

**University of New Mexico Health Sciences Center
Graduate Certificate in Clinical and Translational Science**

Application for Admission

Name (Last, First, Middle Initial)	
UNM Contact Information (if applicable):	
Mail Stop Code (MSC):	Work Phone:
Salud Email:	Banner ID:
Personal Contact Information:	
Mailing Address:	
Home/Cell Phone:	Preferred Email:
Applications must include the following documents:	
<input type="checkbox"/>	Application fields above completed
<input type="checkbox"/>	Apply to UNM at http://www.unm.edu/apply/ and pay \$50 Application Fee -Apply to the "GCERT Clinical and Translational Science" as Intended Field of Study
<input type="checkbox"/>	Submit official transcripts from EVERY College/University attended* - Please have official transcripts sent to: Biomedical Research Education Programs Attn: CCTS/MSCR MSC08 4560 1 University of New Mexico Albuquerque, NM 87131 * The UNM Admissions office requires transcripts from each institution you have attended and will not forward your application to our department until they are all received.
<input type="checkbox"/>	Curriculum Vitae or Biographical Sketch (NIH Format)
<input type="checkbox"/>	Personal Statement outlining: - prior relevant experience (personal, educational and/or professional) - overall research interests and long term research/career goals - how your participation in this program will enable you to achieve your goals - how this program fits into your current training/employment requirements/goals
<input type="checkbox"/>	Letter of Recommendation from someone that can comment on your research experiences/goals
<input type="checkbox"/>	Letter of Support from employer (i.e. Department Chair/Program Director/Principal Investigator) that outlines their support for your participation in this program, including 50% release time for 1 year (July – June) to attend class and complete required assignments
<input type="checkbox"/>	Completed New Student Agreement Form
<input type="checkbox"/>	Completed Supervisor Agreement/Approval
<input type="checkbox"/>	Completed CRAI Assessment

If all materials are not received by May 15 the application will be considered incomplete and will not be considered.

I CERTIFY that all information provided on this application is true and accurate to the best of my knowledge, and I understand that omissions or falsifications may result in the revocation of my admission.

Applicant's signature

Date