

**Instructions for Completing the Application Form for the
Advanced Training in Clinical Research (ATCR)
Certificate Program**

- 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 Advanced Training in Clinical Research (ATCR) Certificate Program
(Submit to Allison Deneen at the address below. Please also email to adeneen@psg.ucsf.edu)
- One letter of recommendation
(Reference must send the letter of recommendation directly to Allison Deneen in a sealed envelope to the address below)
- For applications to the ATCR Credit-Bearing Program: Official transcripts from all institutions beyond high school (Submit in sealed envelope with official seal of the institution directly to Allison Deneen at the address below)
- For pre-doctoral students (e.g., medical, dental, or pharmacy students) only: Official current transcript from your professional school

Send materials to:

Allison Deneen
Program Assistant, Advanced Training in Clinical Research Certificate Program
University of California, San Francisco
185 Berry St, Suite 5700
San Francisco, CA 94107
415-514-8135 (telephone) 415-514-8150 (fax)

For Administrative Use Only:

Date Received:

Reference received:

Application Complete:

Professional school transcript (if pre-doctoral student):



Application Form
Advanced Training in Clinical Research (ATCR)
Certificate Program



Current Information:

Last Name First Name Middle Initial Gender (check) Date of Birth

Home Address City State Zip Code Telephone Number

Office Address City State Zip Code

UCSF Box # Electronic Mail 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 Social Security Number Country of Citizenship

Ethnicity:

- Checkboxes for various ethnicities: Puerto Rican, Chicano/Mexican American, Latino/Latin American, American Indian/Native American, White/Caucasian, East Indian/Pakistani, Polynesian/Pacific Islander, African American, Filipino/Filipino American, Chinese/Chinese American, Japanese/Japanese American, Korean/Korean American, Thai/Other Asian, Vietnamese/Vietnamese American, Other (please specify):

Information Pertaining to the Time of Desired Date of Enrollment:

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)

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/Appointment *Institution*

Project Title *Dates*

2. _____
Position/Appointment *Institution*

Project Title *Dates*

3. _____
Position/Appointment *Institution*

Project Title *Dates*

4. _____
Position/Appointment *Institution*

Project Title *Dates*

5. _____
Position/Appointment *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.

Letter of Reference from Program Director or Division Chief or Faculty Advisor:

Please ask your Fellowship Director (if you are a fellow), Division Chief/Department Chair (if you are a faculty member), or Faculty Advisor (if you are a pre-doctoral 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.

Name of Program Director/Div. Chief/ Dept. Chair/Faculty Advisor

Address

Address

Waiver:

- I waive the right to read this letter at a later time.
- I do not waive the right to read this letter.

Signatures:

If selected as a Scholar in the Advanced Training in Clinical Research (ATCR) 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 signature)

(Fellowship Director
signature)

or

(Division/Department, Chief
signature)

or

(Faculty Advisor signature)

Date of Application: / /

Mark which of 2 tracks you are applying for: Traditional ATCR Program
 Credit-bearing ATCR Program (This program also requires a separate application to the UCSF Graduate Division)

Pre-doctoral students only: Please arrange to have a current official sealed transcript from your school sent to the address below.

Please send this signed application and letter of reference (and transcript, if applicable) to:

Dr. Jeffrey Martin
Program Director
c/o Ms. Allison Deneen
Program Assistant, Advanced Training in Clinical Research Certificate Program
University of California, San Francisco
185 Berry St, Suite 5700 UCSF Box 0560
San Francisco, CA 94107 415-514-8135 (telephone) 415-514-8150 (fax)

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