

2021 Application

This document is for reference only.

All applications must be submitted through our website at www.pharmstars.com/apply.

Thank you for your interest in joining the first PharmStars startup cohort. 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.

It is not possible to save this application as a draft. Please download a copy of the application <u>here</u> if you wish to work on your application offline. Once submitted, the application cannot be edited.

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

Applications must be submitted by 11:59 p.m. ET on July 21, 2021 to be considered.

Demographics

Company Name *	
Company Description *	
Company Website *	
Company Location *	

City State / Province

	Country	
Your Name *		
	First Name	Last Name
our Role *		
Email *		
	Email address is required	to save application in draft form
Phone Number *		
Your Location *		
	6"	
	City	State / Province
	Please Select	
	Please Select Country	
	Country	s. Please confirm that you are eligible to
You must be 18 years or olde participate in the program:	Country r to participate in PharmStar	s. Please confirm that you are eligible to
participate in the program:	Country r to participate in PharmStar	s. Please confirm that you are eligible to
participate in the program:	Country r to participate in PharmStar ars or older. *	s. Please confirm that you are eligible to

If so, what clinical trial problem are you trying to solve? *	
Maximum 1000 characters	
If not, what problem are you trying to solve? *	
Maximum 1000 characters	
What is your solution and who is the primary user? *	
Maximum 1000 characters	
Maximum 1000 characters	
What is the status of your solution? *	
Concept Prototype Pre-market product	Marketed product
What is your business model? To whom and how do you sell your so	lution? *
Maximum 1000 characters	
Is your solution regulated? *	
Yes No I don't know	
If so, What is your regulatory strategy? *	
Maximum 1000 characters	_

Company Details

Have you raised funding? *	
Yes No	
If so, what stage was your last round	of funding?
How many FTE's do you have? *	
How old is your company? *	
If applicable, what therapeutic area(s	s) do you focus in?
What type of digital health solution is	s your product? (check all that apply) *
Algorithm/AI/ML	Арр
Biomarker	Device or tool
Game	Robots
Sensors	Video
Other	
What category of digital health applies	cation does your solution fall into? (check all that apply)
Behavior modification	Diagnostic
Digital therapeutic	Education
Health/Wellness	Medication adherence
Monitoring tool	Patient recruitment/retention
Physician communication	Preventative
Virtual care	Other

Accelerator Participation

Are you currently working or ne	gotiating with an	y pharma firms? ^		
Yes No				
If so, which firms are you workin	g with and on wh	at? *		
Maximum 1000 characters				
What has been your experience	working with pha	arma thus far? *		
Maximum 1000 characters				
What are your goals from partic	pation in the Pha	armStars accelera	tor? *	
Maximum 1000 characters				
Have you participated in any oth	er accelerators?	*		
Yes No				
Which accelerator(s)? *				
Who will represent your company	in PharmaU?			
Representative 1: First Name	* Last Name	* Title	*	
Representative 2: First Name	* Last Name	* Title	*	

How did you hear	about PharmStars? (check all that apply) *
Friend	News Article Social Media Search Engine Other
	ng considered for this cohort, would you like us to keep your application on red for future cohorts? *
Yes	○ No
Additional l	Information (optional) - fields below are optional and can be left
Upload your exec	utive summary or pitch deck below:
	Browse Files Drag and drop files here
	ciate seeing your elevator pitch. Please record a 1-minute pitch, upload to o and share the link here:
Anything else you	u would like to share?
Maximum 1000 characters	5

The Submission Process

Please confirm that you have read and will comply with the <u>Program Terms</u> if selected to participate in PharmStars.

		*
1 1	I agree to PharmStars Program	Terms 🔭
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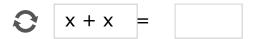
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Once you have submitted your application, you will receive an email confirmation within 24 hours of application submission. If you do not receive this confirmation, please contact us at support@PharmStars.com. Applications will not be returned.

Invitations to join PharmStars will be sent by email on or around August 23, 2021. Invited applicants will have up to three (3) days to respond. All other applicants will be notified of their status on or around August 30, 2021.

PharmStars first cohort will commence on September 1, 2021. Please ensure that you are available to attend our twice-weekly classes starting Thursday, September 2. Classes will meet every Monday and Thursday from 1-3 p.m. ET September 2 through November 4, 2021.

Please confirm you are not a robot by answering the question below: *



Thank you for applying to join PharmStars!

Please contact support@PharmStars.com with any technical questions.

For general questions, please contact info@PharmStars.com.