

**Chan Zuckerberg Biohub San Francisco
Physician-Scientist Fellowship Program
Program Director Commitment**

Fellowship Applicant Name: _____

Program Director/Division Chief Name: _____

Program Director/Division Chief Title: _____

Program Director/Division Chief Email Address: _____

By signing below, I certify that if the above-named applicant is accepted into the Chan Zuckerberg Biohub SF Physician-Scientist Fellowship program, for the period July 1, 2024 – June 30, 2026, my department/division is committing to:

- a. Allowing the applicant to spend at least 75% time engaged in research during the Biohub fellowship period while maintaining good standing status in our program/division;
- b. Making reasonable accommodations for the applicant to attend regularly scheduled Biohub events that are required for participation in the Biohub fellowship program; and
- c. Providing half the salary and benefits for the applicant during this period, with the understanding that the Biohub will provide half the salary and benefits up to \$80,000 per year and a \$5,000 annual stipend for conference travel and related professional and research expenses.

Program Director/Division Chief Signature

Date