

## **MGH Career Development Program in Substance Use and Addiction Medicine Call for Applications**

We are pleased to announce that the K12 Career Development Program in Substance Use and Addiction Medicine, based at the Massachusetts General Hospital (MGH) and funded by the National Institute on Drug Abuse of the National Institutes of Health, is recruiting one post-doctoral clinician-scientist to start on or after July 1, 2019. The award aims to help the Scholar establish an independent research program in patient-oriented substance use and addiction research.

The program provides salary, training and project support for a 2- to 3-year period of intensive mentored research training and career development. Research and training proposals are sought on a broad range of substance use and addiction medicine topics that include but are not limited to laboratory, clinical, or epidemiologic research into such topics as risk factors, neurobiologic mechanisms of addiction and recovery, treatment development, implementation of validated interventions, factors associated with recovery, and policy.

The program, a collaboration of the MGH Departments of Medicine and Psychiatry, offers a multidisciplinary clinical research training program based at MGH and Harvard Medical School. It aims to provide scholars with a concentrated research experience, mentorship, and advanced training to prepare them for leadership in addiction medicine through independent research careers in academics or industry or influential positions in government. The program will support (1) advanced education and training in research methods relevant to a scholar's area of interest, and (2) a mentored research experience in the addiction research programs at MGH or affiliated hospitals and institutions. Awards will generally be made for 2-3 years, contingent on the scholar's progress.

Funding includes an annual stipend of \$80,000 for 75-100% effort and up to \$35,000 annually in allowable research and training costs that may be applied to travel to scientific meetings, research project costs, and tuition expenses with approval of the mentor and program leaders.

Eligible applicants will have completed doctoral-level training in a clinical discipline (MD, PhD or equivalent). Additional research training prior to this program is preferred but not required. Appropriate students can learn quantitative and analytic skills by attending the 10-week Program in Clinical Effectiveness of Harvard's TH Chan School of Public Health (HSPH) in their first summer. Admission to that program requires completing separate application to HSPH.

Applications are now being accepted for scholars to start the program in June 2019.

Final due date for applications is 5 pm EST on January 14, 2019.

Application instructions are below. Applications must be accompanied by letters of recommendation, one from a clinical training program director and one from a current or recent research mentor. A letter of support from a proposed K12 program mentor is also required. A list of mentors is attached.

Please share this announcement.

## Application Instructions

### I. Application, due by January 14, 2019, 5 PM EST.

1. Application Form (attached)
2. Research Plan
  - A. Specific aims (1 page recommended)
  - B. Background (1/2 page recommended)
  - C. Research design, methods, and feasibility (2.5 pages recommended)
  - D. Preliminary Data, preferred but optional (1 page recommended)(Sections A-D may be a maximum of 5 pages, excluding references)
- E. Career goals, including how the MGH K12 research scholar program will advance these goals, and a rationale for requested duration of support (2-4 years) (1 page max)
- F. References
3. Biosketch NIH format <https://grants.nih.gov/grants/forms/biosketch.htm>
4. Letters of recommendation from:
  - (1) a clinical training program director
  - (2) a current or recent research mentor
  - (3) a letter of support from a proposed K12 research mentor.
5. Single example of scholarly work, preferably a first-author publication.

NIH guidelines for page formatting should be followed for the research plan.

<https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/format-attachments.htm>

**\*E-mail all application materials** in a single PDF file to: Gladys Pachas, MD, Program Director, MGH Center for Addiction Medicine [gpachas1@mg.harvard.edu](mailto:gpachas1@mg.harvard.edu) 617-643-1991  
**Notification of awards will be made in March, 2019.**

\*Please note: Applications for the Program in Clinical Effectiveness are due at HSPH on February 1, 2019 **and require a separate application.** For more information, please visit: <http://www.hsph.harvard.edu/clineff/>

#### Citizenship and Recruitment of Underrepresented Groups

Per NIH guidelines, applicants must be citizens or non-citizen nationals of the United States or have been lawfully admitted for permanent residence at the time of appointment (must have a currently valid Permanent Resident Card (USCIS Form I-551) or other legal verification of such status. Non-citizen with temporary or student visas are not eligible to apply unless they have begun the process for becoming a permanent resident and expect to be admitted as a permanent resident by the earliest possible award date. Persons from underrepresented groups including, but not limited to, African Americans, Hispanic Americans, Native Americans, Alaskan Natives, Pacific Islanders, women, persons with disabilities, and persons from disadvantaged backgrounds are strongly encouraged to apply.

