

How to Apply

The following items must be enclosed with your application. All documents must be in English.

1. For all programs, these items must accompany the application:

- A **Application fee** (non-refundable for each program)
 - ▶ English Language Programs: \$150
 - ▶ Youth Programs: \$200
 - ▶ University Credit Programs: \$200
 - ▶ Certificate Programs: \$200
- B **Copy of passport name page**
- C **Financial verification** OR copy of bank statement WITH SPONSOR'S SIGNATURE IN SECTION 4 OF PAGE A4 (IF I-20 IS REQUIRED).
- D **Express mail fee**, optional but strongly recommended: \$50 (may vary depending on location)
- E **Academic Verification Form** must be submitted for transfer students along with the application to be considered for transfer. Students may request this form from ipadmission@ucsd.edu.
- F **On-Campus Housing Application**, if desired (available July and August only):
 - ▶ Include the on-campus housing application found on our website under the "Housing and Student Life" tab.
 - ▶ Full payment must be included with the on-campus housing application to reserve a space. (See page 28 of the 2020 brochure.)
- G **Information Release Form** (optional) for those students who have financial sponsors or who enroll in our programs through a university partnership agreement. Please request the Information Release Form from ipadmission@ucsd.edu.

H We must receive the following at least 30 days before the published program start date:

1. After acceptance is sent, full payment of tuition and fees as invoiced by UC San Diego Extension International Programs.
2. TB Form if required.

Note: For applications received fewer than eight weeks before the program start date, all payments and documents listed in H1-2 (above) must be submitted along with the application.

2. For English Language Programs:

- ▶ Intensive Legal English program:
 - Applicants must submit academic transcripts for the FOUR most recent semesters of study.
 - Participants must submit a brief statement to explain previous law-related experience and their purpose in taking this program.
 - Applicants must have advanced English proficiency. All students must take the UC San Diego-ELI placement tests upon arrival. However, a score of 85 on the iBT, 7.0 on the IELTS, or a "Pass" on the CAE or the CPE (Cambridge Exams) will fully satisfy the required proof of advanced English proficiency.
- ▶ For University Preparation Academy (UPA), students must submit the following items:
 - University transcripts for the FOUR most recent semesters—must show grades in the top 5–10%. Transcripts must be in English.
 - New students must have a language proficiency score as follows: 80 TOEFL iBT or 6.5 IELTS
 - Continuing students should see the ELI Academic Advisor for program admission requirements.

3. For Academic Connections International (ACI), ESL Youth Programs, and Summer University Programs:

- ▶ Please visit our website for details: ip.extension.ucsd.edu
- ▶ TB Form (see page A6)

4. For University and Professional Studies (UPS):

- ▶ Proof of required language proficiency
- ▶ Copy of transcripts in English for the TWO most recent years (four semesters) of academic studies. These transcripts must clearly indicate excellent academic achievement, including cumulative grade point average (GPA).
- ▶ A one-page statement explaining your reasons for choosing UC San Diego for your study abroad experience.
- ▶ List of 12 or more courses per quarter using our [Course List Form](#), organized by quarter, which you would like to take at UC San Diego or UC San Diego Extension.
- ▶ TB Form (see page A6)
- ▶ Acknowledgement form

5. For Business Certificates:

- ▶ Please see page 20 of the brochure for admission requirements. For the Business Management program, please indicate the program specialization on the application form.
- ▶ TB Form (see page A6)

6. For Paralegal Certificate:

- ▶ Please see page 20 of the brochure for admission requirements.
- ▶ TB Form (see page A6)

7. For TEFL Certificates:

- ▶ Proof of required language proficiency
- ▶ Copy of transcripts in English for the TWO most recent years (four semesters) of academic studies.
- ▶ A one-page statement explaining why you would like to take a TEFL Certificate program.
- ▶ TB Form (see page A6)

If possible, please send page **A3** and **A4** of the application and all supporting documents as one pdf file to ipadmission@ucsd.edu. To protect your credit card information, please send page **A4** of the application to our secure fax number: +1-858-534-5703.

A) Do I need to arrive on time for my program to complete registration?

Yes, you must arrive at least one day before the published program start-date. Students who arrive after 4:00pm on the published start-date of the program must pay a late arrival fee of \$200 USD.

B) Do I need a student visa (F-1) to attend your programs?

