

**Santa Barbara Cottage Hospital
School of Clinical Laboratory Science
Application Packet for Trainee Applicants**

Complete the following items and send, or have them sent, to the School of Clinical Laboratory Science:

- Standardized Application for Internship Form and Letter of Intent
- Three Letters of Recommendation (see #2)
- Official Transcripts (see #6)
- Trainee License from the State of California (see #3)
(Trainee license will not be available until after the Bachelor's degree, but the application process can be started before graduation)

1. Standardized Application for Internship Form and Letter of Intent

- A letter of intent is required of all applicants. This letter should be mailed directly to the School of Clinical Laboratory Science along with the completed application packet. This letter should include information about professional goals, reasons for interest in the field of Clinical Laboratory Science, and why the applicant is interested in the program at Santa Barbara Cottage Hospital.

2. Letters of Recommendation

- All student applicants are required to submit three (3) letters of recommendation from college/university professors, advisors and/or employers.
- Recommenders should use the standardized letter form included in the Application Packet. The applicant should complete the identifying information at the top of the form.
- The forms may be supplemented with letters written on company or college/university letterhead. Letters of recommendation are to be sent directly to the School of Clinical Laboratory Science by physical mail or emailed using their professional or academic institution's email address.

3. Clinical Laboratory Science Trainee License

- Information concerning the requirements for California State Licensure as a Clinical Laboratory Scientist Trainee may be obtained from the California Department of Public Health. All candidates accepted into clinical training are required to have this training license. To apply for a trainee license, complete the application form for a California CLS Trainee License from Laboratory Field Services.

More information can be found at: https://secure.cpsshr.us/cltreg/cls_trainee_info.asp

California State Department of Public Health
Laboratory Field Services
850 Marina Bay Parkway, Bldg P, 1st Floor
Richmond, CA 94804-6403
(510) 873-6327

NOTE: When clinical training begins, you will be required to present your license for display in the laboratory in which you will be receiving training

4. Foreign Student Application

- All non-U.S. transcripts must be evaluated by an LFS approved evaluation service to determine if your education is equivalent to an accredited college or university education in the U.S. Foreign students must be conversant in English.
 - National Association of Credential Evaluation Services (NACES): <https://naces.org/>
 - Association of International Credential Evaluators, Inc. (AICE): <https://aice-eval.org/>
 - American Association of Collegiate Registrars and Admissions Officers (AACRAO): <https://www.aacrao.org/>

5. Previous Education

- Students who have completed their education and received their degree in excess of seven (7) years prior to their date of application for admission into clinical training are required to have recent coursework in Medical Microbiology and Biochemistry or Clinical Chemistry.

6. Transcripts of all College and University work

- Each CLS trainee is required to provide official copies of transcripts for all college and/or university work completed. An official transcript is one that is signed by the Registrar where the student is/was in attendance, imprinted with the institutional seal, and arriving unopened. Applicants can also request the Registrar to email transcripts directly to the program, if a secure process is available. Official transcripts are required to be sent to each of the following:

**Santa Barbara Cottage Hospital
School of Clinical Laboratory Science
Pacific Diagnostic Laboratories
ATTN: Joshua Davis
454 South Patterson Avenue
Santa Barbara, CA 93111
j3davis@sbch.org**

**California State Department of Public Health
Laboratory Field Services
850 Marina Bay Parkway, Bldg P, 1st Floor Richmond, CA 94804-6403**

7. Interviews

- A personal interview will be required of selected applicants. Interviews will be scheduled during the admissions cycle.

8. Helpful Hints and Suggestions

- Apply early to allow for delays.
- Type the information on all forms.
- Keep copies of all application materials and a dated record of the application process.

SELECTION REQUIREMENTS AND CRITERIA REMAIN AT THE DISCRETION OF THE
SCHOOL OF CLINICAL LABORATORY SCIENCE OFFICIALS

**Santa Barbara Cottage Hospital School of Clinical Laboratory
Science Clinical Laboratory Scientist Training Program
Application for Internship**

Date _____

New Application Reapplication

For training to begin on or after (date): _____

Personal Information

Last Name, First Name: _____

Current Address: _____

Permanent Address (If different): _____

Phone: () _____ Alt. Phone: () _____ E-mail: _____

If you are not a U.S. Citizen, can you provide proof that you are a lawful permanent resident or an alien authorized to attend school in this country? Yes No

In case of emergency, contact:

 Name: _____

 Address: _____

 Phone: () _____

Clinical Laboratory Scientist Training License

Do you have or have you applied for a Clinical Laboratory Scientist Trainee License?

