



JUNIOR DOCTORS ACADEMY (JDA) 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 to prepare to submit the online application. This document is NOT the application.
3. After submitting your online application, a link to edit your information will be automatically generated and sent to the email you listed 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. Review the questions for the Personal Statement. The rubric for has been provided with expectations of an excellent response.
6. Be aware of all deadlines.
7. Identify one teacher that is willing and able to submit an online recommendation form for you. Their email address will need to be entered as part of the application.

SCREEN 1 - WELCOME

Thank you for your interest in the Junior Doctors Academy program!

The UCSF Junior 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 Junior 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. The email of one teacher who will complete your JDA teacher recommendation form

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


Please note that you will need to make it to the final screen of the application to receive a link to edit your application. We encourage you to have all the elements for your application complete before proceeding.

Click  to Continue


SCREEN 2 – STUDENT INFORMATION

- Current Grade Level – Choose from 6th grade or 7th grade
- By clicking each statement below, I confirm that I meet the following eligibility requirements for the Junior 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.
- 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
- Gender – Choose from list or choose “other” and specify
- Please click the box below to show you understand the program requirements. I understand that a 2.8 GPA is needed to be eligible for the Junior Doctors Academy program. Choose YES or NO
- Which elementary school do you currently attend? – Choose from list or choose “other” and specify
- Home Address – Please enter the address, city, state and zip code
- Is your home address different from your mailing address? – If your mailing address is different than your home address (example, a PO Box), 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 3 – STUDENT INFORMATION (continued)


- For statistical purposes, please indicate your ethnicity below. – Choose from list or choose “other” and specify
- Click  to Continue

SCREEN 4 – STUDENT INFORMATION (continued)

- 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 5 – PARENT INFORMATION SECTION

This will be used for sending information and notifications. You are required to provide the information for at least one parent/guardian before continuing through your application. 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
 - Name
 - Phone Number
 - Email address
 - Highest Level of Education – Choose from the list
- Parent/Guardian 2 Information
 - Name
 - Phone Number
 - Email address
 - Highest Level of Education – Choose from the list
- Click  to Continue

SCREEN 6 – 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 all 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. All statements should be unified, coherent, and well-developed reports that answer the questions completely and support your desire to participate in the Junior Doctors Academy.
- **PERSONAL STATEMENT** (minimum 250 words).

You will need to copy and paste your Personal Statement in a text box within the online application.

The Personal Statement is an opportunity for you to tell us why you want to be in the Junior Doctors Academy (JDA) and also for our team to know more about who you are. Please answer the following statements and questions using complete sentences. Include any details that would help the reader view you as a strong candidate for the program.

1. Why do you want to be in the JDA Program?
2. What type of health professional do you want to be and why?
3. My favorite subject(s) in school is/are...
 - a. Feel free to talk about any course subjects you are strong in, how you organize yourself and/or some of your other academic characteristics that may be useful in the classroom.
4. Some areas that I want to improve as a student are...
 - a. We want to hear about how you can continue to improve as a student such as keeping up with homework, communicating more with teachers, etc.


PERSONAL STATEMENT RUBRIC

CATEGORY	An EXCELLENT Personal Statement will demonstrate the following:
Completion of Required Topics	All supportive questions are completely answered.
Capitalization & Punctuation (Conventions)	Writer makes no errors in capitalization or punctuation, so the paper is exceptionally easy to read.
Adding Personality (Voice)	The writer seems to be writing from knowledge or experience. The author has taken the ideas and made them "his own."


- **TEACHER RECOMMENDATION FORM:** In addition to the above items, to be considered for the Junior Doctors Academy you will need a teacher to complete an online recommendation form on your behalf. Please provide their email below and we will send them the link to complete the form.
 - One (1) is required as part of the admissions process. Once you finish your online application session, an email will be automatically generated to the teacher email that you listed. The teacher will receive an email with a link to fill out a recommendation form on your behalf. Follow up with the teacher so they can check their inbox for an email with subject line:

due date Junior Doctors Academy Teacher Recommendation Request

SCREEN 7 – 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 website.

ADDITIONAL INFORMATION AND NEXT STEPS

Once you click on the last , an email will be automatically sent to the primary student email listed on the online 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 below 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 _____

Gender Male Female Other: _____

Click the Box **I acknowledge that I meet the minimum 2.80 or higher GPA to be eligible for the Junior Doctors Academy program.**

Which School do you currently attend?

Caruthers Elementary Other _____

Home Address _____ **City** _____ **St** _____ **Zip** _____

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

If YES, list address: _____ **City** _____ **St** _____ **Zip** _____

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?

Cardiology	Family Medicine	Ophthalmology	Social Work/Mental Health
Critical Care	Internal Medicine	Otolaryngology/ENT	Surgery
Dentistry (General, Oral & Maxillofacial Surgery)	Neurology	Pharmacy	Trauma/Burn
Dermatology	Nursing	Physical Therapy	Urology
Dietetics/Nutrition	OBGYN	Psychology	Veterinarian
Emergency Medicine	Oncology	Radiology	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

PERSONAL STATEMENT

The Personal Statement is an opportunity for you to tell us why you want to be in the Junior Doctors Academy (JDA) and also for our team to know more about who you are. Please answer the following statements and questions using complete sentences. Include any details that would help the reader view you as a strong candidate for the program.

1. Why do you want to be in the JDA Program?
2. What type of health professional do you want to be and why?
3. My favorite subject(s) in school is/are... (Feel free to talk about any course subjects you are strong in, how you organize yourself and/or some of your other academic characteristics that may be useful in the classroom.)
4. Some areas that I want to improve as a student are... (We want to hear about how you can continue to improve as a student such as keeping up with homework, communicating more with teachers, etc.)

Use this space to jot down some ideas or start writing your Personal Statement

TEACHER RECOMMENDATION FORM

TEACHER RECOMMENDATION FORM: One (1) is required as part of the admissions process.

Follow up with the teachers you list below and enter online to make sure they receive an email with the subject line: *DUE xx/xx* Junior Doctors Academy Teacher Recommendation Request

Teacher 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