If your main intent in coming to the U.S. is to study, you should apply for a student visa. If you are coming to the U.S. mainly for tourism, and you also want to take English classes for your own pleasure or as recreation, then a tourist visa (B-2) or Visa Waiver (WT) is appropriate. If you are not sure whether study or tourism is your main intent, explain your plans to the U.S. Embassy or Consulate in your country and they will advise you on the appropriate visa to apply for. You should not schedule a visa interview until you have received our acceptance letter and other acceptance materials.

C) How much money do I need to study and live in the U.S.?

Please see the Tuition, Fees, and Financial Verification checklist on page A5 of this application form.

D) How long will it take to receive my acceptance information?

We will send your acceptance information as soon as possible after we receive your complete application with all required documents and fees. During peak times, it can take up to three weeks before acceptance documents are sent. For fast delivery, we recommend you choose the express mail option—see Payment Procedure on page A4 of the application. Regular airmail delivery can take an average of 10–12 weeks.

E) How do I apply for housing?

Refer to our brochure or the "Housing and Student Life" tab on our website for information on housing options. When you are ready to apply, contact the individual housing vendors for their application and additional information.

F) What method of payment do I use?

Application and express mail fees must be paid by credit or debit card when you submit your application. All other fees and tuition can be paid with credit card, debit card, money order or bank draft in U.S. dollars. Bank drafts must be drawn on a U.S. bank or U.S. branch office of your bank. We cannot accept Eurochecks or electronic transfers (ACH). You may also pay by bank-to-bank transfer via Western Union Business Solutions. Western Union Business Solutions offers a competitive rate of exchange for processing payments in many international currencies. For more information about this method of payment, please email ipfinancials@ucsd.edu. If paying by credit card, please do not send your credit card number to us by email. Please only send your credit card number to our secure fax number: +1-858-534-5703.

G) Am I required to purchase UC San Diego medical insurance?

Yes, you are required to purchase UC San Diego Extension medical insurance. Please see page 27 of the International Programs brochure.

H) Do I have to provide the Tuberculosis (TB) Form?

The Tuberculosis (TB) Form is only required for University Credit, Academic Connections International, and Certificate programs. These include:

- Academic Connections International
- University and Professional Studies
- Summer University Program
- Business Essentials
- Business Management
- Project Management
- Business Analytics
- Digital Marketing
- Leadership and Management
- Paralegal
- TEFL Proficiency
- Special Studies In TEFL
- TEFL Professional Certificate
- TEFL Professional Certificate (Hybrid)
- Any other certificate program

The TB Form is not required for English language programs.

UC San Diego Extension International Programs 2020

1. Personal Information (Please print very CLEARLY and read instructions on page A1. Incomplete applications will not be processed and will be sent back to the student or agent. PLEASE NOTE: Hanmail, Hotmail, Daum, and Naver email accounts are blocked by UC San Diego email.)

Family Name (surname) <small>(ATTACH COPY OF PASSPORT NAME PAGE)</small>	First Name (given name) <small>(as it appears in your passport)</small> <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Birth	Date of Birth month/day/year (e.g. JAN 01, 1990)
Country of Citizenship	Student's Email (Please print clearly.)
Native Language	Agent's Email (Please print clearly.)
Student's permanent address in home country (required): <input type="radio"/> Check here if this is where you want your I-20 and acceptance materials to be mailed.	<input type="checkbox"/> I will pick up my acceptance information from the UC San Diego Extension office, Bldg E, OR <input type="checkbox"/> Address to which I-20 and acceptance materials should be mailed:
Address Street Apartment Number	Student Name or Agency Name
Address (continued)	Address Street Apartment Number
City Postal Code Country	City Postal Code Country
Telephone (country code/city code/number)	Telephone (country code/city code/number) Fax (country code/city code/number)

2. Program Information I am applying to the following program(s) (check all that apply and indicate start-date for each):

