



SF STATE EXTENDED LEARNING
Downtown Campus
 835 Market Street, 6th Floor
 San Francisco, CA 94103-1901
 cel.sfsu.edu

CLINICAL DEVELOPMENT FUNDAMENTALS Certificate Application

Date: _____

End semester & year of last course: _____

Student Name
 (printed on certificate): _____ SFSU ID#: _____

Address: _____

Day Phone: _____ Email: _____

Any other name you have used at SFSU: _____

Course Number	Required Courses <i>Complete all <u>seven</u> (7) required courses below. First two classes in italics are prerequisites to all other classes.</i>	CEUs	Semester/Year Completed	OFFICE USE ONLY Grade
IT 9357	<i>Overview of Clinical Development</i>	1.8	_____	_____
IT 9358	<i>Good Clinical Practices (GCP)</i>	1.8	_____	_____
IT 9388	Clinical Trials Design	1.8	_____	_____
IT 9531	Introduction to Regulatory Affairs (US)	1.2	_____	_____
IT 9543	Current Good Manufacturing Practices (cGMP)	1.2	_____	_____
IT 9542	Good Laboratory Practices (GLP)	1.2	_____	_____
IT 9539	Safety Monitoring	1.2	_____	_____
TOTAL		<u>10.2</u>		

APPROVED NOT APPROVED (*reason:* _____)

Program Director: **Cathy Flight** _____
SIGNATURE DATE

Please enclose:

- Your unofficial transcript
- \$50 application fee

- To download unofficial transcripts, access your Student Center at gateway.sfsu.edu.
- Application fee is non-refundable. Please only use check or money order, made payable to SFSU CEL. Do not mail cash.

Mail completed application to:

**Clinical Development Program
 SF State Downtown Campus
 835 Market Street, 6th Floor
 San Francisco, CA 94103-1901**