

CTSI KL2 Application

Application Tips.

Please read the following instructions carefully to ensure that you submit an accurate and complete application.

1. Carefully review the program requirements and a PDF version of this application on the KL2 web site before you begin.
2. You can complete a partial application and save and return to it later, but the application must be submitted **WITHIN 7 DAYS** of beginning it. To save the application and resume later, click "Save Answers and Resume Later." You will receive a URL that you will need to save on your computer so that you may return to your partially completed application. Note that the URL takes you back to the first page (this one) of the application. To get to where you wish to resume completing the application, use the NEXT buttons at the bottom of the page.
NOTE: THE APPLICATION SOFTWARE DOES NOT SAVE ANY OF YOUR PDF ATTACHMENTS THAT YOU UPLOAD IF YOU CHOOSE TO "SAVE ANSWERS AND RESUME LATER".
3. Given the limitations noted above we suggest that you print the PDF version of the application form posted on the program website to review what is required in the application and have everything prepared in advance that you need to complete the application. For example, since the bulk of the KL2 application requires you to upload separate PDF attachments, you will want to convert all word processed documents to PDF prior to beginning the application. Once you have all the required PDF attachments ready and organized, you can sit down and complete the application in a single sitting.
4. Only PDF formatted documents (no MS Word, Excel, PPT, etc) may be uploaded to the application. Be sure that the PDF attachments are not password protected or secured.
5. Before you submit your application, we suggest that you use the "Previous" and "Next" buttons at the bottom of the pages to review your application for accuracy. You won't be able to submit the application if required elements are missing.
6. You are only allowed to submit the application once per primary email address. You are responsible for submitting a complete and accurate application. You will receive an email confirmation including a copy of your submitted application. If you discover that you have made a major error after submitting your application, please notify Chris Ireland at cireland@psg.ucsf.edu. Note that any changes allowed to your application will be at the discretion of the CTSI KL2 program and must be completed and submitted prior to application deadline.

APPLICANT INFORMATION

First Name*

Last Name*

Middle Initial

Home Address* Address Line 1*

Address Line 2

City

State

ZIP Code

Permanent Address (if different from Home Address) Address Line 1

Address Line 2

City

State

ZIP Code

Primary Email Address*

(work email)

Alternate Email Address

(personal email)

Home Telephone

Office Telephone*

Mobile Telephone*

Emergency Contact Information*

First Name*

Last Name*

Emergency Contact Telephone*

Position/Title (as of July 1, 2016)*

Institution*

- UCSF
- Other:

School*

- Dentistry
- Graduate Division
- Medicine
- Nursing
- Pharmacy

Current Department*

Current Division

Have you submitted a K23/K08/K01/K07/K99 etc. to the NIH in 2015-16?*

- Yes
- No

APPLICANT DEMOGRAPHIC INFORMATION

Gender*

- Male
- Female

Date of Birth*

Month

Day

Year



Citizenship*

- U.S. Citizen or Non-citizen National
- Non-U.S. Citizen with a permanent US Resident Visa ("Green Card")
- Non-U.S. Citizen with a Temporary Visa

If not a U.S. Citizen, of which country are you a citizen?

Are you Hispanic (or Latino)?*

- Yes
- No
- Do not wish to provide

What is your racial background?*

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Asian
- Black or African American
- White
- Do not wish to provide

check all that apply

Are you from a disadvantaged background?*

- Yes
- No
- Do not wish to provide

Individuals from a disadvantaged background must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or scholarships from the U.S. Dept of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.

Do you have a disability (physical or mental impairment that substantially limits one or more major life activities)?*

- Yes
- No
- Do not wish to provide

If disabled, which of the following describes your disability(ies)?

- Hearing
- Visual
- Mobility/Orthopedic Impairment
- Other:

EDUCATION

List of schools and degrees received past high school

Institution 1*

Degree 1*

- Bachelor of Arts (BA)
- Bachelor of Science (BS)
- Other:

Major 1*

Graduation Year 1*

Institution 2*

Degree 2*

- Master of Arts (MA)
- Master of Science (MS)
- MAS in Clinical Research
- MPH
- PhD
- MD
- MD, PhD
- PharmD
- DDS
- Other:

Major 2

Graduation Year 2*

Institution 3

Degree 3

- Master of Arts (MA)
- Master of Science (MS)
- MAS in Clinical Research
- MPH
- PhD
- MD
- MD, PhD
- PharmD
- DDS
- Other:

Major 3

Graduation Year 3

HONORS AND AWARDS

Please list up to 3 academic honors or awards of which you are most proud

Honor or Award 1

Honor or Award 2

Honor or Award 3

PUBLICATIONS

Please provide the number of publications that you have in peer-reviewed journals as of the date of application

