

Laboratory Training Application Form - Additional Information



Laboratory Genetics and Genomics

**PLEASE NOTE:
APPLICATIONS WILL NOT BE CONSIDERED FOR REVIEW
UNTIL ALL LETTERS OF RECOMMENDATION
HAVE BEEN RECEIVED.**

Today's Date: _____

Name In Full: _____ Degree(s): _____

Citizenship: _____ Visa Status: _____

Date Available to Start: _____ Last 4 digits of SS#: _____

For information regarding the UCLA visa assistance program, please contact Kristine Fisher at kfisher@mednet.ucla.edu.

Please also visit the UCLA Visa and Licensing Office website:

<https://medschool.ucla.edu/faculty-and-staff/academic-affairs/visa-and-licensing-office>

Foreign Medical Graduates only:

My credentials _____ have _____ are being _____ have not been reviewed by the American Board of Medical Genetics and Genomics.

Please append a copy of your letter from the Boards if they have already reviewed your credentials. If you have not had them reviewed, please go here and follow the instructions: <https://www.abmgb.org/initial-certification/international-medical-certification/>