



UT Health
San Antonio

TechNovum™

The UT Health San Antonio Accelerator
Application - Spring Cohort 2019

All completed applications should be emailed to TechNovum@uthscsa.edu
Application Deadline: May 17, 2019

Applicant Information

Name of primary applicant:

Primary department affiliation at UTHSA:

Names of other team members, if any:

Applicant email:

Applicant phone:

Are team members identified on OTC Technology ID Number: Yes: No:
If the answer is “no”, a confidentiality agreement may be required.

Technology, Company and Product

Please answer the following questions to the best of your ability:

UTHSA OTC Technology Identification Numbers:

Has OTC completed a Technology Management Report (required)? Yes: No:

Describe, in lay terms, the innovation, discovery, invention or product. (not to exceed 50 words)

What is the current status and stage of its development: Check all that apply:

Ideation

Intellectual property pending (drawings, chemical structures, CAD, etc.

Physical/technical prototype

Digital Health and or “app”

Art: any drawing of any kind including but not limited to: medical device drawings, medicinal chemistry structures, antibody regions, etc.

Pre-clinical (pre-toxicology)

Pre-clinical (pre-IND)

IND submitted

Clinical Data

Other (Please specify):



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Does this technology have a management team already in place?

Yes: No:

Has this technology been optioned or licensed?

Yes: No:

Describe the roles (e.g. coinventor, product development, marketing, etc.) of each of your team members in this project.

Problem/Solution

What is the problem that your invention solves? (50 words)

Briefly, name others trying to solve this same problem? (Who is your competition?) (50 words)

Who are the primary customers for the product or service that you will provide? (50 words)



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Are you interested in the formation of a new company around your innovation?
(Company startup is **NOT** a requirement of the Accelerator program.)

Yes: No:

What type of financing, if any, have you utilized to develop the innovation/discovery/invention to date? Indicate the sources, names and amounts.

Federal or other grants. Source _____

Departmental Funds

Investor

None

UTHSA PTEF

Other (Please specify):

Have you participated in an accelerator or incubator program previously? If so, which one(s)?

Your participation in the TechNovum cohort will require a significant time commitment over several months. **Teams that are selected will be required to participate in weekly, 3-hour sessions over a 3 to 4-month period**, one-on-one mentoring sessions scheduled at your convenience, and perform weekly specific assignments outside cohort session time to validate your technology/product. (A more detailed schedule will be available.) If you are selected and agree to join the UT Health Accelerator, are you willing to commit to these requirements?

Yes: No: