Internal application form

Please note: MacOS users should download and use Adobe Reader to complete this form.

The Innovation Fellows Program is an opportunity for personnel exchange between PHS core hospitals—Brigham and Women's Hospital, Massachusetts General Hospital, and McLean Hospital—and industry. Please refer to the following link for additional details: **innovation.partners.org/about/special-programs/innovation-fellows-program**

Note: Innovation Fellows must remain active employees at PHS to participate. Applicants should discuss plans for this andany post-program plans to continue at Brigham and Women's Hospital, Mass General Hospital, and McLean Hospital with current supervisor/mentor before applying.

Please complete the PDF application form and submit with a copy of your CV to InnovationFellows@mgb.org.

- The PDF file name must be in the following format: Last name_Institution_Department
- Institution format must be BWH, MGH, or McL

What are the minimum requirements to become a Fellow?

While there is flexibility based on needs and project scope, Fellows should have the following minimum requirements:

- MD, PhD, or a joint degree
- MDs must have completed their residency, but cannot participate as an Innovation Fellow concurrent with the clinicalor research portion of a GME fellowship program (regardless of whether the fellowship is ACGMEaccredited). [GMEfellowships, as approved by the Partners Education Committee, are those listed on the website: www.partners.org/Graduate-Medical-Education/Residency-And-Fellowship-Programs/Default.aspx]
- · PhDs must have more than two years of post-doc training
- · Faculty are eligible
- Available for 50-100% effort
- Duration between 6-24 months as required per project

General information

First name:	_ Last name:
Credentials: MD PhD Other:	
Work e-mail:	Work phone:
Personal e-mail:	Personal phone:
Available date to start: July 2024 2025	Other (Please specify):

Please check here if you would consider out-of-state opportunities:

Current role

	Stai	rt date at hospital:		
Administrative Dir. name: _	Are you a Clinical Fellow or Resident? Yes No			
Please select the area of fo	ocus of your research or area of st	tudy in current position:		
Cell Biology	Genetics	Health Information Technology		
Immunology	Information Technolog	gyMedical Device		
Oncology	Pathology	Surgery		
Therapeutics	Others (please specify):			
Please name any awards o	r accolades received while in curr	rent position:		

Visa Status

(Note: J-1 and H-1B visas have restrictions that might make applicants ineligible for participation. Contact your HR Generalist for more information.)

Citizenship:		Permanent resident:	Yes	No		
Will you now or in the future require sponsorship for employment visa status?			Yes	No		
If yes, what is your current visa	status? J-1	H-1b	Other:			
Program Qualifications						
Please check the level of commitment you are interested in: Full-time			Part-time			
Please check what Fellows experiences you are interested in and rank in order of preference:						
Clinical Trials	Commercial/Busin	ess Development	Regulatory			
Medical Device R&D	Health Information	Technology (HIT)	Therapeutic R&I)		
Venture Capital	Other (please specify):			-		

What are your preferred experiences and why?

(less than 100 words)

Please share how you expect the Innovation Fellows Program to benefit your career.

(less than 250 words)

What is the earliest date you are available to begin the Innovation Fellows Program? _____

Applicant signature

Name: _____

Date: _____