Information:

			/ /
Last Name (Surname)	*First Name (Given Name)*	*Middle Initial*	*mmm/ dd / yyyy* *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) _____

☐ Male-to-Female Transgender (MTF)
☐ Female-to-Male Transgender (FTM)
☐ 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
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ 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:

Do you <u>currently</u> have a position at UCSF (e.g., professional student, clinical trainee, staff member, faculty member)?

☐ No
☐ Yes

Your Position at UCSF	*Specify other Position*	*School*

Supervisor	*Department*	*Division*

End date of your position

If you current position will end before you enter as a student in the UCSF Graduate Division (or this Certificate Program to which you are applying), will you have a position at UCSF <u>at the time of enrollment</u> into the Master's Program (e.g., professional student, clinical trainee, staff member, faculty member)?

☐ No
☐ Yes

Your Position at UCSF	*Specify other Position*	*School*

Supervisor	*Department*	*Division*

Will you have a position/affiliation with an institution aside from UCSF <u>at the time of enrollment</u> into the Certificate 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.*

1. _____
   Instituion   *Location*

   _____
   Dates of Attendance   *Major Field of Study*   *Degree and Graduation Date*

2. _____
   Instituion   *Location*

   _____
   Dates of Attendance   *Major Field of Study*   *Degree and Graduation Date*

3. _____
   Institution   *Location*

   _____
   Dates of Attendance   *Major Field of Study*   *Degree and Graduation Date*

4. _____
   Institution   *Location*

   _____
   Dates of Attendance   *Major Field of Study*   *Degree and Graduation Date*

5. _____
   Institution   *Location*

   _____
   Dates of Attendance   *Major Field of Study*   *Degree and Graduation Date*

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

1. _____
   Position   *Institution/Employer*   *Location*   *School (e.g., Medicine)*

   _____
   Department   *Division*   *Start/End Date*

2. _____
   Position   *Institution/Employer*   *Location*   *School (e.g., Medicine)*

   _____
   Department   *Division*   *Start/End Date*

3. _____
   Position   *Institution/Employer*   *Location*   *School (e.g., Medicine)*

   _____
   Department   *Division*   *Start/End Date*

4. _____
   Position   *Institution/Employer*   *Location*   *School (e.g., Medicine)*

   _____
   Department   *Division*   *Start/End Date*

5. _____
   Position   *Institution/Employer*   *Location*   *School (e.g., Medicine)*

   _____
   Department   *Division*   *Start/End Date*

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

1. _____5_____
   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*

Academic Honors, Honorary Societies, and Awards:

_____
Date   *Title/Description*

_____
Date   *Title/Description*

_____
Date   *Title/Description*

_____
Date   *Title/Description*

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. <u>Please limit to one page</u>.

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   Email:
                     Training in Clinical Research (TICR) Program   ticr_admissions@ucsf.edu
                     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)