

# UCLA INTERCAMPUS MEDICAL GENETICS TRAINING PROGRAM



## Laboratory Training Application Form

### Clinical Biochemical Genetics

**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): \_\_\_\_\_

Address: (Home): \_\_\_\_\_

Address (Work): \_\_\_\_\_

Telephone: Work: \_\_\_\_\_

Home: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Visa Status \_\_\_\_\_

Birthplace (optional): \_\_\_\_\_

Birthdate (optional): \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

#### Primary Career Goal – Check only one:

- I want to run a clinical laboratory (Clinical)
- I only want to do research (Research)
- I want an Academic career in a University-type setting - Clinical / Research / Teaching (Combined)

#### FMG 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:  
[http://www.abmgen.org/pages/cert\\_forcredential.shtml](http://www.abmgen.org/pages/cert_forcredential.shtml)

Name:

Training:

**Postdoctoral Experience:**

<u>Institution</u>	<u>Area of Training</u>	<u>Dates Trained (m/yy-m/yy)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Professional Experience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Education:**

<u>Name of University</u>	<u>Dates Attended</u>	<u>Degree Earned (BS, PhD)</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

U.S. States in Which Licensed: \_\_\_\_\_

License #(s): \_\_\_\_\_

Specialty Board Exam(s): \_\_\_\_\_

Have you ever been supported by a NIH training grant?  Yes  No

If yes, was it  Predoctoral Or  Postdoctoral.

If yes, please list Grant Number(s) and date(s) of support:

\_\_\_\_\_

\_\_\_\_\_

**Research Experience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name:

Published Papers:  Y  N (If Yes, Attach Bibliography)

Professional Societies you belong to:

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Please have 3 individuals currently involved with your training or work, and who know you professionally, e-mail (preferred) or forward a letter of recommendation directly to Dr. Jose Abdenur. These will be kept on file with your application.

Dr. Jose Abdenur  
CHOC Children's Clinic  
1201 W. La Veta Ave.  
Building: CHOC Clinic  
Orange, CA 92868  
[jabdenur@choc.org](mailto:jabdenur@choc.org)

Name, Title, And Phone Number of your 3 References:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

**How Did You Learn About Our Program?**

- Program Flyer       Faculty Advisory       ACGME Web Site       RRC Guide
- Journal Ad, Please Specify Journal: \_\_\_\_\_
- Other, Please Explain:

Name:

**Please summarize your interests in medical genetics and what you hope to achieve from your training program.**

Return this form to Dr. Jose Abdenur by e-mail: [jabdenur@choc.org](mailto:jabdenur@choc.org). Thank you.