



## Certificate Approved Program

Instructions for Completing Certificate Approved Program: Clinical Laboratory Science Internship

The form on page 2 must be typed.

To apply for award of certificate, please submit the form to your certificate advisor and Department Chair for approval. Prepare a Certificate Approved Program (CAP) form (page 2) attach a copy of your unofficial transcript(s) indicating completion of all course requirements for the certificate program and obtain approval from the department chair offering the certificate program.

The department chair is responsible for determining that all the requirements for the certificate have been satisfactorily completed. This is accomplished by signing the CAP form.

You will need to pay a \$7.00 processing fee at the Cashier's Office before submitting the form to the Division of Graduate Studies. After paying the application fee (\$7.00) for the award of the certificate at the Cashier's Office and having the CAP form stamped "Paid," submit: (a) the signed CAP form, (b) the supporting transcript(s), and (c) the evidence of the fee paid, to the Graduate Division (*for both undergraduate and graduate certificates*). Submit these documents to GradStop ADM 250.

*\*Note that the Graduate Division is responsible for the final processing requirements for both undergraduate and graduate certificates. Graduation for Extended Learning certificates is processed through the Extended Learning Office.*

### Form Begins on Page 2

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**PLEASE NOTE:** in order save your personal information on the following PDF forms, you will need to:

1. Install latest version of Adobe Acrobat Reader on your computer. Click here for Free Adobe Acrobat Reader <http://www.adobe.com/products/acrobat/readstep2.html>.
2. Save the PDF form to your computer desktop prior to entering your personal information.

**San Francisco State University**  
**CERTIFICATE APPROVED PROGRAM**

Date: \_\_\_\_\_ Student ID No. \_\_\_\_\_

Name: \_\_\_\_\_  
Last                      First                      Middle

Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City                      State                      Zip

Email Address: \_\_\_\_\_

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

<b>Official Certificate Title from <i>Bulletin</i>:</b> <b>Clinical Laboratory Science Internship</b>
<b>Department offering certificate:</b> <b>Physical Therapy</b>
<b>Undergraduate</b> <input type="checkbox"/> <b>Graduate</b> <input type="checkbox"/>

**All requirements must be completed within 7 years from the start of the term of the earliest course listed below**

Dept. and Course No.	Course Title	Units Required	Units Completed	Term Registered	Institution (if transfer)	Grade
<b>First Semester</b>						
CLS 701	Clinical Chemistry and Urinalysis	4				
CLS 706	Contemporary Clinical Science Issues	2				
CLS 731	Clinical Hematology	4				
CLS 753	Clinical Microbiology	4				
CLS 790	Clinical Serology & Immunohematology	4				
<b>Total</b>		<b>18</b>				
<b>Subsequent 40 Weeks</b>						
CLS 702	Clinical Laboratory Internship I ( 4 units of CLS 702 taken twice)	4				
CLS 705	Clinical Laboratory Internship II ( 3 units of CLS 705 taken twice)	3				
CLS 702	Clinical Laboratory Internship I	4				
CLS 705	Clinical Laboratory Internship II	3				
CLS 709	Clinical Laboratory Internship III	3				
CLS 707	CLS Bridge to Clinical Practice	3				
<b>Total for entire program</b>		<b>38</b>				

The student has demonstrated, in accordance with university policy, an appropriate level of writing competency in the following manner (required):

- Written examination prepared by program area  
 Other, specify: \_\_\_\_\_

Other requirements (specify): \_\_\_\_\_  
 \_\_\_\_\_

**Certificate Advisor** (if appropriate): \_\_\_\_\_  
Type/Print Last Name                      Signature                      Date

**Program/Department Chair** (required): \_\_\_\_\_  
Type/Print Last Name                      Signature                      Date

**Dean of Graduate Studies:**  
 \_\_\_\_\_  
Signature                      Date

<b>OFFICIAL USE BY CASHIER</b> For payment of fee
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