2023 MSTAR Student Checklist-**UCLA** Site

Legal First Name	
Legal Middle Name (if any)	
Legal Last Name	
Nickname (if any)	
Pronouns	
MSTAR site	
Medical school	
Birthday	
Nationality/Ethnicity (required for MSTAR progress report)	
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 (Monday)	
Program end date (Friday)	
Home institution faculty sponsor name	
Home institution faculty sponsor email	
MSTAR research faculty mentor name (this section can be completed later)	
MSTAR research faculty mentor email	
Dietary restrictions (please complete even if MSTAR is in virtual format)	
Student Expectations	**Initials**
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, 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 my summer program dates	
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 professional 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 uclamstar@mednet.ucla.edu https://www.citiprogram.org/	
I have completed my HIPAA training sent certificate to the MSTAR Coordinator at uclamstar@mednet.ucla.edu https://www.uclahealth.org/hr/OCRPolicyTraining	

I have assembled the documents required for my UCLA Identification Badge
    1. Quantiferon blood test within the past 3 months
    2. Documentation of MMR, Varicella, TDaP, and HepB immunization
 	
If the MSTAR program is in virtual/remote format this year, no need to complete. Otherwise, please provide documentation if you are participating in the MSTAR program in-person/on-campus.	

Provide COVID Vaccination record
 	
To upload proof (if administered by non-UCLA Health) or request exemption, go to **MyUCLAHealth**.
    1. Select Menu > My Record > Questionnaires. Or type "questionnaires" in the search menu.
    2. Select 'UCLA Health Employee COVID Vaccine Questionnaire' and take questionnaire.	

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 uclamstar@mednet.ucla.edu
    1. Confidentiality Statement
    2. DOM IS New User form
    3. Non-Employee Access Request	

Student signature (type name)	