

# DOCTORS ACADEMY (DA) APPLICATION INSTRUCTIONS



## BEFORE YOU BEGIN:

1. The online application has many components, and this document contains all the questions and fields listed in the online application.
2. A blank form is at the end of these instructions to fill in your personal information as you prepare to submit the online application. This document is NOT the application.
3. After submitting your online application, an email with your answers and a link to edit any of your information will be automatically generated after clicking the arrow on the last screen. You may access this direct link to edit your application until the deadline.
4. Please feel free to download these instructions and/or print, as necessary.
5. Identify two teachers (7<sup>th</sup> or 8<sup>th</sup> grade in either English, Math or Science) that are willing and able to submit an online recommendation form for you. Their email addresses will need to be entered as part of the application.
6. Review the prompt for the Personal Statement to assist you in formulating your responses. The rubric for has been provided with expectations of an excellent response.
7. Be aware of all deadlines.

## SCREEN 1 - WELCOME

### ***Thank you for your interest in the Doctors Academy program!***

The UCSF Doctors Academy is a health pathway program for students who have a desire to work in the medical field and serve all populations. Our ideal student for the Doctors Academy is:

- Interested in learning about health careers
- Ready to challenge themselves academically
- Knows how to ask for help when they need it
- Open-minded about personal growth and new opportunities
- Interested in serving those in need in our community


Before starting this application, please make sure the following items are complete and available to be provided:

1. Personal Statement
2. Emails of two teachers (7th or 8th grade English, Math or Science teacher) who will complete your DA recommendation form


Please copy and paste your essay (Personal Statement) into the essay box provided within the application.

- Click  to Continue


## SCREEN 2 – STUDENT INFORMATION

- Application to – Choose from the list.
  - Caruthers High School
  - Sunnyside High School
- Click  to Continue

## SCREEN 3 – STUDENT INFORMATION


- By clicking each statement below, I confirm that I meet the following eligibility requirements for the Doctors Academy Program. - Please read through each of the eligibility requirements and click on ALL statements to turn them dark blue. Students not meeting requirements will not be considered for admission.
- Please complete the following fields:
  - First and Last Name – For student who is applying
  - Student ID – Please check with your school office to obtain.
  - Date of Birth – This will need to be entered as mm/dd/yyyy
  - Student Phone Number – Please list the best number to be contacted and include your area code.
  - Student Email Address for All communication – The email address you list can be school issued or personal. Use the best to be able to send information and/or notifications about the application process. If using a school email address, you may need to ask your teacher if emails can be received from people outside of your district.
  - Alternate Student Email Address – This is optional
- I understand that a 2.8 GPA is needed to be eligible for the Doctors Academy program. – Please click the statement to turn them dark blue
- Gender – Choose from list or choose “other” and specify
- Which School do you currently attend? – Choose from list or choose “other” and specify
- Home Address – Please enter the address, city, state and zip code
- Does your home address differ from your mailing address? – If your mailing address is different than your home address, choose YES and enter a mailing address. This is important so that information can be mailed to you. If they are the same, choose NO. If you are unsure, ask a parent or guardian to verify.
- Click  to Continue

## SCREEN 4 – STUDENT INFORMATION

- Are you currently enrolled in a Junior Doctors Academy Program? – Choose YES or NO
- For statistical purposes, please indicate your ethnicity below. – Choose from list or choose “other” and specify
- What area of health or medical profession are you most interested in? – Choose from a list or choose “other” and specify
- Click  to Continue

## SCREEN 6 – PARENT/GUARDIAN INFORMATION SECTION

This will be used for sending information and notifications. Please verify information is true and correct. At least one parent or guardian must be listed to move forward on the online application.

- Parent/Guardian 1 Information
  - First and Last Name
  - Phone Number
  - Email address
  - Highest Level of Education – Choose from the list
- Parent/Guardian 2 Information
  - First and Last Name
  - Phone Number
  - Email address
  - Highest Level of Education – Choose from the list
- Click  to Continue

## SCREEN 7 – ESSAY SECTION

### Tips for writing the Personal Statement:

1. Check for spelling and grammar.
  2. Ask a friend or family member to read it before submitting.
  3. Double check that both questions have been answered thoroughly.
  4. Use your own words and do not plagiarize
  5. If you use information from print and/or digital sources, quote, or paraphrase, you must use citation.  
CACCSS.WHST.6–8.8
  6. It is recommended to copy/paste from a Word or Doc file rather than re-typing.
  7. Both statements should be unified, coherent, and well-developed reports that answer the questions completely and support your desire to participate in the Doctors Academy.
- **PERSONAL STATEMENT** (You will need to copy and paste your Personal Statement in a text box within the online application.)

This personal statement helps us get to know you better and allows us to understand why you want to be in the Doctors Academy. Please answer the following writing prompt and use the rubric for guidance located in the instruction guide. <https://doctorsacademy.ucsf.edu/apply>

### **PROMPT: Why do you want to be in the Doctors Academy Program? (Minimum 250 words)**

Your response must answer the initial question AND must also address one or more of the following statements. We encourage you to select the one(s) you most personally connect to or have experience in:

- Describe an experience you or someone close to you had with an illness that required medical attention.
- Discuss your personal desire to help those in need.
- Highlight/discuss a health disparity in your community.
- Write about a role model or important person in your life who has motivated you to pursue your goals.


