Advanced Pathways to Research (A-PReP) Application

Complete the 2018 Advanced Pathways to Research Application below. This submission form will automatically close at 12:01 p.m. on February 5, 2018. No late or partially completed applications will be accepted. Access the 2018 A-PReP RFA at http://z.umn.edu/aprep18.

Clinical and Translational Science Institute and
Center for Health Equity
University of Minnesota

ctsieduc@umn.edu

Applicant Information

Today's Date

First Name

Middle Name (if applicable)

Last Name

x.500

Email

(Preferred email address)

Address: Street, City, State, Zip

Phone Number

Year of anticipated graduation from current degree program

(YYYY)
School

- School of Dentistry
- Medical School - TC
- Medical School - Duluth
- School of Nursing
- College of Pharmacy - TC
- College of Pharmacy - Duluth
- School of Public Health
- College of Veterinary Medicine
- Other

Other

__________________________________

Degree(s) Currently Pursued

- PhD
- MD
- DDS
- PharmD
- DNP
- Dual degree program (please specify)
- Other (please specify)

Dual degree program

__________________________________

Other

__________________________________
Area(s) of Interest (Check all that apply)
(Check all that apply)

☐ Addiction
☐ Aging/Geriatrics
☐ AIDS/HIV
☐ Allergy
☐ Anesthesiology
☐ Behavioral Sciences
☐ Biochemistry
☐ Biomedical Ethics
☐ Bioengineering
☐ Biophysics
☐ Biostatistics
☐ Biotechnology
☐ Bone Biology
☐ Cancer
☐ Cardiology/Cardiovascular Diseases
☐ Cell and Developmental Biology
☐ Chemistry
☐ Child Health and Development
☐ Chronic Disease Management
☐ Complementary and Alternative Medicine
☐ Computational/Quantitative Biology
☐ Dentistry
☐ Dermatology
☐ Diabetes
☐ Diagnostic Radiology
☐ Endocrinology
☐ Environmental Sciences
☐ Epidemiology
☐ Gastroenterology
☐ General Medical Sciences
☐ Genetics
☐ Global Health
☐ Health Disparities
☐ Health Policy/Economics
☐ Health Sciences Education
☐ Hematology
☐ Hypertension
☐ Immunology
☐ Infectious Disease
☐ Interventional Radiology
☐ Laboratory Medicine
☐ Medical Oncology
☐ Microbiology
☐ Molecular Biology
☐ Nephrology
☐ Neurology
☐ Neurosciences
☐ Nuclear Medicine
☐ Nursing
☐ Nutritional Sciences
☐ Obesity
☐ Obstetrics and Gynecology
☐ Occupational Therapy
☐ Oncology
☐ Ophthalmology
☐ Orthopedics
☐ Otorhinolaryngology
☐ Pain
☐ Pathology
☐ Pediatrics
☐ Personalized Medicine
☐ Pharmacology
☐ Physical Therapy
☐ Physiology
☐ Plant Biology
☐ Preventive Medicine
☐ Psychiatry
☐ Psychology
☐ Public Health
☐ Pulmonary
☐ Radiation Sciences
☐ Radiology
☐ Regenerative Medicine
☐ Rheumatology
☐ Social Sciences
☐ Surgery
☐ Trauma
☐ Urology
☐ Women's Health
☐ Other (please specify)

Other

How did you hear about the program?

__________________________
**Demographic Information**

The University of Minnesota is committed to the policy that all persons shall have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, or sexual orientation. Responses to demographic questions below do not affect eligibility.

Date of Birth

__________________________________

(MM-DD-YYYY)

Gender

- Female
- Male
- Other (transgender identity)
- Do not wish to provide

Are you Hispanic or Latino?

- Yes
- No
- Do not wish to provide

Racial Background (check all that apply)

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

Do you come from a Disadvantaged Background?

(Disadvantaged backgrounds: (1) Individuals who come from a family with an annual income below established low-income thresholds Secretary of HHS periodically publishes these income levels: https://www.census.gov/hhes/www/poverty/data/threshld/ (2) Individuals who come from a social, cultural, and/or educational environment, such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.)

- Yes
- No
- Do not wish to provide

Do you have a disability?

- Yes
- No
- Do not wish to provide
Which of the following categories describe your disability(ies)?
(Check all that apply)

- Hearing
- Visual
- Mobility/Orthopedic Impairment
- Other
- Do not wish to provide

Citizenship

- U.S. Citizen
- Permanent U.S. Resident (Green Card)
- Other
Proposed Mentor

(Last name, First name)

Proposed Mentor's School

- Academic Health Center
- School of Dentistry
- Medical School - TC
- Medical School - Duluth
- School of Nursing
- College of Pharmacy - TC
- College of Pharmacy - Duluth
- School of Public Health
- College of Veterinary Medicine
- Other

Other

Proposed Mentor's Department

(Please don't abbreviate)
Please follow the upload instructions outlined in the 2018 A-PReP Request for Applications (RFA).
Supported file types: .doc, .docx, .pdf

Personal Essay
Curriculum Vitae
Transcripts from undergraduate school and current program (unofficial copies acceptable)

Letter of Recommendation 1
(If letter was sent directly to ctsieduc@umn.edu, upload a document with the sender's name, email address and "sent to ctsieduc@umn.edu")

Letter of Recommendation 2
(If letter was sent directly to ctsieduc@umn.edu, upload a document with the sender's name, email address and "sent to ctsieduc@umn.edu")

Letter of Support from Proposed Mentor
(If letter was sent directly to ctsieduc@umn.edu, upload a document with the sender's name, email address and "sent to ctsieduc@umn.edu")

Proposed Mentor's Current NIH Biosketch
Proposed Mentor Training Experience Form
(Download this form at https://z.umn.edu/aprep18)

CTSI Mentor-Mentee Compact
(Download this form at https://z.umn.edu/aprep18)