

PREVIEW

Pathway to Discovery Enrollment Form

For Residents and Fellows

Instructions:

- This form is required to enter any Pathway to Discovery program.
- Save your work and return to this form by clicking "Save Answers and Resume Later" below. Your draft application can be saved for up to 21 days.
- Once submitted, your application cannot be modified, therefore, make certain to check your work. Preview the application requirements here.

Academic Track:

Undergraduate
Resident, Fellow, Graduate School

Graduate Application Process:

1. Learner submits application.
2. Residency or Fellowship Program Director verifies eligibility.
3. Mentor approves project plan.
4. Pathways to Discovery reviews application.
5. Decision letter emailed to learner and Program Director and mentor (if applicable).
6. Final, revised proposal form is submitted in October.

Acknowledgment:

Before submitting your application, please review the program requirements linked below.

Required Components:

[Clinical and Translational Medicine](#)
[Global Health](#)
[Health Professions Education](#)
[Health and Society](#)
[Molecular Medicine](#)

Your Program Director will be informed of your academic requirements. Failure to complete program requirements within your specified project period will result in dismissal from the Pathways to Discovery program and notification to your program director.

I agree

Pathway Program

Clinical and Translational Research

Health and Society

Health Professions Education

Global Health

Molecular Medicine

PART 1: Contact, Demographic, and Academic Information

Applicant Information

Learner's First Name

Learner Middle Initial

Learner Last Name*

Learner Email Address

Learner Skype Name

Personal Email Address (permanent)

Primary Phone Number

Alternate Phone Number

eRA Commons ID (electronic research administration system ID provided by NIH) (Optional)

Date of Birth

Current degree/s*

MD

MPH

PhD (specify)

MBA

Other:

Contact Information

Current Mailing Address

City

State

Zip Code

Campus Box Number

Permanent Mailing Address

City

State

Zip Code

Emergency Contact Information

Emergency Contact First Name

Emergency Contact Last Name

Emergency Contact Email Address

Emergency Contact Phone Number

Emergency Contact Relationship to You

Demographic Information

Gender*

- Male
- Female
- Do not wish to provide

Citizenship*

- U.S. Citizen or Non-citizen National
- Permanent Resident of U.S.

Race/Ethnicity: Are you Hispanic (or Latino)*

- Yes
- No
- Intentionally withheld

What is your racial background?*

(Check all that apply)

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian
- Black or African American
- White
- Intentionally Withheld

Do you have a disability?

Disability: A physical or mental impairment that substantially limits one or two major life activities.

If yes, which of the following categories describe your disability?

- Yes
- No
- Do not wish to provide

Please specify:

- Hearing
- Visual
- Mobility/Orthopedic
- Other

Are you from a disadvantaged background?

- Yes
- No
- Do not wish to provide

Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged S Program, or scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need. 2. Comes from a family w annual income below established low-income thresholds, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml> 2. Comes from a social, c educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition

of the knowledge, skills, abilities necessary to develop and participate in a research career. This category is most applicable to high school and perhaps undergraduate students, but more difficult to justify individuals beyond that level of achievement.

Training Program Information

UCSF School
Medicine
Nursing
Dentistry
Pharmacy
Graduate

Department/Division or Program
Expected Completion of Program
Program Director First Name
Program Director Last Name
Program Director Degree
Program Director Institutional Affiliation
Program Director Email Address
(Please note that this address must be correct or the automatically-generated email requesting approval of your participation will fail to reach your program director.)

PART 2: Proposed Mentor, Project, and Application

Proposed Mentors:

For Graduate Medical Education learners, mentor support is strongly preferred. If you do not have an identified mentor yet, enter TBA below and use TBA@ucsf.edu in the email field.

Mentor First Name (**required**)
Mentor Last Name (**required**)
Mentor Degree (**required**)
Mentor Department (**required**)
Mentor Academic Title (**required**)
Mentor Institutional Affiliation (**required**)
Mentor Email Address (**required**)

Secondary Mentor:

A secondary mentor is not required.

Secondary Mentor First Name (optional)
Secondary Mentor Last Name (optional)
Secondary Mentor Institutional Affiliation (optional)
Secondary Mentor Email Address (optional)

Pathway Application

Curriculum Vitae:
(Upload a PDF version of your most recent CV)
(required)

Personal Statement (required)
(Describe your previous involvement with relevant coursework, clinical work, research, program or policy development and indicate your future career plans as they relate to your selected Pathway.)
(250 words maximum)

Project Proposal

Please provide the most detailed overview of your proposed project *possible*.

The Pathways to Discovery Program is a competitive application process.

If you are still in the formative stages with your project, include as much information below as possible in order to distinguish your application. If accepted, you will be given the resources and time to update your project and mentor information at a later date.

NOTE: If you do not have a clear project proposal in mind yet, please enter TBA into the fields you wish to leave blank.

Project Title (required)

Project Aims
(Please list)
(required)

Background and Significance*
(Rationale for your project and significance to the literature)
(required)

Project Design and Methods
(Describe your project proposal, including its design, setting, participants, and specific procedures. Explain your plan for development and implementation to the best of your ability. NOTE: You will have the opportunity to change and refine your project as needed during your time with the Pathway, however, this proposal provides the selection committee context in understanding the direction of your work.)
(required)

Scholarly Product(s)
(List of abstracts, presentations, posters, or manuscripts related to proposed project.)
(400 words maximum)
(required)

Project Timeline*
(required)

CHR Approval and Project Support

CHR approval received?*

Yes

No

CHR approval Number:

If yes,

CHR approval number

(Include your Primary Investigator's approval number if your project scope is within another application)

IACUC approval received?

(Institutional Animal Care and Use Committee)

Yes

No

Pathways to Discovery Curriculum Dates

Review the below required course dates for your respective Pathway.

Clinical and Translational Research	Designing Clinical Research Four weeks Mondays and Wednesdays 9:00am – 12:00pm August 2017, exact dates TBD *If unable to attend August DCR, there is an online course Sept-Oct, 2017
Global Health	Global Health Sciences 103 Three weeks Monday – Friday 9:00am – 4:00pm September 5-22, 2017

<p>Health & Society</p>	<p>H&S Core Course</p> <p>One week</p> <p>Monday – Friday</p> <p>8:00am – 12:00pm</p> <p>10/16-20, 2017</p>
<p>Health Professions Education</p>	<p>Teaching Strategies and Curriculum Development:</p> <p>Four weeks</p> <p>Monday-Friday</p> <p>8:00am – 12:00pm, and</p> <p>approx. 3 afternoons per week</p> <p>Choose one track:</p> <p>9/25–10/22, 2017</p> <p>10/2–10/31, 2017</p>