

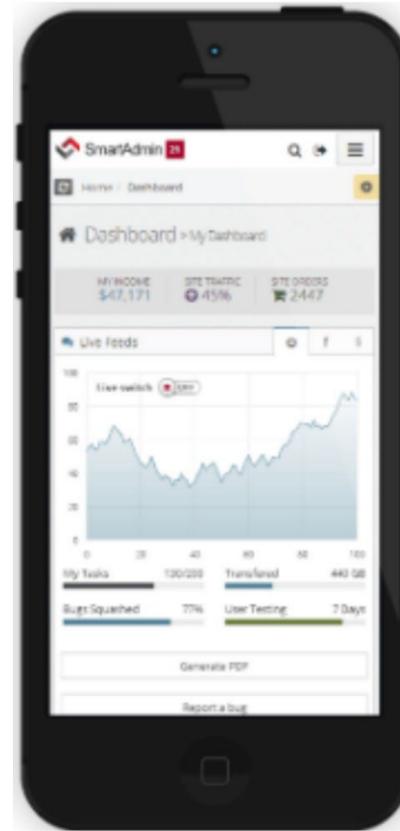
# AMP

AMP is your all-in-one enrollment management solution.

AMP Paperless Admissions

Schedule Today

Zap Solutions



### Sign In

Username Please enter username

Password

[Forgot password?](#) [New Applicant](#)

## AMP makes it easy for everyone.

The easiest way to manage the entire interview process. Perfect for graduate college admissions and human resource departments.

## 24/7 Secure Online Access

Choose your availability, invite applicants to schedule interviews, track, and review. Send interview invitations via email. Browse schedules and set available interview slots. Provide access to applicants to self-schedule interviews. Check applicant status and supporting information. Assign interviewers. Read reports completed by interviewers

# Create New User

Login/ Email Address

First Name

Last Name

Password

Confirm Password

[Create Account](#) | [Back to Login](#)



**Create a log-in  
and then click  
"Create Account" to  
complete**

# Create New User

Login/ Email Address

|

first Name

Last Name

Password

|



Confirm Password

[Create Account](#) | [Back to Login](#)

Account has been created. Please check your email to activate your account

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A screenshot of a web-based 'Sign In' form. The form has a title 'Sign In' in a white box on a grey background. Below the title, there are two input fields: 'Username' and 'Password'. The 'Username' field has a placeholder 'Enter Username' and a user icon. The 'Password' field has a placeholder 'Enter Password' and a lock icon. A tooltip above the 'Username' field says 'Please enter username'. Below the password field, there are links for 'Forgot password?' and 'New Applicant'. At the bottom right of the form is a blue 'Sign In' button. Two red arrows point from the right side of the image towards the 'Username' and 'Password' input fields. A third red arrow points from the bottom towards the 'Sign In' button.

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v.2024.12.9104.22894 CR2024.12.0

**AFTER ACTIVATING YOUR ACCOUNT,  
PLEASE LOG IN**

Home

# Welcome to our Application Portal!

Please pick a program and term to apply to below. An application will then appear in the left-hand menu for you to begin.

## New Application

School

HEALTH

Spring 2025



Apply

Use the DROP-DOWN arrow to select the term you are applying for



## Class Start Schedules 2017/2018 Academic Year

- Fall 2014 classes start on 9/1/2014
- Fall Block 2 2014 classes start on 9/29/2014
- Winter 2014 classes start on 12/1/2014
- Spring Block 1 2015 classes start on 1/5/2015

## Class Start Schedules 2015/2016 Academic Year

- Fall 2015 classes start on 9/28/2015
- Winter 2015 classes start on 11/30/2015
- Spring 2016 classes start on 3/14/2016
- Summer 2016 classes start on 6/13/2016

Jennifer Xiong

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## Program Info

There is a PROFILE Application and a PROGRAM Application. Both need to be COMPLETED for a FULL SUBMISSION of your HEALTH Application.

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..., **Note:** This page is completed.

**The Arrow and page needs to be GREEN in order for it to be a completed form. Any areas left unanswered will be considered "INCOMPLETE" and will pop up in a Tan box.**

## Program Info

What school are you currently attending?

Sacramento

Current Character Count: 11 /100

What school district are you in?

Sacramento

Current Character Count: 11 /100

TestJX JXTest

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### (g) Personal Information

Save

Submit

..., Note: This page is completed.

Full Legal First Name:

XXX

Full Legal Middle Name:

XXX

Full Legal Last Name:

XXX

Preferred First Name:

XXX

Previous First Name (if different from current):

XXX

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(g) Biographical Information



Note: This page is completed.



