

Supervisor confirmation form

Innovation Fellows

Please complete the following application and submit to Mass General Brigham Innovation at InnovationFellows@mgb.org.

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

Approval

Supervisor first name: _____ Supervisor last name: _____

Work e-mail: _____ Phone number: _____

To be filled out by supervisor or department head

Applicant is approved for full-time roles, part-time roles, or both?

_____ Full-time roles _____ Part-time roles _____ Both

If part-time, please indicate the maximum allowable amount: _____

Selected Fellows' salary and fringe is reimbursed by Industry Host to Hospital and Fellows must remain Active employees (full or part-time) in the department throughout duration of Fellows Project. Has a plan been discussed for this?

_____ Yes _____ No

Applicants funded through Government (NIH or other) training programs, NIH-or Industry-sponsored pre-clinical research or clinical research/trials have completed a Fellow's Program COI Checklist and meet or will meet the eligibility requirements by the start date of the Fellow's Project start date?

_____ Yes _____ No

Was any discussion held relating to any post program plans to continue at BWH, MGH, or McLean?

_____ Yes _____ No

Initial and Date: _____

*For any questions, please email InnovationFellows@mgb.org.

Applicant signature

Name: _____

Date: _____

Supervisor signature

Name: _____

Date: _____

Department head signature (when applicable)

Date: _____