

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

Fellowship Applicant Name: \_\_\_\_\_

Program Director Name: \_\_\_\_\_

Program Director Title: \_\_\_\_\_

Program Director Email Address: \_\_\_\_\_

By signing below, I certify that if the above-named applicant is accepted into the Chan Zuckerberg Physician-Scientist Fellowship program for the period July 1, 2023 – June 30, 2025, with the option to request a one-year extension, 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;
- 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 the Biohub fellowship period, with the understanding that Biohub will provide half the salary and benefits plus a small annual stipend for conference travel and related professional and research expenses.

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date