I plan to enroll for: 1 session 2 sessions 3 sessions 4 sessions not sure

2-Week and 4-Week English Language Programs	Start-Date	Professional Certificate Programs	Start-Date
<input type="checkbox"/> Conversation <input type="checkbox"/> part-time, only* _____		<input type="checkbox"/> Business Essentials (1 quarter) _____	
<input type="checkbox"/> Conversation and Fluency <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Business Essentials (2 quarters) _____	
<input type="checkbox"/> University Preparation Academy _____		<input type="checkbox"/> Business Essentials (3 quarters) _____	
<input type="checkbox"/> Business English <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Business Analytics (1 quarter) _____	
<input type="checkbox"/> Legal English for Business <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Digital Marketing (1 quarter) _____	
<input type="checkbox"/> English for Engineering & Technology <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Leadership and Management (1 quarter) _____	
<input type="checkbox"/> English for Pharmaceutical Sciences <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Add a Business Project for an additional \$1,000 USD <input type="checkbox"/> Business Project	
<input type="checkbox"/> Medical English <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Business Management (2 quarters) _____	
<input type="checkbox"/> 4-week Academic English <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		Please choose specialization: <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> Leadership	
<input type="checkbox"/> 2-week Academic English <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Business Management (3 quarters) _____	
8-Week Language Programs		Please choose specialization: <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> Leadership	
<input type="checkbox"/> Communication and Culture <input type="checkbox"/> full-time <input type="checkbox"/> part-time* _____		<input type="checkbox"/> Project Management Certificate Program (2 quarters) _____	
<input type="checkbox"/> Intensive Communication and Culture _____		Add Lean Six Sigma Green Belt for an additional \$3,000 USD <input type="checkbox"/> Lean Six Sigma Green Belt	
<input type="checkbox"/> Intensive Academic English OR <input type="checkbox"/> part-time Academic English* _____		<input type="checkbox"/> Paralegal Certificate (1 quarter) _____	
<input type="checkbox"/> Intensive TOEFL Preparation _____		TEFL Certificate Programs	
<input type="checkbox"/> Intensive IELTS Preparation _____		<input type="checkbox"/> TEFL Proficiency Certificate _____	
<input type="checkbox"/> Intensive Legal English _____		<input type="checkbox"/> Special Studies In TEFL _____	
Youth Programs		<input type="checkbox"/> TEFL Professional Certificate (6-MONTH FORMAT) _____	
<input type="checkbox"/> American University Experience* _____		<input type="checkbox"/> TEFL Professional Certificate (HYBRID FORMAT) _____	
<input type="checkbox"/> Academic Connections International* _____			
University Credit Programs			
<input type="checkbox"/> University and Professional Studies _____			
<input type="checkbox"/> Summer University Program, part-time* _____			
<input type="checkbox"/> Summer University Program, full-time _____			

*Part-time programs do not qualify for a Form I-20.

How did you learn about our programs? Agent University Friend or Family Other _____

3. Transfer Students Will you be coming directly from another school in the U.S.?

- No. If no, we need no further information regarding your transfer status.
 Yes. If yes, you must submit the UC San Diego Extension International Programs Academic Verification Form with the application to be considered for transfer.
 Students may request the Academic Verification Form from ipadmission@ucsd.edu.

Current school name _____ Telephone _____ Dates of attendance (Start & End) _____

4. I-20 Request

Student's FAMILY name (surname)

FIRST name (given name)

Do you need an I-20? YES. If yes, please select one: _____ for an F-1 visa _____ for school transfer _____ for change of status
 NO, I do not need an I-20. I am (please check one): _____ U.S. Citizen/Permanent Resident _____ Other non-immigrant status (specify) _____

Financial Verification Please check source of your funds: Personal/Own Family Other (specify) _____

A. REQUIRED FOR I-20: A bank statement or signed letter of sponsorship in English by an approved company or school, dated within the last 90 days and showing enough funds for all programs which the student is applying to, plus living expenses and other costs. Please see Tuition, Fees, and Financial Verification on page A5 of the application form to determine total funds needed. If the bank statement is in a foreign currency, it must show enough funds when converted to U.S. dollars.

Name of account holder _____ Name of bank _____

Bank location (city and country) _____

Amount of available funds in equivalent U.S. dollars _____ Date (within last 90 days) _____
 (must equal or exceed program amount specified on page A5)

Name and Title of Bank Official _____ Signature of Bank Official _____

Official Bank
Seal/Stamp

B. REQUIRED FOR I-20: The family member or other person who is financially responsible for you must read this statement and sign below. "I have read the information regarding the cost of tuition and living expenses and other costs for the period of study at UC San Diego Extension. I certify that these funds are available, and I accept full responsibility for these expenses."

Name of person financially responsible (print clearly) _____ Signature _____ Relationship to student _____ Date (m/d/y) _____

Dependents If you plan to bring your spouse (wife or husband) and/or children on F-2 visas, you must list them here. Attach additional sheet if more space is needed. Please include copy of passport name-page for each family member. (Parents and siblings are not considered dependents.)

