

Internal application form

Innovation Fellows

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 and any 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 clinical research portion of a GME fellowship program (regardless of whether the fellowship is ACGME-accredited). [GME fellowships, 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: _____

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: _____