TL1 Pre-Doctoral Clinical Research Training Program
Call for Applications (Medical Students)

Deadline to submit — January 16, 2023, by 10 p.m.

All applications and supporting documents must be **submitted electronically in a single PDF file** to Stacy Hayashi at sahayashi@ucdavis.edu

The CTSC is pleased to announce a call for medical student applicants to receive research funding from the National Institutes of Health (NIH) sponsored **TL1 Pre-Doctoral Clinical Research Training Program (CTSC-TL1).** The **CTSC-TL1 Training Program** is part of a fully integrated approach by the UC Davis CTSC to advance research education and training for multidisciplinary, clinical, and translational investigators working to improve human health. The overall goal of the TL1 Training Program is to provide pre-doctoral medical students and basic-science students with skills required to develop a career in multidisciplinary clinical and translational research relevant to human health. The CTSC-TL1 Training Program gives scholars an advantage in preparing for successful careers in translational research. **Our program is strongly committed to diversity and inclusion and would especially welcome applications from historically underrepresented racial and ethnic minority groups.**

Applicants must identify a potential faculty mentor and develop a proposed research plan in consultation with that mentor, to be submitted with the application. Scholars will be selected based on a competitive application process in which student academic qualifications, career goals, and the quality of the training environment will be important considerations for funding. Award recipients are required to make a full-time research commitment to the training program for the entire period of support (June 1, 2023 - May 31, 2024). In addition, CTSC-TL1 Training Program awardees have the **option** of pursuing a Master of Advanced Study in Clinical Research while participating in the CTSC-TL1 program.

Students selected for a CTSC-TL1 training award will receive a stipend, health insurance, and funds for research and travel expenses. For those who choose to pursue the Clinical Research Master's Degree, tuition will also be provided. Please be advised that the research budget must be administered under the current NIH directive with respect to clinical trial research and can only be used to offset research costs that do not **directly** support clinical trials. For example, TL1 funds **may not** be used to pay subjects or purchase medications. In addition, all funds must be managed by UC Davis and not by off-site entities. As always, direct billing for services (such as assays) is permitted. All budgetary items should be reviewed and approved prior to initiating studies.

Eligibility Criteria

- UC Davis medical student in good standing
- Strong academic credentials and good communication skills
- Ability to commit full-time effort to the Training Program for the entire period of funding
- Proposed research project must be relevant to human health
- Interest in developing a career in multidisciplinary, translational biomedical research
- Identification of a faculty mentor and strong mentor support
- U.S. citizen, noncitizen nationals, or have legal admission into the U.S. as a permanent citizen at the time of application (temporary or student visas are NOT eligible)

Application Procedure

Candidates must submit a formal application with the following supporting documents in a single PDF file:

- Completed CTSC-TL1 Training Program application form and CV
- Two letters of recommendation, one must be from the proposed faculty mentor(s)
- Mentor's biosketch

Applications will be reviewed by a CTSC committee chaired by Valentina Medici, M.D., and Saul Schafer, M.D.

For questions or to receive an application, please contact Stacy Hayashi at sahayashi@ucdavis.edu

UC DAVIS HEALTH | Clinical and Translational Science Center

CTSC TL1 Award Application Cover Sheet – Medical Students

This form must accompany your electronically submitted application package.

Deadline: January 16, 2023, by 10 p.m.

Name (Last, First, Middle Initial): _____ Degree(s): _____

Department(s): _____

Professional title(s): _____

Home/Cell Phone #: _____

Preferred email address: _____

Permanent mailing address: _____

COMMONS ID (if you have one): _____

Select the program (s) you would like to be considered for (*note, all programs will have the same requirements)*:

☐ TL1 Program (NIH funding)   ☐ O'Connor (private funding)

☐ School of Medicine (other institutional funding if available)

Education – Post-High School	Degree Received	Date Received Month & Year	Major Field of Study

GRE scores (if applicable): _____

MCAT scores: _____

GPA Medical School: _____

NIH Demographic Information Form

Our program(s) is strongly committed to diversity and inclusion. We especially welcome applications by individuals from groups that are underrepresented in the biomedical sciences including: racial and ethnic minority groups; individuals with disabilities, individuals from disadvantaged socio-economic backgrounds, and women from any of these categories.