Family name _____ Given name _____ Birthday (e.g., JAN 01,1997) _____ Country of birth/Country of citizenship _____ Relationship to you Male Female

Family name _____ Given name _____ Birthday (e.g., JAN 01,1997) _____ Country of birth/Country of citizenship _____ Relationship to you Male Female

5. Payment Procedure You must submit the non-refundable application fee and express mail fee, if selected, with your application. Application fee/express mail fee must be paid by credit card. All other fees must be paid in full 30 days before your program, or you may include full or partial payment now. Payment for the UC San Diego photo ID card and for textbooks CANNOT be made in advance and can only be purchased after arrival at UC San Diego Extension International Programs. Please indicate the amount you are enclosing with this application:

<input type="checkbox"/> English Language Programs application fee:	\$150	<input type="checkbox"/> 3-day express mail delivery of I-20 due with application:	\$50
<input type="checkbox"/> Youth Programs application fee:	\$200	(Strongly recommended because regular airmail can take 10–12 weeks for delivery. Fee may vary depending on location.)	
<input type="checkbox"/> University Credit Programs application fee:	\$200	<input type="checkbox"/> Medical insurance from UC San Diego Extension (see pg. A5):	\$
<input type="checkbox"/> Certificate Programs application fee:	\$200	<input type="checkbox"/> Program change fee:	\$150
<input type="checkbox"/> Partial or full tuition amount (ESL programs only):	\$	<input type="checkbox"/> Other:	
<input type="checkbox"/> International Student Services fee (see pg. A5):	\$	TOTAL amount enclosed with this application: \$	

PAYMENT OPTIONS (Please do not mail cash or traveler's checks.)

I have enclosed a money order/cashier check in the amount of \$ _____ (Checks must be drawn on a U.S. bank and payable to UC Regents.)

I would like to pay by credit card. If paying by credit card, write your full name at the top of this page and send it to our secure fax.

Do not send your credit card number by email. MasterCard Visa AMEX Diners Club Discover

Credit card number _____ Expiration date (month/year) _____ Total to be charged \$ _____

Name on credit card _____ Authorized card holder's signature _____

6. Signature (Application cannot be processed without a student signature.) I certify that all application information is true and that I have read and understand the policies described in this application and the UC San Diego Extension International Programs brochure. I acknowledge that I am required to pay the non-refundable application fee even if I decide to withdraw or cancel my enrollment.

Signature of applicant _____ Date _____

Please fax, express mail, or email completed application and required documents to:

Express Delivery Address: University of California San Diego Extension International Student Services 9600 N. Torrey Pines Road, Bldg. E La Jolla, CA 92037-1100
 Fax: +1-858-534-5703
 Email: ipadmission@ucsd.edu ip.extension.ucsd.edu

REFERRING AGENCY/UNIVERSITY (REQUIRED TO DOCUMENT STUDENT REFERRAL)