Gender Identity:

@Female Male Transgender Non-binary/third gender Prefer not to say Prefer to self-describe

Preferred Gender Pronouns:

@ she/her/hers he/him/his they/them/theirs Other

What group(s) do you identify with? (Check all that apply)

Check All Disabled Veteran LGBTQIA+ Foster Youth None of the Above

Ethnicity:

@ Hispanic/Latino Not Hispanic/Latino

Race:

African-American/Black American-Indian/Alaskan Native Chinese/Chinese-American East Indian/Pakistani Filipino/Filipino-American Japanese/Japanese-American Korean/Korean-American Mexican/Mexican-American/Chicanx Pacific Islander (includes Native Hawaiian, Micronesian, Polynesian, and other Pacific Islanders) Vietnamese/Metnamese-American White/Southwest Asian and North African Other Asian (Not including Middle Eastern) Other Spanish-American/Latinx (includes Cuban, Puerto Rican, Central and South American) Other (not listed above) Unknown/Unavailable/Decline to State

Disadvantaged Background Circumstances: (Please check all that apply):

Check All Grew up in a medically underserved area

TestJX JXTest

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### Submission

#### Certification & Submission

Submit Application

#### Application Status

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Jennifer Xiong

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## Submission

Certification & Submission

Application Status

By clicking this checkbox I certify that this application is accurate.

Personal Information

Biographical Information

[Submit Application](#)

Check the box and SUBMIT your PROFILE APPLICATION



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### Submission

Now you can start the PROGRAM APPLICATION.

Verification & Submission

a

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## Program Info

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✓ Note: This page is completed.

## Program Info

What school are you currently attending?

Sacramento

Current Character Count: 10 / 100

What school district are you in?

Sacramento

The Arrow and page needs to be GREEN in order for it to be a completed form. Any areas left unanswered will be considered "INCOMPLETE" and will pop up in a Tan box.

Jennifer Xiong

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[gl] Parents/Guardian Info

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Note: This page is completed.

## Parents/Guardian Info

Which best describes your household:

- Single parenUguardian household
- Two parenUguardian household

If you select Two Parent/Guardian Household, you MUST enter Education level for both parents/guardians.



Parent/Guardian 1 Name:

ssdfs

Phone contact:

sdfafd

Email address:

sadfsdf

What is ParenUGuardian 1's relationship to applicant'?

Jennifer Xiong

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Essay

COMPLETE THE ESSAYS



✓ Note: This page is completed.

Essay

1. Why you are interested in a health professions career? Also describe which specific population that you are interested in working with. (i.e. a distinct group of individuals that shares common characteristics, etc.)

sadfa

Current Word Count: 1 /600

2. What skills, exposures, or opportunities do you hope to get out of participating in the Health Equity Academy program?

asdfs

Jennifer Xiong

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## Submission

### Certification & Submission

By clicking this checkbox, I certify that I agree to all of the following:

**1) Waiver:** In consideration of being permitted to participate in any way in UC Davis School of Medicine - Health Equity Academy - Leaders for Tomorrow's Healthcare

Hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Activity.

**2) Assumption of Risks:**

Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Activity I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

**3) Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in Activity and to reimburse them for any such expenses incurred.

2. Check the Box

1. Make sure that all areas show GREEN Check Mark

### Application Status

✓ Program Info

✓ Parents/Guardian Info

✓ Essay

I acknowledge that I have read the foregoing and I fully understand the contents.

**7) Consent to Record:**

I give my permission and authorize the University of California ("UC"), to videotape, audiotape, photograph, record, edit or otherwise reproduce my voice, image or likeness, and to use it in various formats and for the purposes within UC's mission of teaching, research, public service and patient care. Distribution methods may include but are not limited to the classroom, television (including UCTV, broadcast, cable, and satellite), the Internet (including webcasts and podcasts), print publications or any other medium now existing or later created. UC retains the right not to use the footage for other than archival purposes.

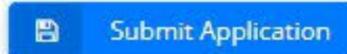
Any copyright-protected works that I deliberately provide or otherwise include as part of this recording are either my own property or works for which I have the permission of the copyright-owner to use in this way.

I grant, assign, and convey to UC all right, title and interest I, my heirs and assigns, may have in and to any recording made under this consent. I understand this total release of rights irrevocably means that UC may, without limitation, exercise all ownership rights including copyrights relating to the recording(s).

I agree to indemnify and hold harmless UC from and against any and all liability, loss, cost, or damage which it may incur as a result of my participation in this recording.

If signed by someone other than the person appearing (such as a parent of a minor child), I warrant that I have the authority to grant this permission on behalf of the person(s) appearing.

**8)** I will attend and actively participate in orientation and all program sessions. If I am absent for orientation and any of the program sessions with no prior notice or reason, I understand that this will result in my dismissal from the Health Equity Academy program and future opportunities from the University of California, Davis School of Medicine's Office of Student & Resident Diversity (OSRD).

 Submit Application

**SUBMIT YOUR APPLICATION**

Jennifer Xiong

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Status

Application Category	Application Status	Notes
Main Application Submitted	✓	Main Application submitted on 4/29/2025.
Program Application Submitted	✓	Program Application submitted on 4/29/2025.
Application Submitted	✓	Application submitted on 4/29/2025.
Application Complete	✓	Your application is ready.

Make sure all Areas under "STATUS" is completed with a GREEN CHECK MARK