

## TB RESEARCH AND MENTORING PROGRAM Application Form

**Instructions:** Please send this form by email to [TBRAMP@ucsf.edu](mailto:TBRAMP@ucsf.edu) along with the other required documentation for application.

Name: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Email: \_\_\_\_\_

Degree: \_\_\_\_\_

Affiliation:

*Please, select one.*

School/Department: \_\_\_\_\_

Position Title: \_\_\_\_\_

Primary Mentor: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Permanent Resident: \_\_\_\_\_

Time spent in research (%): \_\_\_\_\_

Time spent in clinic (%): \_\_\_\_\_

**The following items ask about demographic information. Your responses will help us describe participants as a group. If you prefer not to answer any of the following questions, you may leave them blank.**

Race/Ethnicity (select all that apply):

- African American/African/Black
- American Indian/Native American/Alaskan Native
- Asian/Asian-American
- Latinx/Chicanx/Hispanic
- Middle Eastern
- Pacific Islander

- White / Caucasian
- Multi-racial/Mixed
- Other (please specify)

Please check this box to indicate if based on the definitions provided by UCSF and/or NIH, you identify as URM:

Gender Identity:

*Please, select one.*

How did you hear about this program?

*Please, select one.*