Agency/University name _____
 Contact name _____
 Fax _____ Email _____

Tuition, Fees, and Financial Verification Checklist

		Application Fee	Full-Time Programs (F1 VISA)						Part-Time Programs (Tourist VISA or E.S.T.A.)			
			Express Mail (optional)	Tuition*	ISS Fee	Medical Insurance	Total to UCSD	Student Visa Financial** Verification	Tuition*	ISS Fee	Medical Insurance	Total to UCSD
CONVERSATION	1	\$150	–	–	–	–	–	–	\$1,500	\$175	\$180	\$2,005
CONVERSATION AND FLUENCY	2	\$150	\$50	\$2,000	\$175	\$180	\$2,555	\$4,100	\$1,800	\$175	\$180	\$2,305
UNIVERSITY PREPARATION ACADEMY	3	\$150	\$50	\$2,300	\$175	\$180	\$2,855	\$4,400	–	–	–	–
BUSINESS ENGLISH	4	\$150	\$50	\$2,300	\$175	\$180	\$2,855	\$4,400	\$2,050	\$175	\$180	\$2,555
LEGAL ENGLISH FOR BUSINESS	5	\$150	\$50	\$2,300	\$175	\$180	\$2,855	\$4,400	\$2,050	\$175	\$180	\$2,555
ENGLISH FOR ENGINEERING AND TECHNOLOGY	6	\$150	\$50	\$2,600	\$175	\$180	\$3,155	\$4,700	\$2,300	\$175	\$180	\$2,805
ENGLISH FOR PHARMACEUTICAL SCIENCES	7	\$150	\$50	\$2,600	\$175	\$180	\$3,155	\$4,700	\$2,300	\$175	\$180	\$2,805
MEDICAL ENGLISH	8	\$150	\$50	\$2,600	\$175	\$180	\$3,155	\$4,700	\$2,300	\$175	\$180	\$2,805
ACADEMIC ENGLISH (4-WEEK)	9	\$150	\$50	\$2,000	\$175	\$180	\$2,555	\$4,100	\$1,800	\$175	\$180	\$2,305
ACADEMIC ENGLISH (2-WEEK)	9	\$150	\$50	\$1,200	\$175	\$90	\$1,665	\$2,550	\$1,000	\$175	\$90	\$1,415
COMMUNICATION AND CULTURE	10	\$150	\$50	\$3,100	\$380	\$450	\$4,130	\$7,150	\$2,900	\$380	\$450	\$3,880
INTENSIVE COMMUNICATION AND CULTURE	11	\$150	\$50	\$3,500	\$380	\$450	\$4,530	\$7,550	–	–	–	–
INTENSIVE ACADEMIC ENGLISH (OR PART-TIME ACADEMIC ENGLISH)	12	\$150	\$50	\$3,500	\$380	\$450	\$4,530	\$7,550	\$3,000	\$380	\$450	\$3,980
INTENSIVE TOEFL PREPARATION	13	\$150	\$50	\$3,500	\$380	\$450	\$4,530	\$7,550	–	–	–	–
INTENSIVE IELTS PREPARATION	14	\$150	\$50	\$3,500	\$380	\$450	\$4,530	\$7,550	–	–	–	–
INTENSIVE LEGAL ENGLISH	15	\$150	\$50	\$4,000	\$380	\$450	\$5,030	\$8,050	–	–	–	–
AMERICAN UNIVERSITY EXPERIENCE	16	\$200	–	–	–	–	–	–	\$3,900	\$175	\$90	\$4,365
ACADEMIC CONNECTIONS INTERNATIONAL	17	\$200	–	–	–	–	–	–	\$6,400	\$175	\$135	\$6,910
UNIVERSITY AND PROFESSIONAL STUDIES	18	\$200	\$50	\$7,800	\$380	\$585	\$9,015	\$12,250	–	–	–	–
SUMMER UNIVERSITY PROGRAM I OR II (5 WEEKS, FULL-TIME)	19	\$200	\$50	\$6,075	\$380	\$270	\$6,975	\$9,050	–	–	–	–
SUMMER UNIVERSITY PROGRAM I OR II (5 WEEKS, PART-TIME)	19	\$200	–	–	–	–	–	–	\$4,925	\$380	\$270	\$5,775
BUSINESS ESSENTIALS (1 QUARTER)	20	\$200	\$50	\$6,000	\$380	\$585	\$7,215	\$10,450	* Additional fees may be required for some programs. Please ask at ipinfo@ucsd.edu . ** Financial Verification is the estimated total amount a student will need to study and live abroad for the duration of their program. This verification is required for the Form I-20. It includes an estimate cost of books and materials, transportation, housing, food and incidentals. If you plan to bring your spouse and/or children, your financial verification must include an additional \$500 per month for your spouse and \$300 per month for each child.			
BUSINESS ESSENTIALS (2 QUARTERS)	20	\$200	\$50	\$12,000	\$760	\$1,170	\$14,180	\$22,200				
BUSINESS ESSENTIALS (3 QUARTERS)	20	\$200	\$50	\$18,000	\$1,140	\$1,800	\$21,190	\$34,000				
BUSINESS ANALYTICS (1 QUARTER)	21	\$200	\$50	\$7,000	\$380	\$585	\$8,215	\$11,450				
DIGITAL MARKETING (1 QUARTER)	22	\$200	\$50	\$6,200	\$380	\$585	\$7,415	\$10,650				
LEADERSHIP AND MANAGEMENT (1 QUARTER)	23	\$200	\$50	\$6,000	\$380	\$585	\$7,215	\$10,450				
BUSINESS MANAGEMENT (2 QUARTERS)	24	\$200	\$50	\$12,000	\$760	\$1,170	\$14,180	\$22,200				
BUSINESS MANAGEMENT (3 QUARTERS)	24	\$200	\$50	\$18,000	\$1,140	\$1,800	\$21,190	\$34,000				
PROJECT MANAGEMENT (2 QUARTERS)	25	\$200	\$50	\$12,000	\$760	\$1,170	\$14,180	\$22,200				
PARALEGAL	26	\$200	\$50	\$9,000	\$380	\$585	\$10,215	\$11,250				
TEFL PROFICIENCY	27	\$200	\$50	\$5,950	\$380	\$585	\$7,165	\$11,300				
SPECIAL STUDIES IN TEFL	28	\$200	\$50	\$4,750	\$380	\$585	\$5,965	\$10,100				
TEFL PROFESSIONAL (6-MONTH FORMAT)	29	\$200	\$50	\$8,300	\$760	\$1,170	\$10,480	\$18,200				
TEFL PROFESSIONAL (HYBRID FORMAT)	30	\$200	\$50	\$4,750	\$380	\$585	\$5,965	\$10,100				

