**PREVIEW**

USE THIS FORM TO PREPARE YOUR PATHWAYS TO DISCOVERY APPLICATION

Pathway to Discovery
Enrollment Form

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.

Undergraduate Application Process:

1. Learner submits application.
2. Office of Undergraduate Medical Education verifies academic eligibility.
3. If required, mentor approves project plan.
4. Pathways to Discovery reviews application.
5. Decision letter emailed to learner and mentor.
6. Depending on your Pathway, a final, revised proposal may be required in Fall.

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

Failure to complete program requirements within your specified project period will result in dismissal from the Pathways to Discovery program and notification to the Office of Undergraduate Medical Education.

I agree
PART 1: Contact, Demographic, and Academic Information

Pathway Program
Clinical and Translational Research
Health and Society
Health Professions Education
Global Health
Molecular Medicine

MDwD Program
Yes
No
Undecided

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
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.)
  Yes
  No
  Do not wish to provide

Disability Detail:
  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. 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.

Is your research/scholarly project related to the health or health care of health disparities populations?

Yes

No

If yes,

You may be eligible for Prof-Path, an innovative, NIH-funded opportunity if your research is related to health disparity populations or the care of health disparity populations OR you yourself come from a health disparity population which is defined by the NIH to include some ethnic minority, disability, and socio-economically disadvantaged learners.

Participant Benefits:

- NIH-funded research education and career development program for health professional students participating in mentored research;
- Dedicated monthly evening workshops focused on career development and leadership skill acquisition;
- Fellowships (summer, quarterly, year-long);
- Tuition/books/conference travel expenses;
- Research support.

Would you like a director to contact you regarding participation in Prof-Path?

Yes

No

Training Program Information

UCSF School
- Medicine
- Nursing
- Dentistry
- Pharmacy
- Graduate

Expected Completion of Program
- Planned specialty

PART 2: Proposed Mentor, Project, and Application

Proposed Mentors:

NOTE:

For the Health Professions Education Pathway, 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.
**For Health & Society Pathway**, mentor support is required to complete this application.

**For Molecular Medicine Pathway**, mentor support is required to complete this application.

**For Global Health Pathway**, 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.

**For the Clinical and Translational Medicine Pathway**, mentor support is required to complete this application.

- Mentor First Name (required)
- Mentor Last Name (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)

**Project Proposal**

Curriculum Vitae (PDF format only)

Personal Statement
(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)
(Please include your residency/specialty plans in this section, if known.)

**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

Do you have CHR approval?*
   Yes
   No

   If yes,

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

   If no,

   Does the project require approval?
      Yes
      No
      Uncertain

      If yes,

      Timeline for obtaining approval.

      If no,

      Explain why your project does not require CHR approval.
Do you have IACUC approval? (Institutional Animal Care and Use Committee)
  Yes
  No

  If yes,
  IACUC Approval Number

Project Funding
Do you or your mentor have funding to support any portion of this project, e.g. transcriptions, translations, statistical support, software?
  Yes
  No

  If yes,
  Please provide details about those funding sources.
  COMMENT