Spring 2011 Resident Research Travel (RRT) Grant Application

Instructions

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

1. Carefully review the program requirements before you begin: http://cts.ucsf.edu/funding/funding-for-residents#travel.

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 limitation that you must complete the application within 7 days, 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 on hand that you need to complete the application ahead of time. For example, you will want to create PDF documents for any parts of the application that may require you to upload a PDF (e.g. your biosketch, letters of support, research plan, etc).

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 Christian Leiva at cleiva@psq.ucsf.edu. Note that changes will be at the discretion of the PROGRAM and must be completed by the deadline.

7. The deadline for this application is April 3, 2011.
First Name *
Jane

Last Name *
Doe

Middle Initial

Degree(s) Held *

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

Select all that apply

Home Address *
123 Main Street

San Francisco California 94111
City State Zip Code

Permanent Address (if different from Home Address)

Alternate Address

Office Address *
100 Panassus, Suite C-415

San Francisco California 94143
City State Zip Code

Primary Email Address *
Jane.doe@ucsf.edu

Secondary Email Address *
ido@gmail.com

Home Telephone

Office Telephone *
(415) 555-1234

Mobile Telephone *
(415) 555-5678

Fax

Residency Program *
Anesthesiology

UCSF Box Number *
1111
Gender *
- Female
- Male

Date of Birth *
- 07
- 17
- 1985

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

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

Have you successfully completed the Resident Research Elective (Epi 150.03) or the Summer Research Methods Course (Epi 202)? *
- Yes
- No

Have you received a CTSI Resident Research Funding (RRF) award for the project in this application?
- Yes
- No

Have you applied to other funding sources for this travel?
- Yes
- No
Program Director's Information

Please list the following information about your Program Director.

Program Director's First Name *
Marina

Program Director's Last Name *
Patel

Program Director's Institution *
- UCSF
- Other: 

Program Director's School *
- Medicine
- Nursing
- Dentistry
- Pharmacy

Program Director's Department *
Biochemistry and Biophysics

Program Director's Division

Program Director's Email *
marina.patel@ucsf.edu

Program Director's Primary Telephone *
(415) 555-1357
Mentors' Information

Please list the following information about your Mentor

Mentor's First Name *
Sabrina

Mentor's Last Name *
Leung

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

Select all that apply

Mentor's Institution *
- UCSF
- Other: ___________

Mentor's School *
- Medicine
- Nursing
- Dentistry
- Pharmacy

Mentor's Department *
- Medicine

Mentor's Division
- Pharmaceutical Medicine

Mentor's Email *
sabrina.leung@ucsf.edu

Mentor's Primary Telephone *
(415) 555-2468

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