



# Clinical Scholars Program

## Application Instructions

### **Program Overview**

The Clinical Scholars Program expands the Cedars-Sinai education and training for junior faculty, residents, fellows and postdoctoral scientists. The goal of the program is to educate physicians and other doctoral-level clinical healthcare professionals in broad foundations of clinical and translational research, with a spirit of creativity and independence, to optimize their chances of becoming productive academic researchers. This includes highlighting the relevance of basic scientific knowledge to human disease, teaching how such knowledge can be effectively translated into research, and developing clinician-investigators focused on research related to prediction, prevention, diagnosis, and treatment of human disease

### **Application Process & Admissions:**

Requirements for admission include a baccalaureate degree (or its foreign equivalent) plus an M.D. or similar health-related doctoral degree. High academic achievement and considerable interest in a career as a clinical investigator are required. All applicants must complete the "Clinical Scholar Application" form which includes items 1-4 below:

1. Clinical Scholars Application form (see attached)
2. Current C.V.
3. A letter of recommendation from the Division Director, Departmental Chair or Institute Director indicating the financial support and protected time being provided during the didactic and research years of the program. The letter must specifically state the source of support.
4. A letter of commitment by the applicants research mentor(s)

Please submit all application materials to the email address below and an interview with the Program Director will then be scheduled:

[yatesec@csmc.edu](mailto:yatesec@csmc.edu)

**Emma Yates Casler, MSc**  
Program Manager  
Clinical Scholars Program  
Graduate Research Education



CLINICAL SCHOLARS PROGRAM  
**APPLICATION**

**Section 1: Training Track**

Application for:            M.D.                            Ph.D.                            M.D./Ph.D.                            PharmD

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**Section 2: Applicant Personal Information**

First/Last Name:

Current Home Address:

Cell Phone:

Personal Email:

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**Section 3: Work Information**

Department:

Institute:

Office Phone:

Work Email:

Mentor Name:

Mentor Email:

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**Section 4: Educational Background**

**PhD Scholar:**

Graduate School

Field of Study

Postdoctoral  
Training

**Clinical Scholar:**

Medical School:

Residency:

Fellowship:

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**Section 5: Personal Statement of Career Goals (250 words max.)**

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**Section 6: A brief description of the research project that you will be working on during the program (1,000 words max.)**

## Section 7: Demographic Information

**PLEASE NOTE:** Responding to questions as part of this survey is strictly voluntary. Whether or not you choose to participate won't impact you or your relationship with Cedars-Sinai. Information you share via this survey will be kept separate from your employee profile or your official employment record.

### **Statement from: Office of Diversity and Inclusion**

*These questions will help us understand the people who make up our organization. It focuses on how you see yourself through the lens of diversity and inclusion and will help us evaluate our efforts to provide an environment that fosters quality care and research for all, by all. This survey is not a replacement for our Equal Employment Opportunity (EEO) reporting obligations. Thank you for helping us to improve our efforts to provide quality care & research, for all, by all.*

**Q 1. What is your gender identity?**

**Q 2. What is your sexual orientation?**

**Q 3. Do you consider yourself a first-generation college student?**

**Q 4. What is your racial or ethnic identity? (Select all that apply).**

**Q 5. I belong to the following classifications of protected veterans (choose all that apply):**

Disabled Veteran

A "disabled veteran" is one of the following:

A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

A person who was discharged or released from active duty because of a service-connected disability.

**Q 6. Do you consider yourself disabled?**

(A mental or physical impairment, disorder, or condition that limits a major life activity. The definition of disability includes a diagnosis of HIV/AIDS, as well as medical conditions including any health impairment related to cancer, or an individual's genetic characteristics.)

Disabilities include, but are not limited to:

Autism; Autoimmune disorder(for example, lupus, fibromyalgia, rheumatoid arthritis), or HIV/AIDs; Blind or low vision; Cancer; Cardiovascular or heart disease; Celiac disease; Cerebral palsy; Deaf or hard of hearing; Depression or anxiety; Diabetes; Epilepsy; Gastrointestinal disorders (for example, Crohn's disease or irritable bowel syndrome); Intellectual disability; Missing limbs or partially missing limbs; Nervous system conditions for example, migraine headaches, Parkinson's disease, or multiple sclerosis (MS); Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD or major depression.

Yes

No

I do not wish to answer

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**Section 8: Signature**

"I certify that the information in this application is true and correct to the best of my knowledge."

Signature:

Date: