

GloCal Health Fellowship Application

All applications must be submitted [online here](#). This PDF is for reference only.

Please complete the following application and provide the required supporting documents. You can save your work on the application at any time by scrolling to the bottom and clicking on the "Save and Return Later" button. After saving, you will be given a code to use to return to the application.

Applications are due electronically by 3:00 pm PST on Friday, November 8, 2019.

Please anticipate the application deadline to avoid a last-minute submission, as no applications will be accepted after the deadline even due to circumstances beyond the applicant's control. If you have any issues related to the online submission of your application, please contact Kimberly Bale at kimberly.bale@ucsf.edu.

* = Required

*I am a

- Doctoral student (PhD, DrPH, etc.) at a UC campus
- Professional student (MD, DDS, DVM, PharmD, etc.) at a UC campus
- Post-doctoral fellow, from the United States
- Post-doctoral fellow, from an affiliated international institution

*With which consortium UC are you affiliated / collaborating for this fellowship? (Please select one)

- UC San Francisco
- UC San Diego
- UC Los Angeles
- UC Davis

BASIC INFORMATION

- *First (Given) name:
- Middle name:
- *Last (surname) name:
- *Present street address:
- *Present city:
- Present state / territory / province / region:
- *Present country:
- Present postal code:
- *E-mail address:
- Home telephone number (with country code - [xx]x-xxx-xxx-xxxx):
- Cell / mobile telephone number (with country code - [xx]x-xxx-xxx-xxxx):

*Is your permanent address different than the present address provided above?

- Yes

- No

Please list your completed degrees (DDS, DVM, MD, PhD, etc.)

Please tell us the discipline / specialty of your degree(s) (internal medicine, epidemiology, etc.)

*I am a(n)

- U.S. Citizen
- U.S. Permanent Resident. (Please provide your green card number: _____)
- Other (specify): _____

*Have you ever received NIH funding before?

- Yes
- No

Please check the NIH institute(s) from which you have received funding:

- NCI
- NEI
- NHLBI
- NHGRI
- NIA
- NIAAA
- NIAID
- NIAMS
- NIBIB
- NICHD
- NIDCD
- NIDCR
- NIDDK
- NIDA
- NIEHS
- NIGMS
- NIMH
- NIMHD
- NINDS
- NINR
- NLM
- CIT
- CSR
- FIC
- NCCAM
- NCATS
- CC
- OD

Current (most recent) professional position and institution:

Foreign Language Experience

While not a requirement for the application, do you have a working knowledge of any language other than English?

- French
 - Beginner
 - Working / conversational
 - Fluent

- Portuguese
 - Beginner
 - Working / conversational
 - Fluent

- Spanish
 - Beginner
 - Working / conversational
 - Fluent

- Chinese
 - Beginner
 - Working / conversational
 - Fluent

- Hindi
 - Beginner
 - Working / conversational
 - Fluent

- Other (specify): _____
 - Beginner
 - Working / conversational
 - Fluent

PROPOSAL INFORMATION

*Please check the topic area(s) for your proposal:

- Agriculture
- Anthropology
- Biology
- Biostatistics / Bioinformatics
- Chemistry
- Geography

- Law
- Medicine
- Molecular Biology
- Nursing
- Nutrition
- Oceanography
- Pharmacy
- Physics
- Political Science
- Psychology
- Public health
- Sociology
- Veterinarian Medicine
- Other topic (specify): _____

*Research Project Title (*suggested character limit with spaces: 81*):

Please select geographical where you will carry out your GloCal Health Fellowship research project if accepted into the program:

Latin America

Guatemala

- [Universidad del Valle de Guatemala \(UVG\)](#)

Perú

- [Universidad Peruana Cayetano Heredia \(UPCH\)](#)

Africa

Botswana

- [University of Botswana \(UB\) - University of Pennsylvania collaboration \(BUP\)](#)

Cameroon

- [Congo Basin Institute \(CBI\)](#)

Democratic Republic of the Congo

- [Kinshasa School of Public Health \(KSPH\): UCLA DRC Health Research and Training Program](#)

Ghana

- [University of Ghana](#)

Kenya

- [Kenya Medical Research Institute \(KEMRI\), Family AIDS Care and Education Services \(FACES\) Program](#)

Malawi

- [Partners in Hope \(PIH\)](#)

Mali

- [Musso](#)

Mozambique

- [Universidade Eduardo Mondlane \(UEM\)](#)

South Africa

- [Foundation for Professional Development \(FPD\)](#)

Tanzania

- [Muhimbili University of Health and Allied Sciences \(MUHAS\)](#)
- [Sokoine University of Agriculture \(SUA\)](#)

Uganda

- [Makerere University, Infectious Diseases Research Collaboration \(IDRC\)](#)
- [Infectious Diseases Institute \(IDI\)](#)

Zimbabwe

- [University of Zimbabwe College of Health Sciences \(UZCHS\)](#)

Asia

Bangladesh

- [International Centre for Diarrhoeal Disease Research, Bangladesh \(ICDDR, B\)](#)

India

- [St. John's Research Institute \(SJRI\)](#)
- [Public Health Research Institute of India \(PHRII\)](#)

Vietnam

- [Hanoi Medical University \(HMU\)](#)

The University of California Global Health Institute (UCGHI) is composed of multi-campus [Centers of Expertise](#) (CoEs) that lead UC-wide education programs and develop targeted multi-campus research endeavors and sustained partnerships for implementing programs and interventions.

***Please indicate if you think your project could be affiliated with one of these CoEs:**

- Women's Health, Gender, and Empowerment
- Planetary Health

LETTERS OF SUPPORT

All applicants must submit two letters of support:

Fellows are required to have the support of at least one program-affiliated faculty mentor from one of the four participating UC campuses (UCSF, UC San Diego, UCLA, UC Davis). Applicants must have communicated with their proposed faculty mentor(s) to obtain their endorsement of the application.

Accordingly, one of the candidate's letters of support must be from the faculty member at the affiliated UC campus who has agreed to serve as the applicant's primary research mentor.

Letter 1

- Sender's Name
- Sender's Institution
- Sender's E-mail
- Sender's Telephone
- Sender's Office Address

Letter 2

Fellows must also have the support of at least one faculty mentor from their proposed international site that is willing to serve as the fellow's international site mentor. A letter of support from this international site faculty mentor is also required for all postdoctoral candidates at the time of application. However, in the case of U.S. doctoral and professional student applicants who have not yet established this relationship, a letter of support from the affiliated international site is not required at the time of application, but will be required before a funding decision can be made. If a letter of support is not being submitted from the affiliated international site at the time of application, the applicant's second letter of support should come from someone who knows the applicant well and can address his or her research accomplishments, research potential, and likelihood of a successful research career in global health research.

- Sender's Name
- Sender's Institution
- Sender's E-mail
- Sender's Telephone
- Sender's Office Address

Signed letters of reference should be e-mailed directly to Deputy Director Kimberly Bale at kimberly.bale@ucsf.edu. **Letters of reference must be received by the Nov. 8 deadline.**

DEMOGRAPHICS

The National Institutes of Health requires that NIH-funded training programs conduct outreach to, and quantify applications from, under-represented minorities in the health sciences, people with disabilities, and people from disadvantaged backgrounds. This information is used solely for reporting to NIH and is not a factor in eligibility for or selection into the fellowship.

*Sex:

- Male
- Female

*Birthdate:

*Ethnic Category:

- Hispanic or Latino
- Not Hispanic or Latino

*Racial Category (please check ALL that apply):

- American Indian / Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White or Caucasian
- Other racial identification (specify): _____

*Do you have a physical or mental disability that substantially limits one or more major life activities?

- Yes
- No

The NIH defines "disadvantaged background" as follows:

1. Individuals who come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at <http://aspe.hhs.gov/poverty/index.shtml>. For individuals from low income backgrounds, the institution must be able to demonstrate that such candidates (a) have qualified for federal disadvantaged assistance; or (b) have received any of the following student loans: Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or have received scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.
2. Individuals who come from a social, cultural, 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.

*Do you come from a disadvantaged background?

- Yes
- No

*How did you hear about this program?

FELLOWSHIP PLAN STATEMENTS

Statement of career goals and plans

*Please state why you are interested in an international mentored research training experience. In addition, please describe how your career goals relate to global health and how this program will contribute to your professional advancement. (Do not exceed 800 words)

Research Plan

*Please describe your proposed research project. Include details on your mentorship plan for your fellowship year.
(Do not exceed 1000 words)

IRB & Ethics Approvals Plan

*Please describe your timeline for applying for Institutional Review Board and ethics approvals. This should include both the U.S. and international collaborating institution / national IRBs. (Do not exceed 500 words)

Additional Funding (if applicable)

*Please describe any additional sources of funding that you have available for your project / fellowship, or that you are applying for. This may include T32, D43 or MEPI grant support, secondary fellowships, K-award, etc. If none, please list N.A. (Do not exceed 300 words)

Fellowship Timeline and Plan

*Please state what you intend to accomplish within the 12-month timeframe, the feasibility of the study within the available budget and timeline, and the next steps to advance your research. (Do not exceed 500 words)

NIH-style Biosketch

*For instructions on how to format your biosketch please go to NIH guidelines by [clicking here](#).

Transcripts (doctoral and professional students only)

Doctoral and professional student applicants must provide a copy of their most recent transcript. Non-official transcripts are allowed. (Post-doctoral applicants do not need to include a transcript.) Please upload a scan of your transcript in PDF format.