



Spring 2023 Application

Innovations in Women's Health and Health Equity

FOR OFFLINE REFERENCE ONLY

All applications must be submitted online at

www.pharmstars.com/apply

Thank you for your interest in participating in PharmStars' upcoming accelerator program. When completing the application below, please do not include any confidential information, personal information about others, patient data or links to patient data in your responses.

This PDF version of the application is for your use offline only. In order to be considered, you must submit your application online at www.pharmstars.com. It is not possible to save an application online in draft form. Once submitted online, the application cannot be edited.

The application cannot be submitted until all mandatory fields, indicated with an asterisk, are filled in.

Applications must be submitted by **11:59 p.m. ET on January 14, 2023** to be considered.

Demographics

Company Name *

Company Description *

Please provide one sentence describing your company (max 200 characters).

Product Description *

Please provide one sentence describing your product (max 200 characters).

Company Website *

Company Location *

City

State / Province

Please Select

Country

Your Name *

First Name

Last Name

Your Role *

Will you be one of the two participants representing your startup in the program?

☐ Yes

☐ No

Email *

Phone Number *

Please provide your cell phone, not the company phone number.

Your Location *

City

State / Province

Please Select

Country

Solution

1. What is the status of your solution? *

☐ concept ☐ prototype (pre-market) ☐ on the market

2. Are you focused on: *

☐ A Women's Health
Therapeutic Area ☐ Health Disparities ☐ Both

3. What is the problem you are trying to solve? *

Maximum 1000 characters

4. What is your solution? Who is the primary user and how do they use your solution? *

Maximum 1000 characters

5. What is your business model? How and to whom do you sell your solution? *

Maximum 1000 characters

6. Is your solution hardware, software or both? *

☐ Hardware ☐ Software ☐ Both

7. What is your solution? (check all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> Digital diagnostics | <input type="checkbox"/> Digital therapeutics |
| <input type="checkbox"/> Disease tracking | <input type="checkbox"/> Remote patient monitoring |
| <input type="checkbox"/> Patient-reported outcomes | <input type="checkbox"/> Patient engagement |
| <input type="checkbox"/> Therapy adherence | <input type="checkbox"/> Delivery platforms |
| <input type="checkbox"/> Self-care management | <input type="checkbox"/> Care-giver solutions |
| <input type="checkbox"/> Other (please describe) | |

8. What type of digital health solution do you have? (check all that apply) *

- | | |
|--|--|
| <input type="checkbox"/> Algorithm/AI/ML | <input type="checkbox"/> Game |
| <input type="checkbox"/> App | <input type="checkbox"/> Robot |
| <input type="checkbox"/> Digital Biomarker | <input type="checkbox"/> Sensor |
| <input type="checkbox"/> Physical device or tool | <input type="checkbox"/> Video |
| <input type="checkbox"/> Computer Program | <input type="checkbox"/> Other (please describe) |

9. Has your solution been used by pharma? If so, how and where? *

Maximum 1000 characters

10. What business use cases do you have (pharma and/or non-pharma)? *

Maximum 1000 characters

11. Are others (providers, payers) using your solution? *

- ☐ Yes ☐ No

12. Do you have any additional healthcare partners not yet mentioned here (e.g., patient advocacy groups) *

- ☐ Yes ☐ No

13. Who are your three closest competitors? *

14. What is your competitive advantage over your competitors? *

15. Is your solution regulated? *

- ☐ Yes ☐ No ☐ I don't know

Company Details

16. Have you raised funding for this company? *

☐ Yes ☐ No

17. When do you expect to raise your next round of funding? *

18. How many FTEs do you have? *

19. How old is your company? *

Experience

20. Is your company currently working or negotiating with any pharma firms? *

☐ Yes ☐ No

21. Is your company currently working with, in active discussion with, or done a project with any of the following firms? (check all that apply) *

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Alexion | <input type="checkbox"/> AstraZeneca | <input type="checkbox"/> Bayer |
| <input type="checkbox"/> Boehringer Ingelheim | <input type="checkbox"/> Eli Lilly and Company | <input type="checkbox"/> Novo Nordisk |
| <input type="checkbox"/> Roche | <input type="checkbox"/> Sumitovant | <input type="checkbox"/> Takeda |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Unable to disclose | |