## PERSONAL STATEMENT RUBRIC

CATEGORY	An EXCELLENT Personal Statement will demonstrate the following:
Addressing the Prompt	Writer addresses the initial question AND at least one or more of the statements listed and provides an in-depth response which moves beyond a simple answer
Grammar & Punctuation	Writer makes no discernible errors which interfere with meaning and writes sentences which flow well.


- **TEACHER RECOMMENDATION FORM:** In addition to the above items, to be considered for the Doctors Academy you will need two teachers to complete an online recommendation form on your behalf. These teachers should be an English, Math or Science teacher from your 7th or 8th grade school year. Please provide their emails below and we will send them the link to complete the form.

– Two (2) are required as part of the admissions process. Once you finish your online application session, an email will be automatically generated to the two teacher emails that you listed. Those teachers will receive an email with a link to fill out a recommendation form on your behalf. Make to follow up with both teachers so they can check their inbox for an email with subject line: \*due date\* Doctors Academy Teacher Recommendation Request

### SCREEN 8 – FINISH SESSION

- Student Signature – Use the track pad or mouse to sign your application as best as you can
- Date of Submission
- Click  to finish your session
- You will be re-directed to the Doctors Academy website.

### ADDITIONAL INFORMATION AND NEXT STEPS

Once you click on the last , an email will be automatically sent to the primary student email listed within the application. The message will contain a link to edit all information until the deadline. Please keep that email for your records. Periodic updates will also be sent to the same email address.

**Use the form on the next pages to collect the information needed to complete the online application. This document is NOT the application.**

**-ALL INSTRUCTIONS ARE LISTED ABOVE-**

## MY STUDENT INFORMATION

First and Last Name \_\_\_\_\_ Student ID \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Student Phone Number \_\_\_\_\_

Student Email Address for All communication \_\_\_\_\_

Alternate Student Email Address \_\_\_\_\_

YES NO I acknowledge that I meet the minimum 2.80 or higher GPA to be eligible for the Doctors Academy program.

Which School do you currently attend?

Alvina Charter Elementary

Bullard Talent School

Tehipite Middle School

Kings Canyon Middle School

Baird Middle School

Tenaya Middle School

Caruthers Elementary

Ahwahnee Middle School

Tioga Middle School

Sequoia Middle School

Edison Computech Middle School

Wawona Middle School

Monroe Elementary

Fort Miller Middle School

Yosemite Middle School

Terronez Middle School

Gaston Middle School

Other, please specify

Raisin City Elementary

Scandinavian Middle School

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

YES NO Does your home address differ from your mailing address?

If YES, list address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

YES NO Are you currently enrolled in a Junior Doctors Academy Program?

For statistical purposes, please indicate your ethnicity below.

American Indian or Alaska Native

Hispanic, Latino, or of Spanish Origin

White

Asian

Native Hawaiian or Other Pacific Islander

Other, please specify

Black or African American

**What area of health or medical profession are you most interested in?**

Pediatrics (General, Oncology, Surgery, Social Work, Neonatal Intensive Care, Internal Medicine, Pharmacy, Psychology, Genetics)	Internal Medicine (Hospitalist, Hepatology, Rheumatology, Palliative Care, Genetics)	Neurology	Urology
Surgery (General, Neuro, Orthopedic, Plastics, Anesthesiology, Colorectal, Trauma)	Cardiology	OBGYN	Trauma/Burn
Dentistry (General, Oral & Maxillofacial Surgery)	Dermatology	Oncology	Critical Care
	Dietetics/Nutrition	Ophthalmology	Veterinarian
	Emergency Medicine	Otolaryngology/ENT	Physical Therapy
	Family Medicine	Pharmacy	Nursing
		Radiology	Psychology
		Social Work/Mental Health	Other: _____

**PARENT INFORMATION**

At least one parent or guardian must be listed to move forward on the online application.

**Parent/Guardian 1**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Highest Level of Education**

Did not finish High School	Some College	BA/BS Degree	Doctorate Degree
High School Graduate	AA/AS Degree	Master's Degree	Unknown

**Parent/Guardian 2**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Highest Level of Education**

Did not finish High School	Some College	BA/BS Degree	Doctorate Degree
High School Graduate	AA/AS Degree	Master's Degree	Unknown

## ESSAY SECTION (Minimum 250 Words)

### PERSONAL STATEMENT PROMPT: Why do you want to be in the Doctors Academy Program?

Your response must also address one or more of the following statements. We encourage you to select the one(s) you most personally connect to or have experience in:

- Describe an experience you or someone close to you had with an illness that required medical attention.
- Discuss your personal desire to help those in need.
- Highlight/discuss a health disparity in your community.
- Write about a role model or important person in your life who has motivated you to pursue your goals.

## TEACHER RECOMMENDATIONS FORM

Two (2) are required as part of the admissions process. Follow up with both teachers you enter online to make sure they receive an email with the subject line: \*DUE xx/xx\* Doctors Academy Teacher Recommendation Request

**TEACHER 1** (Must be a teacher from 7<sup>th</sup> or 8<sup>th</sup> grade of either English, Math or Science):

Name \_\_\_\_\_ Email \_\_\_\_\_

**TEACHER 2** (Must be a teacher from 7<sup>th</sup> or 8<sup>th</sup> grade of either English, Math or Science):

Name \_\_\_\_\_ Email \_\_\_\_\_

**This document is NOT the application.  
For more information, eligibility requirements or to access  
the online application, visit the website:**

**[DoctorsAcademy.UCSF.edu](http://DoctorsAcademy.UCSF.edu)**