Harvard-wide Pediatric Health Services Research Fellowship

Boston Children's Hospital | Massachusetts General Hospital Founding Member, Mass General Brigham | Harvard Pilgrim Health Care Institute | HARVARD MEDICAL SCHOOL

Application Form

Deadline for July 2027 Entry

September 30, 2026

Name		Professional Degree(s)	
Current Position		Board Status/Exam Date	
Institution		Phone Number	
Email			
Mailing Address			

Optional Opt In | Boston Children's Hospital Health Equity Fellowship (HEF) ☐

- Please check the box if you are also interested in being considered for the HEF. See the BCH HSR Health Equity Fellowship firer on the HSR website for details.
- Fellows with faculty positions that begin at Boston Children's in July 2027 and all current Boston Children's faculty are eligible to apply.

Required Documents

1. This completed and signed application

2. Curriculum Vitae

3. Personal Statement | In less than 2 pages, explain:
    a. Your career goals
    b. How the fellowship program would further these goals
    c. The type of research questions you would like to address

Please email the documents listed above to: HSRFellowship@childrens.harvard.edu

4. Three (3) Letters of Recommendation | Letters should be:
    a. Addressed to Director, Kathleen Walsh, MD, MS
    b. Emailed to HSRFellowship@childrens.harvard.edu

For each of your letter writers, please list their name, current position, and institution:

Letter 1	
Letter 2	
Letter 3	

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Voluntary Self-Identification Form

Boston Children's Hospital is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, gender, sexual orientation, pregnancy, national origin, ancestry, ethnicity, age, disability, military or veteran status or any other classification protected by law in hiring, promotion, compensation and other terms and conditions of employment. The United States government requires Boston Children's Hospital to collect and maintain information regarding gender, race and ethnicity for certain reporting purposes. Boston Children's Hospital is also subject to various governmental record-keeping and reporting requirements for the administration of civil rights laws and regulations.

The information on this form will be kept confidential and will not be used in any employment decision. Completion of this section is voluntary.

Self-Identification of Gender

- ☐ Female
- ☐ Male
- ☐ I do not wish to provide this information

Self-Identification of Race and Ethnicity

1. Are you Hispanic or Latino?

- ☐ Yes
- ☐ No
- ☐ I do not wish to provide this information

2. If you answered "No" to Question 1, what is your racial identification?

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaskan Native
- ☐ Two or More Races

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[i] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

_____ _____

Your Name Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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[i] Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

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How did you hear about the Harvard-wide Pediatric Health Services Research Fellowship?

Check all that apply

- ☐ Friend|Colleague
- ☐ Mentor|Advisor
- ☐ LISTSERVE
- ☐ Advertisement
- ☐ Web Search
- ☐ Social Media
- ☐ Other

☐ I have read the Harvard-wide Pediatric Health Services Research Fellowship application and instructions, and agree to the terms and policies.

Signature

Date