

**UCLA Department of Radiation Oncology**

**Medical Student Preceptorship Program Research Proposal Form**

**Submit this form and application attachments (listed below) to** [**UCLARadOncEdu@mednet.ucla.edu**](mailto:UCLARadOncEdu@mednet.ucla.edu)

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Name:** | | | | | | | |
| **Current Medical School:** | | | | | | **MS Year:** | |
| **Email:** | | | | **Telephone No.:** | | | |
| **Gender:** | | | | **Ethnicity:** | | | |
| **Proposed Mentor Name:** | | | | **Mentor Title:** | | | |
| **Mentor Affiliation/Department:** | | | | | | | |
| **Dates of Proposed Research Program:** | | | **Beginning (MM/DD/YR)** | | **Ending (MM/DD/YR)** | | |
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| **Funding/Stipend Program Requesting:** | |  | **Short-Term Preceptorship**  **( 8-12 Weeks)** | | | | **$ 5,000** |
|  | **Six-Month Preceptorship** | | | | **$ 12,500** |
|  | **One Year Preceptorship** | | | | **$25,000** |
| **Research Proposal Outline** | | | | | | | |
| **Title** | *(Must reflect the content of the Project.)* | | | | | | |
| **Project Summary and Hypothesis** |  | | | | | | |
| **Aims and Objectives** | * Overall Objective   + Approximately 3-4 objectives that this project/research will address   + Give 2-3 key aspects * Specific Aims | | | | | | |
| **Study Design** | * What type of design is this? | | | | | | |
| **Literature Review** | * Background and Significance   + Why is this academically and practically important?   + Describe the following using referenced materials:   + How does your proposal research fit in the existing body of academic knowledge and practice in professional field?   + How does your research enhance knowledge or contribute to new understandings in the subject? * Importance of previous studies and why is it relevant | | | | | | |
| **Research Design and Methods** | * Overview   + State main research techniques you will use * Data Collection Methods & Instruments   + Describe methods you intend to use to deliver your aim and objectives     - Explain why these techniques were used * Provide detail of data source and any specialist resources or facilities you may acquire Data Management * Data Analysis Strategies * Ethics and Human Subjects Issue * Time Frames   + State proposal timetable of activities * Study Period: time table for completion of the project | | | | | | |
| **Expected Outcomes** | * Summarize the outcomes/personal development that you hope will result from the project. | | | | | | |
| **Additional Information** | * Description of Research Resources   + Adequate space   + Pertinent equipment Funding for research * Recent and Current Peer-reviewed Research Support   + Grants (1 page maximum) * Pertinent publications in peer-reviewed journals relevant to trainee (1 page maximum) | | | | | | |
| **Application Attachments**  *(Required for submission.)* | * Applicant Biosketch/CV (NIH Template) * Personal Statement * Transcript (Unofficial is Acceptable) or Letter of Good Standing from Medical School * Mentor Letter of Support indicating trainee’s research and project potential | | | | | | |