

Summer Academic Programs for Medical Students "Intent to Submit an Application" Form

Students who intend to apply for a Summer Research or Academic Fellowship must complete application by December 20th. This application will be regarded as a signed document upon electronic submission.

Imported

Yes

Year of Program

- Summer 2018
 Summer 2019
 Summer 2020
 Summer 2016
 Summer 2017

Summer Academic Program for Medical Students INTENT TO SUBMIT AN APPLICATION Form

TO BE COMPLETED BY STUDENT WITH INPUT FROM PRECEPTOR

This form constitutes a signed document upon submission. Only MCW students in good academic standing are eligible to apply. Only U.S. citizens or permanent residents are eligible to receive federal funding.

MCW Student Information

First Name

Middle Initial

Last Name

ORCID ID (if applicable):

Date of Birth

(MM/DD/YYYY)

MCW Email Address

(Please use MCW Email Address)

Alternative Email Address

Telephone Number

Street Address

City

State

- WI
- Other

Zip Code

Graduating Class of:

- 2019
- 2020
- 2021
- 2022
- 2023
- 2024

What is your Home State?

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY
- Other

Please describe:

Are you a United States Citizen?

- Yes
- No

Citizenship (Country)

Are you authorized to work in the U.S. ?

- Yes
- No

I am (check one of the following boxes):

- A noncitizen national of the US
- A lawful permanent resident
- An alien authorized to work
- A student with a visa

Social Security Number

(XXX-XX-XXXX (for payroll purposes))

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
(*NIH defined)

Race/Ethnicity

- Afro-Caribbean, African American
- American Indian, Indigenous, First Nations
- East Asian or Asian
- South Asian or Indian
- Middle Eastern or Arab
- Native Hawaiian or Pacific Islander
- White or European descent
- Other (specify below)
- Prefer not to answer

Other (please specify)

Gender

- Male
- Female
- Non-binary/Third Gender
- Prefer to self-describe
- Prefer not to answer

Self-describe:

Preceptor Information:

Preceptor's research investigation is funded by:
(Check all that apply.)

- NHLBI (heart, lung, blood, sleep)
- NIA (Aging and Injury)
- NIDDK (Kidney)
- NCI
- Other NIH
- MCW
- Other

Describe Other Funding

Primary Preceptor's First Name

Primary Preceptor's Last Name

Primary Preceptor's Credentials

- MD
- PhD
- MD, PhD
- Other

Other: Credentials

Primary Preceptor's Title

Primary Preceptor's Department

- Anesthesiology
- Biochemistry & Medicine
- Biomedical Engineering
- Biophysics
- Cell Biology, Neurobiology & Anatomy
- Dermatology
- Emergency Medicine
- Family & Community Medicine
- Institute for Health & Equity
- Kern Institute
- Medicine
- Microbiology
- Neurology
- Neurosurgery
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology
- Pathology
- Pediatrics
- Pharmacology & Toxicology
- Physiology
- Plastic Surgery
- Psychiatry & Behavioral Medicine
- Radiation Oncology
- Radiology
- Surgery
- Urology
- Other

Name of Preceptor's Department

Preceptor's Division:

Primary Preceptor's Email Address

Primary Preceptor's Telephone Number

Does your Primary Preceptor have an Administrative Assistant?

- Yes
- No

Administrative Assistant Name:

Administrative Assistant Email Address:

Do you have a Secondary Preceptor?

- Yes
- No

Secondary Preceptor's First Name

Secondary Preceptor's Last Name

Secondary Preceptor's Credentials

- MD
- PhD
- MD, PhD
- Other

Secondary Preceptor's Email Address

Project/Fellowship Information:

Title of Research Study

Choose the grant funding that best aligns with your SAMS application (check all that apply):
(Check "unknown" if you are unaware if a grant aligns.)

- NHLBI (heart, lung, blood, sleep)
- NIA (Aging and Injury)
- NIDDK (Kidney)
- Departmental
- Dr. Kohler: Global Health
- MSSQIP (Froedtert Quality Improvement)
- MSSQIP (Pediatrics)
- AHW Funded Student Research Projects (Advancing a Healthier WI) (MSSRP stipend not needed)
- WMSF (Wisconsin Medical Society Foundation)
- Collaborative for Healthcare Delivery Science (CHDS)
- FAER
- Other
- Unknown
- MD/MS Student (MSSRP stipend not needed)
- Elsa Cohen Fellowship (MSSRP stipend not needed)
- Cancer Health Disparities Summer Program (MSSRP stipend not needed)

Name of current college?

Department Name

Other Grant Funding

I am applying for the following SAMS Programs: (check all that apply)

- Medical Student Summer Research Program (MSSRP)
- Medical Student Summer Quality Improvement Program
- Dr. Elaine Kohler Summer Academy of Global Health Research
- Collaborative for Healthcare Delivery Science (CHDS)
- MD/MS Student (MSSRP stipend not needed)
- Elsa Cohen Fund (MSSRP stipend not needed)
- Cancer Health Disparities Summer Program (MSSRP stipend not needed)
- AHW Funded Student Research Projects (Advancing a Healthier WI) (MSSRP stipend not needed)

Note to Program Manager about funding:

Integration With Scholarly Pathways

Integration with Scholarly Pathway: This summer project will be extended into the non-core time of the student's Scholarly Pathway.

- Yes
- No

If the project will be extended, please indicate:

- Non-core time prior to summer research
- Non-core time post summer research
- N/A

Name of Pathway Mentor

:

Student's Scholarly Pathway:

- Bioethics
- Clinical & Translational Research
- Clinician Educator
- Global Health
- Health Systems Management & Policy
- Molecular & Cellular Research
- Quality Improvement & Patient Safety
- Urban & Community Health
- N/A

IRB/IACUC Approval

IMPORTANT! Students may only work on research investigations that have been granted IRB/IACUC approval, if applicable, or have been deemed Exempt. All approvals must be in place prior to the training start date. If the approval remains pending past the appointment start date, the student's training appointment and stipend will be delayed until the approval is received.