

**San Francisco State University
CERTIFICATE APPROVED PROGRAM**

Date: _____ Student ID No. _____

Name: _____
Last First Middle

Address: _____
Street

_____ City State Zip

Email Address: _____

Phone Number: _____

Official Certificate Title from <i>Bulletin</i>: Clinical Laboratory Science Internship
Department offering certificate: Physical Therapy
Undergraduate <input type="checkbox"/> Graduate <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
First Semester						
CLS 701	Clinical Chemistry and Urinalysis	4				
CLS 706	Contemporary Clinical Science Issues	1				
CLS 731	Clinical Hematology	4				
CLS 753	Clinical Microbiology	4				
CLS 790	Clinical Serology & Immunohematology	3				
Total		16				
Subsequent 40 Weeks						
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				
Total for entire program		36				

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

OFFICIAL USE BY CASHIER For payment of fee