We look forward to reviewing your application. If you have questions about this program, please contact: Gladys Pachas, MD ([gpachas1@mg.harvard.edu](mailto:gpachas1@mg.harvard.edu) or 617-643-1991)

## Program Mentors

<u>Name</u>	<u>Department</u>	<u>Site</u>	<u>Contact information</u>
A. Eden Evins, MD, MPH	Psychiatry	MGH	<a href="mailto:aeevins@mgh.harvard.edu">aeevins@mgh.harvard.edu</a>
Nancy Rigotti, MD	Medicine	MGH	<a href="mailto:nrigotti@partners.org">nrigotti@partners.org</a>
Margarita Alegria, PhD	Medicine/Psychiatry	MGH	<a href="mailto:malegria@mgh.harvard.edu">malegria@mgh.harvard.edu</a>
Travis Baggett, MD, MPH	Medicine	MGH	<a href="mailto:tbaggett@mgh.harvard.edu">tbaggett@mgh.harvard.edu</a>
Ingrid V. Bassett, MD, MPH	Medicine	MGH	<a href="mailto:ibassett@mgh.harvard.edu">ibassett@mgh.harvard.edu</a>
Joan Camprodon-Gimenez, MD	Psychiatry	MGH	<a href="mailto:jcamprodon@mgh.harvard.edu">jcamprodon@mgh.harvard.edu</a>
Raymond Chung, MD	Medicine	MGH	<a href="mailto:Chung.Raymond@mgh.harvard.edu">Chung.Raymond@mgh.harvard.edu</a>
Darin Dougherty, MD, MMSc	Psychiatry	MGH	<a href="mailto:ddougherty@partners.org">ddougherty@partners.org</a>
Maurizio Fava, MD	Psychiatry	MGH	<a href="mailto:mfava@mgh.harvard.edu">mfava@mgh.harvard.edu</a>
Kenneth Freedberg, MD, MSc	Medicine	MGH	<a href="mailto:kfreedberg@mgh.harvard.edu">kfreedberg@mgh.harvard.edu</a>
Jodi Gilman, PhD	Psychiatry	MGH	<a href="mailto:jgilman1@mgh.harvard.edu">jgilman1@mgh.harvard.edu</a>
Laura Holsen, PhD, MS	Medicine/Psychiatry	BWH	<a href="mailto:lholsen@bwh.harvard.edu">lholsen@bwh.harvard.edu</a>
Amy Janes, PhD	Psychiatry	McLean	<a href="mailto:ajanes@mclean.harvard.edu">ajanes@mclean.harvard.edu</a>
John F. Kelly, PhD	Psychiatry	MGH	<a href="mailto:jkelly11@mgh.harvard.edu">jkelly11@mgh.harvard.edu</a>
Douglas Levy, PhD	Medicine	MGH	<a href="mailto:dlevy3@mgh.harvard.edu">dlevy3@mgh.harvard.edu</a>
Nikolaos Makris, MD, PhD	Psychiatry/Neurology	MGH	<a href="mailto:nikos@cma.mgh.harvard.edu">nikos@cma.mgh.harvard.edu</a>
Bertha Madras, PhD	Psychiatry	McLean	<a href="mailto:bertha_madras@hms.harvard.edu">bertha_madras@hms.harvard.edu</a>
Conall O'Cleirigh, PhD	Psychiatry	MGH	<a href="mailto:cocleirigh@mgh.harvard.edu">cocleirigh@mgh.harvard.edu</a>
Elyse Park, MPH	Psychiatry	MGH	<a href="mailto:epark@mgh.harvard.edu">epark@mgh.harvard.edu</a>
Tracey Petryshen, PhD	Psychiatry	MGH	<a href="mailto:tpetryshen@mgh.harvard.edu">tpetryshen@mgh.harvard.edu</a>
Jordan Smoller, MD, MS, ScD	Psychiatry	MGH	<a href="mailto:jsmoller@partners.org">jsmoller@partners.org</a>
Anne Thorndike, MD, MPH	Medicine	MGH	<a href="mailto:athorndike@mgh.harvard.edu">athorndike@mgh.harvard.edu</a>
Roger Weiss, MD	Psychiatry	McLean	<a href="mailto:rweiss@mclean.harvard.edu">rweiss@mclean.harvard.edu</a>
Jonathan Winickoff, MD, MPH	Pediatrics	MGH	<a href="mailto:jwinickoff@mgh.harvard.edu">jwinickoff@mgh.harvard.edu</a>