We (CTSC/UC Davis Health) recognize the complexity of gender and the experience of race and ethnicity are not accurately represented by the categories below dictated by NIH. Please select the categories here which most closely represents you and expand on those answers in the following UC Davis Health Demographics Form.

Applicant name: _____

Age: _____ years   **Date of Birth:** _____ (dd/mm/yyyy)

Gender: ☐ Male   ☐ Female

Racial Category ("X" or click on as many categories that apply):

☐ American Indian or Alaska Native   ☐ Black or African American   ☐ White   ☐ Unknown *(individuals not reporting ethnicity*
☐ Asian   ☐ Native Hawaiian or another Pacific Islander   ☐ More than one race

Ethnicity Category ("X" or click on as many categories that apply):

☐ Hispanic or Latino   ☐ NOT Hispanic or Latino   ☐ Unknown *(individuals not reporting ethnicity)*   ☐ Other_____

Disadvantaged Category ("X" or click on as many categories that apply)

NIH encourages institutions to diversify their student and faculty populations to enhance the participation of individuals from groups that are underrepresented in the biomedical, clinical, behavioral, and social sciences, including individuals from disadvantaged backgrounds. Individuals from disadvantaged backgrounds are defined as those who meet two or more of the following criteria:

☐ Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act;
☐ Were or currently are in the foster care system, as defined by the Administration for Children and Families;
☐ Were eligible for the Federal Free and Reduced Lunch Program for two or more years;
☐ Have/had no parents or legal guardians who completed a bachelor's degree (see First-Generation and Continuing-Generation College Students: A Comparison of High School and Postsecondary Experiences;
☐ Were or currently are eligible for Federal Pell grants;
☐ Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child;
☐ Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer, or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zip codes are included in the file). Only one of these two possibilities (a or b) can count toward the total criteria of disadvantage.   NIH Link: https://extramural-diversity.nih.gov/diversity-matters/disadvantaged-backgrounds

Do you have a disability? ("X" or click on as many categories that apply)

Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990, as amended. See NSF data at, https://www.nsf.gov/statistics/2017/nsf17310/static/data/tab7-5.pdf.

☐ Yes   ☐ Mobility/Orthopedic Impairment   ☐ Visual
☐ No   ☐ Hearing   ☐ Other

If yes, please explain: _____

Citizenship:

☐ United States   ☐ Other (please specify) _____

I consent to the use of these responses for evaluation and reporting.

Date Informed Consent Signed: _____(dd/mm/yyyy)

UC Davis Health Demographic Information Form

(For grant-reporting purposes – CTSC TL1)

Applicant name: _____

Pro-nouns ("X" or click ONLY one with which you MOST CLOSELY identify):

☐ she/her
☐ he/him

☐ they/them
☐ other

☐ Choose not to disclose

Sex and Gender Identity Category

Gender Identity ("X" or click ONLY one with which you MOST CLOSELY identify):

☐ Female
☐ Male
☐ Binary
☐ Non-binary
☐ Gender Fluid
☐ Gender Non-Conforming

☐ Genderqueer
☐ Intersex
☐ Queer
☐ Questioning
☐ Transgender Female / Male-to-Female
☐ Transgender Male / Female-to-Male

☐ Developmentally/Cognitively unable to answer
☐ Other _____
☐ Choose not to disclose

Sexual Orientation ("X" or click ONLY one with which you MOST CLOSELY identify):

☐ Asexual
☐ Bisexual
☐ Lesbian or Gay
☐ Pansexual
☐ Queer

☐ Questioning/Unsure
☐ Something else
☐ Straight (not lesbian or gay)
☐ Don't know

☐ Developmentally/Cognitively unable to answer
☐ Other _____
☐ Choose not to disclose

Sex Assigned at Birth ("X" or click ONLY one with which you MOST CLOSELY identify):

☐ Female
☐ Male
☐ Intersex

☐ Uncertain
☐ Unknown
☐ Not recorded at birth

☐ Other _____
☐ Choose not to respond

Sex (legal) ("X" or click ONLY one with which you MOST CLOSELY identify):

☐ Male

☐ Female

☐ Other _____

Race Ethnicity Category

Do you consider yourself to be Hispanic or Latino?

