

## 2019 MSTAR Student Checklist-UCLA Site

Legal First Name	
Legal Middle Name (if any)	
Legal Last Name	
Nickname (if any)	
MSTAR site	
Medical school	
Birthday	
SSN (required for stipend check)	
US Resident? (required for stipend check)	YES or NO
State of legal residence (required for stipend check)	
Email address	
Cell phone number	
Current address: (at home medical school)	
Permanent/Legal US address: (address you list on taxes)	
Program start date	
Program end date	
Home institution faculty sponsor name	
Home institution faculty sponsor email	
Will you need a parking permit at the UCLA campus? (Parking is approximately \$83/month).	
Dietary restrictions	
<b>Student Expectations</b>	<b>Initials</b>
I agree to commit to 8-12 consecutive calendar weeks of conducting research under the supervision of a faculty member.	
I agree to attend weekly meetings with my mentor, all lectures, assigned clinical rotations, and other scheduled MSTAR events.	
I agree to prepare a research abstract and a 10 minute oral presentation of my research to be presented at UCLA at the end of your summer research	
I agree to complete all evaluations of the program, including keeping the MSTAR program up to date on my publications.	
I agree to acknowledge the MSTAR program in any publications I may be involved in as a part of my MSTAR research. (NIH T35 AG026736)	
I agree that, per federal guidelines, I am not being funded by another federal source (e.g., NIH) while participating in MSTAR.	
I agree to complete all xTrain requirements in a timely manner, when prompted by the online system (further information TBA).	
I have emailed a headshot in jpeg format to the MSTAR Coordinator (for student composite).	
I have completed my MSTAR Registrar form to verify that I am in good standing at my home medical school.	

I have completed my CITI certification and sent certificate to the MSTAR Coordinator at <a href="mailto:uclamstar@mednet.ucla.edu">uclamstar@mednet.ucla.edu</a> <a href="https://www.citiprogram.org/">https://www.citiprogram.org/</a>	
I have completed my HIPAA training sent certificate to the MSTAR Coordinator at <a href="mailto:uclamstar@mednet.ucla.edu">uclamstar@mednet.ucla.edu</a> <a href="http://hshr.mednet.ucla.edu/s/trainings/policiesprocedures/publish/ocr.htm">http://hshr.mednet.ucla.edu/s/trainings/policiesprocedures/publish/ocr.htm</a>	
I have assembled the documents required for my UCLA Identification Badge <ol style="list-style-type: none"><li>1. Quantiferon blood test within the past 3 months</li><li>2. Documentation of MMR, Varicella, Tdap, and HepB immunization</li></ol>	
I have emailed a copy of my health insurance card.	
I have completed the highlighted portions of the UCLA Department of Medicine Access forms for computer access and emailed back to <a href="mailto:uclamstar@mednet.ucla.edu">uclamstar@mednet.ucla.edu</a> <ol style="list-style-type: none"><li>1. Confidentiality Statement</li><li>2. DOM IS New User form</li><li>3. Non-Employee Access Request</li></ol>	
<b>Student signature (type name)</b>	