Yes No

License Number: _____ Expiration Date: _____

If pending, indicate the date that the application was started: _____

Education

	Type of School (Univ/College/JC)	School Name	Major	Degree	From (mo/yr)	To (mo/yr)
1						
2						
3						
4						
5						

Overall GPA: ___ Science GPA: ___ G.P.A. Last 60 semester/90 quarter units ___

Academic Honors

Please list all academic honors, extracurricular activities, and hobbies.

References

Provide the names, addresses, and telephone numbers of college/university professors, advisors and/or employers from whom letters of recommendation will be received.

Name	Email	Phone Number

Employment History

Please list present or most recent experience first.

Employer: _____ From (mo/yr): _____ To (mo/yr): _____

Address: _____ Job Title: _____

City/State: _____ Supervisor: _____

Phone: _____ Hour/week: _____ Reason for Leaving: _____

Duties Performed: _____

Employer: _____ From (mo/yr): _____ To (mo/yr): _____

Address: _____ Job Title: _____

City/State: _____ Supervisor: _____

Phone: _____ Hour/week: _____ Reason for Leaving: _____

Duties Performed: _____

Employer: _____ From (mo/yr): _____ To (mo/yr): _____

Address: _____ Job Title: _____

City/State: _____ Supervisor: _____

Phone: _____ Hour/week: _____ Reason for Leaving: _____

Duties Performed: _____

LETTER OF RECOMMENDATION Clinical Laboratory Scientist Intern Applicant

To be completed by the applicant. Please type.

Applicant: _____

Address: _____

Application Deadline: _____

Evaluator: The remainder of this form is to be completed by the evaluator, the contents of which will be held in the strictest confidence from unauthorized individuals. When completed, please mail the original to the program address indicated below. **Please type. PLEASE DO NOT RETURN TO THE APPLICANT.** This evaluation should be mailed to the program prior to the application deadline indicated above.

PART 1

Please place a check in the appropriate space for each of the following 12 factors utilizing the standards indicated below:

1. Well below average (lower 5%)
2. Average (middle 40%)
3. Well above average (top 35%)
4. Excellent (top 15%)
5. Outstanding (top 5%)

FACTORS	1	2	3	4	5
1. Technical Knowledge/Skills: To what extent does the applicant maintain a satisfactory level of knowledge and/or technical skill?					
2. Quality of Work: To what extent does the applicant meet the required standards regarding accuracy, neatness, and thoroughness?					
3. Productivity: To what extent does the applicant accomplish the quantity of work expected of the assignment?					
4. Communication/Writing Skills: To what extent does the applicant adequately prepare and maintain written reports and assignments?					
5. Dependability: To what extent does the applicant demonstrate consistency and maturity and work without close supervision or assistance?					
6. Adaptability: To what extent does the applicant adapt to new situations and changes in routine, workload, and/or work assignments?					
7. Initiative: To what extent does the applicant present new ideas or otherwise demonstrate an awareness of need for change?					
8. Attendance: To what extent does the applicant maintain satisfactory attendance in regard to tardiness, early departures, and/or absences?					
9. Interpersonal Relations: To what extent does the applicant establish effective working relationships when dealing with supervisors, instructors, peers, and/or the public?					
10. Perseverance: To what extent does the applicant see a task to completion?					
11. Self-Confidence: To what extent does the applicant demonstrate assuredness and a capacity to achieve?					
12. Intellectual Ability: To what extent does the applicant demonstrate the ability to evaluate situations, demonstrate good judgment, and problem solve?					

PART 2

If you were responsible for assigning the final grade for one or more academic programs in which the applicant participated, please provide a breakdown of the distribution of grades awarded and show the applicant's class standing for each course using the grid below.

COURSE TITLE	Class Size	# A's awarded	# B's awarded	# C's awarded	# Other awarded	Applicant Rank	Applicant Grade

PART 3

Please describe your familiarity with the applicant (how you know the applicant, how long, and how well).

PART 4

COMMENTS: Attach additional sheets if necessary. Please include all pertinent information you have regarding the applicant, particularly:

1. Special strengths and weaknesses
2. Any anomalous aspects of the applicant's academic record
3. Ability to do independent work
4. Extracurricular activities including employment

Evaluation completed by: Name: _____

Title: _____

Address: _____

Signature: _____

Date: _____

Evaluator: Please print, sign and return this form in a sealed envelope (with your signature across the flap of the envelope) or email to the address listed below, by the application deadline listed on page 1

Joshua Davis
Santa Barbara Cottage Hospital
School of Clinical Laboratory Science
454 South Patterson Ave.
Santa Barbara, CA 93111
J3davis@sbch.org