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| **UCSF Department of Medicine****Division of General Internal Medicine****Primary Care Research Fellowship**A completed application must include the following:* Most current CV
* Personal Statement
* 3 letters of recommendation
 | **Return materials to:**Eva LoProgram CoordinatorUCSF Department of Medicine /Division of General Internal MedicineSan Francisco General Hospital1001 Potrero AvenueBuilding 10, 3rd Floor, Suite 13San Francisco, CA 94110Email: Eva.Lo@ucsf.edu Phone: (415) 206-5164 |

*For federal grant reporting purposes to the NIH, we ask that you complete this form. The completion of this form is* ***voluntary*** *but greatly appreciated. Thank you!*

**Applicant Name:**

**For which academic year are you applying?** *(Bold or underline one option below)*

2018-2019

2019-2020

2020-2021

**Sex/Gender:** Female Male *(Bold or underline)*

**Age:**

**Ethnic Category** *(Please mark with an “X”)*

|  |  |
| --- | --- |
| Hispanic or Latino |  |
| Not Hispanic or Latino |  |
| Unknown (individuals not reporting ethnicity) |  |

**Racial Category** *(Please mark with an “X”)*

|  |  |
| --- | --- |
| American Indian / Alaska Native |  |
| Asian |  |
| Native Hawaiian or Other Pacific Islander |  |
| Black or African American |  |
| White |  |
| More than one race |  |
| Unknown or not reported |  |