

STAR Program Application

Specialty Training and Advanced Research - UCLA School of Medicine

	Name:	Email:
	Address:	Alternate Email:
	Phone:	Pager:
(Citizenship	Visa status (if
	Status:	applicable):
	College :	Medical School :
Internship:		Fellowship:
F	Residency:	Faculty position:
l ar	m applying for a	fellowship in
An	d a concurrent r	esearch program (select one of the following):
	☐ Ph.D.	Degree in
	☐ Postd	octoral Fellowship (for those entering with an M.D./Ph.D.) in
	☐ Maste	er of Science in Clinical Research
*	Along with th	is application page, please submit the following:
1.	Program. Des	TATEMENT: Indicate the clinical training and research areas you wish to pursue in the STAR cribe your research background, long-term goals, and preferred research mentors and f known. Preferred 1 page limit, size 10 font. ERAS personal statement acceptable.
2.	CURRICULAN	I VITAE: Please include research experience.
3.		RECOMMENDATION: At least one letter from a research mentor is required, clinical included. The letters should be sent separately by your evaluator to the email or mailing.
4.	undergraduate	S: Photocopies of medical school and any other graduate transcripts. Official transcripts (required for UCLA graduate school admission) are needed before final to the STAR Program.
5.	SCORES: GF	RE, MCAT, USMLE and/or other appropriate scores. Photocopies are acceptable.
6.	REPRINTS OF	F PUBLICATIONS: Photocopies or PDF files are acceptable.
	By checking th	is box, I certify that this information is true and correct to the best of my knowledge.
Da	te:	
Re	turning your ap	plication:
1.	Send the applic	vation to the STAR Program at the email or mailing address. your clinical department/division.

Interviews are by invitation only. In general, applications are considered simultaneously with clinical specialty applications (ERAS), with corresponding National Residency Match Program (NRMP) deadlines.