

**Mongan Institute Affiliate Faculty Membership Application**

There are 4 categories of membership at the Mongan Institute (MI), each with varying degrees of responsibilities and benefits. Please refer to our website describing Mongan Institute membership categories, benefits, and responsibilities at <https://monganinstitute.org/membership>

Affiliate membership is available for MGH/Harvard (e.g., HSPH, McLean) faculty whose work is aligned with population and health care delivery science or health services research and who are likely to be active collaborators who contribute to the scientific or training activities of the Mongan Institute. In very special circumstances, collaborators who are faculty at non-Harvard institutions and have a major joint initiative with core member faculty may also be considered (e.g., Co-PI center grant with co-sponsored Mongan activities). Affiliate membership responsibilities include active participation in the scientific activities of the Mongan Institute.

To apply for membership, please complete and submit this application form to mghmonganinstitute@mgh.harvard.edu. Please save the application as “LastNameFirstName\_Affiliate.doc” and use the subject heading “Affiliate Membership Application.” Applications will be reviewed quarterly.

\*Please note: applications should designate the sponsoring center and be signed by the primary sponsoring center director

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| **Contact Information** |  |
| **First Name:** |  | **Last Name:** |  | **Credentials:** |  |
| **Email:** |  | **Phone number:** |  |
| **Titles and Institutions:** Please include links to any centers/institutions you are affiliated with.*(e.g., Professor of Medicine, Harvard Medical School)* |
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| **Link to Harvard Catalyst (if applicable):**  |  |
| **Link to bio (if applicable):**  |  |
| **Link to Twitter account (if applicable):** |  |
| **Demographic Information:** The Mongan Institute is committed to diversity, equity, and inclusion, both in the research we conduct and the researchers who make up our community. We strive to foster belonging and celebrate diverse teams.Your responses to the following questions will not be shared outside of the membership committee. |
| **Please describe your ethnicity (select 1):** |
|  | Hispanic or Latinx |  |  |
|  | Not Hispanic or Latinx |  |  |
|  | Prefer not to answer |  |  |
| **Please describe your race (select all that apply):** |
|  | Asian or Asian American |  |  |
|  | Black or African American |  |  |
|  | Native American or American Indian |  |  |
|  | White |  |  |
|  | Prefer not the answer |  |  |
|  | Other (please specify):  |  |  |
| **What is your gender identity?**  |
|  | Man |  |  |
|  | Woman |  |  |
|  | Non-binary |  |  |
|  | Prefer not to answer |  |  |
|  | Other (please specify): |  |  |

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| **Research Interests and Membership at the Mongan** |
| **Please provide a brief summary of your research interests and explain how they align with research conducted at the Mongan Institute.** Please include links to any relevant work.(No more than 1 paragraph) |
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| **Do you have any collaborators or mentors at the Mongan Institute?** Please explain your relationship and research conducted.  |
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| **Please explain how affiliate membership at the Mongan Institute will benefit your career and research objectives.** (No more than 1 paragraph) |
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| **Affiliate membership responsibilities include active participation in the scientific activities of the Mongan Institute.** Type your full name below to indicate that you have read the responsibilities expected of affiliate faculty members and that you agree to uphold responsibilities as an affiliate faculty member at the Mongan Institute. Membership for MI will be renewed on an annual basis dependent on whether membership responsibilities are completed in the prior year.  |
| **Name:**  |  | **Date:**  |  |

Name of primary sponsoring center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of primary sponsoring mentor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supporting comments by sponsoring mentor or Center Director:

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Approval by sponsoring Center Director:

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 Signature Date