☐ Yes (Hispanic or Latino)

☐ No (Not Hispanic or Latino)

Please tell us your race ("X" or click as many categories which you MOST CLOSELY identify):

☐ American Indian or Alaska Native
☐ African American or Black
☐ Asian
☐ Native Hawaiian or other Pacific Islander

☐ White
☐ N. African Non-Specific
☐ Iranian
☐ Afghan
☐ More than one race

☐ Other _____
☐ Unavailable or unknown (individuals not reporting ethnicity)
☐ Decline to State
☐ Unable to respond

Please describe your ethnic background. ("X" or click as many categories which you MOST CLOSELY identify):

American Indian or Alaska Native

☐ Alaskan Native	☐ California Tribes	☐ Coast Miwok	☐ Mono
☐ American Indian	☐ Canadian Indian	☐ Dry Creek Rancheria	☐ Navajo
☐ Apache	☐ Cherokee	☐ Miwok	
☐ Blackfeet	☐ Chukchansi	☐ Modoc	

African American or Black

☐ African	☐ Ethiopian	☐ Jamaican
☐ African American or Black	☐ Haitian	☐ Nigerian

Asian

☐ Asian Indian	☐ Hmong	☐ Malagasy	☐ Singaporean
☐ Bangladeshi	☐ Indonesian	☐ Malaysian	☐ Taiwanese
☐ Cambodian	☐ Japanese	☐ Mien	☐ Thai
☐ Chinese	☐ Korean	☐ Nepalese	☐ Vietnamese
☐ Filipino	☐ Laotian	☐ Pakistani	

Latinx/Hispanic

☐ Central American	☐ Cuban	☐ Mexican	☐ Puerto Rican
☐ Chicano	☐ Dominican	☐ Mexican American	☐ South American

Native Hawaiian or other Pacific Islander

☐ Aboriginal	☐ Fijian Indian	☐ Other Pacific Islander
☐ Chamorro	☐ Micronesian	☐ Samoan
☐ Fijian	☐ Native Hawaiian	☐ Tongan

White/Caucasian

☐ Afghan	☐ Czech	☐ Iraqi	☐ New Zealander
☐ Arab	☐ Egyptian	☐ Irish	☐ North African
☐ Arab Other	☐ English	☐ Israeli	☐ Palestinian
☐ Armenian	☐ European	☐ Italian	☐ Polish
☐ Assyrian	☐ French	☐ Jewish Ashkenazi	☐ Russian
☐ Australian	☐ French Canadian	☐ Lebanese	☐ Scottish
☐ Bosnian	☐ German	☐ Mediterranean	☐ South African
☐ Canadian	☐ Hungarian	☐ Middle Eastern or North African	☐ Ukrainian
☐ Croatian	☐ Iranian		

Other: _____

Unknown/Declined

☐ Declined to State	☐ Unable to respond	☐ Unknown

I consent to the use of these responses for evaluation and reporting.

Date Informed Consent Signed: _____(dd/mm/yyyy)

CTSC TL1 Award Application – Medical Students

Applicant Name:

Title of Project:

Mentor Information
Questions to be completed by your proposed mentor(s)

Mentor #1 Name and Degree(s):	
Department/Affiliation:	Phone #:
Title:	Email address:

Mentor #2 (Optional) Name and Degree(s):	
Department/Affiliation:	Phone #:
Title:	Email address:

Please describe the research focus for this trainee:

Please describe prior experience with this trainee:

Please describe research training for applicant (please be specific):

Application Narrative:
(Write on a separate document and attach to this application)

➔**This section should be no more than 5 pages, excluding references**⬅

1. Please describe your research interests and the importance of the training program (and mentor) to your career goals.

2. Personal Statement: Briefly outline why you are a strong candidate for research funding.

3. Please include a short description of any previous research experiences and training.

4. Please list any publications, abstracts, or manuscripts in preparation (if applicable).

5. Please describe your Research Plan: This should include a statement of the problem, hypothesis to be tested, and experimental design.

Please submit the application cover sheet, narrative and supporting documents in a single PDF file to sahayashi@ucdavis.edu.

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   1. **Mentor letter of recommendation**
   2. **One additional recommendation letter (can be an additional mentor)**
   3. **Applicant's CV**
   4. **Mentor's biosketch (current NIH format)**