22. What has been your experience working with pharma thus far? *

Maximum 1000 characters

Accelerator Participation

23. What are your goals for participating in the PharmStars accelerator? *

Maximum 1000 characters

24. Have you participated in any other accelerators? *

☐ Yes ☐ No

25. Who will represent your company in PharmaU? *(Please note: PharmStars requires participation by the CEO and/or other full-time senior-level executives with decision making authority.)*

Representative 1: First Name Last Name Email
 Role City State
 Country

Representative 2: First Name Last Name Email
 Role City State
 Country

26. Are both people listed above full-time / permanent employees of your organization? *

☐ Yes ☐ No

27. Are both people listed above aware this application is being submitted and available to participate in PharmStars as described in the Program Terms? *

☐ Yes ☐ No

28. You must be 18 years or older to participate in PharmStars. Please confirm both representatives are eligible to participate in the program:

☐ I attest that both representatives listed are 18 years or older. *

29. If selected, will both representatives of your startup attend the in-person launch event in Boston, MA on March 7-8, barring special circumstances that would prevent you from doing so (illness, travel restrictions, etc.)? *

☐ Yes ☐ No

30. How did you hear about PharmStars? *

31. In addition to being considered for this cohort, would you like us to keep your application

on file to be considered for future cohorts? *

☐ Yes

☐ No

32. You will be added to our mailing list to receive updates about PharmStars and news about future cohorts. If you do not wish to receive PharmStars updates, you may opt out below:

☐ Please do not add me to the mailing list.

Additional Information

Please upload your pharma pitch deck here: *

Browse Files

Drag and drop files here

We would appreciate learning more about you, your company, and why you would like to participate in PharmStars. Please record a simple 1-2 minute video about your interest in PharmStars. Upload to YouTube or Vimeo and share the link here. Be sure the privacy settings are set to allow us to view your video. *

Anything else you would like to share?

Maximum 1000 characters

The Submission Process

Please confirm that you have read and will comply with the [Program Terms](#) if selected to participate in PharmStars.

☐ I agree to the PharmStars' [Program Terms](#). *

Deadline: Your application must be submitted by 11:59 p.m. ET on **January 14, 2023** to be considered. Applications will not be returned.

Submission: After successfully submitting this application, you will be redirected to a survey page. If you are not redirected, please check your form for errors. Please contact support@PharmStars.com if you encounter technical difficulties.

Confirmation of Receipt: Once you have submitted your application, you will receive an **email confirmation within one hour of application submission**. If you do not receive this confirmation, please contact us at support@PharmStars.com.

Acceptances: Semi-finalists will be notified on a rolling basis. Semi-finalists will have three business days to confirm their continued participation in the selection process. Notification of acceptances into PharmStars will be sent by email on or around February 23, 2023. Startups selected to participate will have one business day to accept their spot in the program.

Launch Event: This PharmStars cohort will commence with a mandatory, in-person cohort launch event on March 7-8, 2023 in Boston, MA. Please hold these dates to ensure both participants can attend should your startup be selected to participate.

Class Schedule: Classes will meet virtually every Monday and Thursday from 12-1:30 p.m. ET March 13 - May 11, 2023. In addition, there will be several asynchronous videos that participants can watch at their convenience. Please ensure that you are available to attend all the twice-weekly classes.

REMINDER

Your confirmation email will not include a copy of your submission. To create a record of your responses prior to submission please select "print" and save this page as a PDF document.

Please verify that you are human *

☐ I'm not a robot

reCAPTCHA
[Privacy](#) - [Terms](#)

You will be redirected to a Survey page after submitting your application. If you are not redirected to this Survey, please check your form for errors. You should receive email confirmation of our receipt of your application with one hour. Please contact us if you do not receive confirmation of your submission.

Thank you for applying to PharmStars!

Please contact support@PharmStars.com with technical questions and info@PharmStars.com for general questions.