Tuberculosis (TB) Questionnaire

University Credit, Academic Connections International, and Certificate program students are required to fill out and return this form 30 days before the program start-date. [Please send this questionnaire to iphealth@ucsd.edu](mailto:iphealth@ucsd.edu) or fax it to +1-858-534-5703.

Family Name of participant _____

First Name of participant _____

Date of Birth month/day/year _____

Student's Email (Please print clearly.) _____

Please answer the following questions:

- Have you ever had a positive TB skin or blood test? Yes No
- Have you ever had close contact with anyone who was sick with TB? Yes No
- Are you from or have you ever lived or traveled in one of the following areas: Mexico, South or Central America, Eastern Europe, Asia, the Middle East, or Africa? Yes No

If all questions are answered **NO**, you have completed your TB Assessment. Please send this questionnaire to iphealth@ucsd.edu or fax it to +1-858-534-5703.

If have answered **YES** to any of these questions above, a licensed health care provider must fill out questions 1-3 AND document negative TB test results or treatment (questions 4-7), even if you have had the BCG Vaccine.

Tuberculosis (TB) Assessment

This part of the form must be completed only by a licensed health care provider. If TB results are required, the TB test must be taken no more than 1 year from the program start-date.

RISK FACTORS: (please ask student and check any that apply)

1. Immunosuppressed (HIV/AIDS), organ transplant, or on immunosuppressant medication Yes No
2. History of abnormal chest x-ray suggestive of TB disease Yes No
3. Does the student have signs or symptoms of active tuberculosis disease? Yes No
(Cough more than 3 weeks, chest pain, unexplained weight loss, fevers, night sweats)

4. Tuberculin Skin Test (TST)

If there is no history of BCG Vaccine, TST results should be recorded as millimeters (mm) of induration. If no induration, write "0." Five mm is considered positive if there is a history of abnormal chest x-ray, recent exposure to active TB disease, or is immunosuppressed. 10 mm induration is considered positive if coming from a high-risk area or has other high-risk conditions (IV drug use, chronic renal disease, cancer, diabetes, malabsorption or GI bypass).

- Date TST test was given: _____ month/ day/ year
- Date TST test was read: _____ month/ day/ year
- Result: _____ mm induration
- Interpretation: negative positive

5. TB Blood Test (Interferon Gamma Release Assay-IGRA)

(The TB blood test may be done instead of TST. Strongly recommended if there is a history of positive TST or BCG vaccination.)

- Date obtained: _____ month/ day/ year
- Result: negative positive intermediate

6. Chest X-Ray (required if TST or IGRA is positive)

- Date of chest x-ray: _____ month/ day/ year
- Result: normal abnormal (including scars, and old granulomatous changes)
- If chest x-ray is abnormal, please submit the following results.
Sputum Results (AFB and culture x 3 required if chest x-ray abnormal):
- #1 Date _____ AFB _____ Culture _____
- #2 Date _____ AFB _____ Culture _____
- #3 Date _____ AFB _____ Culture _____

7. Treatment for Latent TB (if applicable):

- Medication(s) _____
- Start date: _____ month/ day/ year
- Completion date: _____ month/ day/ year

Licensed healthcare provider's name (please print in block letters): _____

Healthcare provider's signature: _____ Date: _____ month/ day/ year

Healthcare provider's stamp: