



Clinical Laboratory Scientist Training Program

Application for Admission

**Physician's Automated Laboratory, Inc.
Clinical Laboratory Scientist Training Program**

Application Procedure

Step 1

Complete and submit the enclosed application to:

Physician's Automated Laboratory, Inc.
2801 H Street
Bakersfield, California 93301
Attention: Ken Cleek, Laboratory Manager

Email: kcleek@pallab.org
Web: www.pallab.org
Telephone: (661) 325-0744

Step 2

Request three letters of recommendation be submitted directly to the Educational Coordinator (address see Step 1).

The recommendations should come from one of each of the following sources:

- (1) Academic Professor
- (2) Previous Employer
- (3) Professional

If the applicant cannot provide recommendations from the above-preferred sources, please contact the Educational Coordinator (phone number see Step 1) for further direction.

Recommendations from friends and family are not acceptable.

Step 3

Request the registrar of each college or university you have attended to send one copy of your official transcript(s) to the Educational Coordinator (address see Step 1). Courses recorded on one transcript as transfer credit from another institution are not considered official documentation of that coursework. Therefore, official transcripts must be sent from every institution of higher education you have attended. An official transcript is signed and sealed by the registrar and sent directly to the Educational Coordinator (address see Step 1).

If you are currently enrolled in a college or university, please forward your final official transcript to the Educational Coordinator upon completion of your final class(es).

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Step 4

All foreign-educated applicants must have a transcript from the college or university sent directly to Laboratory Field Services. If Laboratory Field Services is unable to decipher the transcript, they may require the applicant to provide a detailed transcript evaluation from AACRAO. In this case, the applicant must contact AACRAO to provide the transcript evaluation.

www.aacrao.org

Step 5

Applicants will complete an interview. An interview will be scheduled after receipt of all academic documents and preliminary review of all application material.

Physician's Automated Laboratory, Inc. Clinical Laboratory Scientist Training Program

General Information

The Clinical Laboratory Scientist Training Program staff is available to advise applicants regarding the required prerequisite courses:

Physician's Automated Laboratory, Inc.
2801 H Street
Bakersfield, California 93301
Attention: Ken Cleek, Educational Coordinator

Email: kcleek@pallab.org
Web: www.pallab.org
Telephone: (661) 325-0744

Please note that no credit will be given for coursework in which a grade of less than a "C" has been earned.

Obtaining Information

Information concerning the requirements for California State Licensure as a Clinical Laboratory Scientist Trainee as well as a listing of state licensed training laboratories may be obtained from:

California State Department of Health
Laboratory Field Services
850 Marina Bay Parkway
Richmond, California 94804

Web: www.cdph.ca.gov/programs/lfs/Pages/default.aspx
See Training Section
Telephone: (510) 873-6327

You may also consult the Allied Health and Rehabilitation Professions Education Directory for programs outside of California.

**Physician's Automated Laboratory, Inc.
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**Admission Policies and Prerequisites for the
Clinical Laboratory Scientist Trainee Program**

1. Completion of a bachelor's degree with an overall GPA of 2.50 on a 4.0 scale. An applicant with a GPA of less than 2.50 may be considered but only under extenuating circumstances.
2. Completion of this application and three letters of recommendation from one instructor, one employer, and one professional reference.
3. Completion of required prerequisite coursework.
Coursework must include:
 - Chemistry: 16 semester units or equivalent quarter units, including instruction in biochemistry and quantitative analysis.
 - Biological Science: 18 semester units or equivalent quarter units, including instruction in immunology, hematology, and medical microbiology, which may include bacteriology, mycology, virology, and parasitology.
 - Physics: 3 semester units or equivalent quarter units. Must include instruction in the principles of light and electricity.
(1.0 semester unit is equivalent to 1.5 quarter units)
4. All applicants whose native language is not English are required to show verification that they have passed the Test of English as a Foreign Language (TOEFL) exam.
5. All foreign-educated applicants must provide a detailed transcript evaluation from an organization accepted by the State of California, Department of Health Services, Laboratory Field Services.
6. A personal interview.
7. Eligibility for a California Clinical Laboratory Scientist Trainee License.
(Applicant must possess valid California Clinical Laboratory Scientist Trainee License prior to beginning Physician's Automated Laboratory, Inc.'s training program. All approved applicants will be contingent upon satisfying this condition)

**Physician’s Automated Laboratory, Inc.
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Last name, First name, Middle initial

Date

Please attach a resume that includes your employment history, volunteer activities, and school activities.

Academic Honors

Please provide the name, address and telephone numbers of one instructor, one employer, and one professional reference from whom letters of recommendation will be received.

1.
2.
3.

(Answering “yes” to this question does not automatically result in your disqualification for admission.)

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? _____ Yes _____ No

If yes, please explain on a separate piece of paper and attach.

By signing this application, I assert the following:

I have read, understood, signed, and accepted all terms of the “**Applicant Statement**”.

All information I have provided is true and correct, to the best of my knowledge.

I have ordered official transcripts from all universities or colleges attended to be sent to the Educational Coordinator.

Representatives of Physician’s Automated Laboratory, Inc. have my permission to contact my references and inquiry about my performance as a student and/or employee as applicable per the conditions stated on the “**Applicant Statement**”.

I understand that the Physician’s Automated Laboratory, Inc. Clinical Laboratory Scientist Training Program is not nationally accredited and at the completion of my training, I may not be eligible for the NCA exams.

Signed

Date

Physician’s Automated Laboratory, Inc.

Clinical Laboratory Scientist Training Program

Applicant Statement

- ❖ I certify that all information I have provided in order to apply for and secure a position in the training program is true, complete, and correct to the best of my ability.
- ❖ I have ordered official transcripts from all universities or colleges to be sent to the Educational Coordinator located at Physician's Automated Laboratory, Inc., 2801 H Street, Bakersfield, California 93301
- ❖ I expressly authorize, without reservation, Physician's Automated Laboratory, Inc., its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application and/or resume. I hereby waive any and all rights and claims I may have regarding Physician's Automated Laboratory, Inc., its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the application process and all other persons, corporations or organizations for furnishing such information about me.
- ❖ I understand that Physician's Automated Laboratory, Inc. does not unlawfully discriminate in its training program and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration of the training program on any basis prohibited by applicable local, state, or federal law.
- ❖ I understand that this application, acceptance to the training program, and/or completion of the training program does not constitute an agreement or contract for employment with Physician's Automated Laboratory, Inc. I understand that no educational coordinator, supervisor, or representative of Physician's Automated Laboratory, Inc., is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by Physician's Automated Laboratory, Inc.'s President and/or Chief Executive Officer.
- ❖ The fee for Clinical Laboratory Scientist Training Program is \$ 10,000. Upon completion of the 52-week training program, you will be solely responsible for paying for the program fee. Physician's Automated Laboratory, Inc. has no obligation to pay any amounts for the program.
- ❖ The program is a training experience, therefore, you will not be considered an employee of Physician's Automated Laboratory, Inc., and as such are not entitled to wages, commissions, salary or bonus for time spent in the training program. However, an educational stipend of \$500 per month will be provided to you by Physician's Automated Laboratory, Inc. during the 52-week training period. The purpose of the stipend is to assist you with supply and text book purchases and other necessary program expense.

- ❖ I understand that the Physician's Automated Laboratory, Inc. Clinical Laboratory Scientist Training Program is not nationally accredited and at the completion of their training, Physician's Automated Laboratory, Inc. trainees may not be eligible for the NCA exam.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for the training program, or (ii) may result in my immediate discharge from the training program, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE
APPLICANT STATEMENT**

I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement.

Signed

Date

