

# 2014 Resident Research Symposium Abstract Submission Form

## 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://accelerate.ucsf.edu/training/resident#research>.
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 Dr. Anna Bakardjiev at [BakardjievA@peds.ucsf.edu](mailto:BakardjievA@peds.ucsf.edu) for bench and translational research or Christian Leiva at [cleiva@psg.ucsf.edu](mailto:cleiva@psg.ucsf.edu) for clinical and translational research. 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 Sunday, April 6, 2014.

## APPLICANT INFORMATION

**First Name \***

**Last Name \***

**Middle Initial**

**Degree(s) Held \***

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

Select all that apply.

**Home Address \***

City

State

Zip Code

**Permanent Address (if different from Home Address)**

City

State

Zip Code

**Office Address \***

City

State

Zip Code

**Primary Email Address \***

(work email)

**Alternate Email Address \***

(personal email)

**Home Telephone****Office Telephone \*****Mobile Telephone \*****Residency Program \*** ▾**UCSF Box Number \*****Year In Program \*** 1 2 3 4 5 6 7 Other:**In what year will you complete/do you expect to complete residency? \*** ▾**APPLICANT DEMOGRAPHIC INFORMATION****Gender \*** Female Male

**Date of Birth \*****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

**Have you successfully completed the Designing Clinical Research course? \***

- Yes
- No

**If so, when? \*****If so, provide the name of your Small Group Leader \*****Has this work been presented elsewhere? \***

- Yes
- No

**If so, where? \*****Has this work been accepted for publication? \***

- Yes
- No

**If so, where? \***

## MENTORS' INFORMATION

Please list the following information about your Lead/Scholarly Mentor

**Mentor's First Name \***

**Mentor's Last Name \***

**Mentor's Institution \***

UCSF

Other:

**Mentor's School \***

Medicine

Nursing

Dentistry

Pharmacy

**Mentor's Department \***

 

**Mentor's Division**

**Mentor's UCSF Box Number \***

**Mentor's Email \***

**Mentor's Primary Telephone \***

**Nomination for Mentor Award**

Yes

No

Would you like to nominate your Mentor for THIS project for the Resident Research Mentor Award?

**If so, tell us why in 100 words or less.**

## ABSTRACT INFORMATION

**Is this abstract for bench and translational research or clinical and translational research? \***

- Bench and Translational Research  
 Clinical and Translational Research

**Abstract Title \***

(60 characters)

**Co-Authors \***

**Abstract Purpose \***

**Abstract Methods \***

**Abstract Results \***

**Abstract Conclusions \***

Submit