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 Students 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 with 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, 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 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.

<table>
<thead>
<tr>
<th>Clinical and Translational Research</th>
<th>Designing Clinical Research</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Course</td>
<td>Duration</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Global Health</td>
<td>Four weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Health &amp; Society</td>
<td>Four weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Professions Education</td>
<td>Four weeks</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Submission:**
I understand that my acceptance into the program is contingent upon meeting with the Pathway program director.

Yes

COMPLETED BY GME PROGRAM DIRECTOR

---

**Program Director Approval Form**

Thank you for taking the time to consider this request for participation from a learner in your Department or Program. All residents, fellows, and graduate students must be in good academic standing and have approval from their Program Directors prior to acceptance into the Pathways to Discovery Program.

Details about the requirements for the program are linked below:

Required Components:
- Clinical and Translational Medicine
- Global Health
- Health Professions Education
- Health and Society
- Molecular Medicine

If you have any questions regarding this form please contact Pathways to Discovery Central Office at pathways@ucsf.edu.

**PART 1: Applicant and Program Information**

**Applicant Information**

- Learner's First Name (prepopulated)
- Learner Middle Initial (prepopulated)
- Learner Last Name (prepopulated)
- Learner Email Address (prepopulated)
- Pathway
- Expected Completion Date of Program (prepopulated)

**Program and Director Information**

- Department/Division or Program (prepopulated)
- Program Director First Name (prepopulated)
- Program Director Last Name (prepopulated)
- Program Director Degree (prepopulated)
- Program Director Email Address (prepopulated)

**PART 2: Recommendation**

Indicate your approval by selecting the following (program requirements are listed below followed by the "submit" button).
If you do not agree to all three criteria, you will be contacted by one of the program directors for your input.

The learner is in good academic standing.
  Agree
  Disagree

The learner will be able to participate in the required elements of this program
  Agree
  Disagree

I support the participation of this learner in the Pathways to Discovery program.
  Agree
  Disagree

Please indicate the total maximum number of learners from your program who are eligible to enroll in the Pathways to Discovery Program.

<table>
<thead>
<tr>
<th>Curriculum Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical and Translational Research</strong></td>
</tr>
<tr>
<td>Four weeks</td>
</tr>
<tr>
<td>Mondays and Wednesdays 9:00am – 12:00pm</td>
</tr>
<tr>
<td>8/3/15 - 8/28/15, or</td>
</tr>
<tr>
<td>9/28/15 – 10/28/15 (online)</td>
</tr>
</tbody>
</table>

| **Global Health** | **Global Health Sciences 103** |
| Four weeks | |
| Monday – Friday | |
| 9:00am – 4:00pm | |
| 9/8/15 – 9/25/15 | |

<p>| <strong>Health &amp; Society</strong> | <strong>H&amp;S Core Course</strong> |
| Four weeks | |
| Monday – Friday | |</p>
<table>
<thead>
<tr>
<th>Health Professions Education</th>
<th>Teaching Strategies and Curriculum Development:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Four weeks</td>
</tr>
<tr>
<td></td>
<td>Monday-Friday</td>
</tr>
<tr>
<td></td>
<td>8:00am – 12:00pm, and approx. 3 afternoons per week</td>
</tr>
<tr>
<td></td>
<td>Choose one track:</td>
</tr>
<tr>
<td></td>
<td>9/28/15 - 10/23/15</td>
</tr>
<tr>
<td></td>
<td>10/1/15 - 10/29/15</td>
</tr>
</tbody>
</table>

Rate your support of this applicant relative to other potential learners from your program. (5-point likert scale)