How many total peer-reviewed publications do you have?*

Of these, on how many are you first or last author?*

BOARD CERTIFICATION - FOR PHYSICIANS

Are you board certified? _____

Yes

No

Please specify the board(s)

MENTORS' INFORMATION

Please list the following information about your Lead/Scholarly Mentor and up to 2 Co-Mentors

Lead Mentor's First Name*

Lead Mentor's Last Name*

Lead Mentor's Title *

Assistant Professor

Associate Professor

Professor

Other:

Lead Mentor's Institution*

UCSF

Other:

Lead Mentor's School*

Medicine

Nursing

Dentistry

Pharmacy

Lead Mentor's Department*

Lead Mentor's Division

Lead Mentor's Email *

Lead Mentor's Primary Telephone*

Co-Mentor 1's First Name*

Co-Mentor 1's Last Name*

Co-Mentor 1's Title *

- Assistant Professor
- Associate Professor
- Professor
- Other: _____

Co-Mentor 1's Institution*

- UCSF
- Other: _____

Co-Mentor 1's School*

- Medicine
- Nursing
- Dentistry
- Pharmacy

Co-Mentor 1's Department* _____

Co-Mentor 1's Division _____

Co-Mentor 1's Email * _____

Co-Mentor 1's Primary Telephone* _____

Co-Mentor 2's First Name _____

Co-Mentor 2's Last Name _____

Co-Mentor 2's Title

- Assistant Professor
- Associate Professor
- Professor
- Other: _____

Co-Mentor 2's Institution

- UCSF
- Other: _____

Co-Mentor 2's School

- Medicine
- Nursing
- Dentistry
- Pharmacy

Co-Mentor 2's Department _____

Co-Mentor 2's Current Division _____

Co-Mentor 2's Email _____

Co-Mentor 2's Primary Telephone _____

RESEARCH PROJECT INFORMATION

Research Project Title*

(90 characters)

List up to 3 MeSH* terms (or key words) that best describe your research*

*Medical Subject Headings (MeSH) is the National Library of Medicine's vocabulary used for indexing biomedical and health-related information.

PDF Attachments

The following section requires you to upload PDF attachments. Once you have uploaded PDF attachments in the application, you should not attempt to "Save Answers and Resume Later" since your PDF attachments will not be saved.

KL2 SPECIFIC FORMS

The following 4 sections use KL2 specific forms that you must download from the KL2 web site. Your Department Chair or Division Head, and your Lead and Co-Mentor must complete and sign the KL2 forms following the instructions provided on the forms. The completed, signed forms can then be scanned and converted to PDF prior to attaching to the application.

Is this a resubmission?*

Yes

No

KL2 Candidate's Statement* No file selected.

Attach a PDF of your 2-PAGE KL2 Candidate's Statement. If this is a resubmission please address the reviewer comments and highlight your accomplishments and development since the previous application (e.g., enhanced training, mentors, tangible resources, track record, changes in research plan) in your Candidate Statement. For resubmissions the page limit for the Candidate Statement is increased by 1/2 page to allow space for this additional information.

KL2 Dept Chair/Division Head Statement* No file selected.

Attach a 1-PAGE PDF of the Dept Chair/Division Head Statement

KL2 Lead Mentor's Statement* No file selected.

Attach a 1-PAGE PDF of your lead mentor's statement

KL2 Co-Mentor 1's Statement* No file selected.

Attach a 1-PAGE PDF of your Co-mentor's statement

KL2 Co-Mentor 2's Statement No file selected.

Attach a 1-PAGE PDF of your Co-mentor's statement

K23 APPLICATION ELEMENTS

For the remaining sections, applicants must use the NIH instructions and format for K23 Mentored Career Development Awards. Questions about these instructions should be referred to the official in charge of K awards at an NIH institute appropriate to the candidate's specialty.

Project Summary/Abstract* No file selected.

Candidate's NIH Biosketch* No file selected.

Note: Either the old or new NIH biosketch is acceptable for this submission.

Lead Mentor's NIH Biosketch* No file selected.

Candidate Information* No file selected.

Specific Aims* No file selected.

Research Strategy* No file selected.

References* No file selected.

Protection of Human Subjects* No file selected.

WARNING: Please hit the SUBMIT key **ONLY** once. The system may take a few minutes to upload all of your information and attachments. If you hit SUBMIT more than once before processing is completed, you will lose your work.

BEFORE YOU CLICK SUBMIT YOU SHOULD REVIEW YOUR APPLICATION USING THE PREVIOUS AND NEXT BUTTONS AT THE BOTTOM OF THE PAGES. ONCE YOU SUBMIT YOU WILL **NOT** BE ABLE TO EDIT YOUR APPLICATION.

Cancel

Confirm