MGH Career Development Program in Substance Use and Addiction Medicine  
K12DA043490, PIs: Eden Evins and Nancy Rigotti

**Massachusetts General Hospital Career Development Program in  
Substance Use and Addiction Medicine (NIDA-funded K12)  
Application form**

**I. Candidate Information (Required)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Clinical site: \_\_\_\_\_

Citizenship status:  U.S. citizen

non-citizen nationals or individuals lawfully admitted for permanent residence (must have a currently valid Permanent Resident Card (USCIS Form I-551))

Potential interest in Program in Clinical Effectiveness at Harvard T.H. Chan School of Public Health:

\_\_\_\_\_Very Interested      \_\_\_\_\_Somewhat Interested      \_\_\_\_\_Not Interested

Proposed mentor: \_\_\_\_\_

Mentor's phone: \_\_\_\_\_

Mentor's email: \_\_\_\_\_

**II. Self-identification (Voluntary)**

Harvard University has adopted affirmative action programs to provide full employment opportunities for qualified women and minorities, qualified disabled persons, and qualified disabled veterans. We invite you to inform us if you are a member of a protected class, if you have a disability, or if you are an Iraq, Afghanistan, or other disabled veteran. This information is voluntary and providing or refusing it will NOT subject you to any adverse treatment. Please answer each section by checking the appropriate response.

### Self-Identification

For Affirmative Action purposes, Harvard is required by law to keep track of the race and sex of all applicants. We invite you to assist us in keeping accurate records by self-disclosing your race and sex. This information is completely voluntary and will not be kept in your personnel file.

\_\_\_\_\_ Male    \_\_\_\_\_Female

\_\_\_\_\_ Black or African-American (not of Hispanic origin): A person having origins in any of the black racial groups of Africa.

\_\_\_\_\_ Asian, not underrepresented: A person having origins in any of the Asian subpopulations not considered underrepresented in the health professions include Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

\_\_\_\_\_ Asian, underrepresented: A person having origins in any of the Asian subpopulations considered underrepresented in the health professions include any Asian OTHER THAN Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. (i.e., Cambodian, Vietnamese, Malaysian)

\_\_\_\_\_ Native American or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_\_ Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent, or culture should be included in this classification. Persons from Brazil, Guyana, Surinam, or Trinidad, for example, would be classified according to their race and would not necessarily be included in the Hispanic classification. In addition, this classification does not include persons from Portugal, who should be classified according to race.

\_\_\_\_\_ White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_\_ Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

### Self-Identification for Persons with Disabilities

In accordance with Sections 503 and 504 of the Rehabilitation Act of 1973, the provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee for employment.

#### **DEFINITION: DISABILITY STATUS**

The following are examples of some, but not all, disabilities which may be included: AIDS, asthma, arthritis, color or visual blindness, cancer, cerebral palsy, deafness or hearing impairment, diabetes, epilepsy, HIV, heart disease, hypertension, learning disabilities,

mental or emotional illnesses, multiple sclerosis, muscular dystrophy, orthopedic, speech or visual impairments, or any other physical or mental impairment which substantially limits one or more of your major life activities. Please indicate if you are:

\_\_\_\_\_ Disabled      \_\_\_\_\_ Not disabled

Self-Identification for Persons from Disadvantaged Backgrounds

We are required to report the number of individuals applying to, admitted to, and graduated from our program who meet federal definitions for coming from “disadvantaged backgrounds” or “medically underserved communities.” The provision of this information is voluntary and will not be included in the personnel file of any employee for employment.

**The definition of “Disadvantaged”** is that which is currently in use for health professions programs (42 CFR 57.1804 (c)) and includes both economic and educational factors that are barriers to an individual’s participation in a health professions program. This means an individual who:

(a) comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or

(b) comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census, and adjusted annually for changes in the Consumer Price Index, and by the Secretary for use in health professions programs.

**“Medically Underserved community”** means an urban or rural population without adequate health care services. If you are unsure about whether your community qualifies, we can use the following geographic information to make that determination:

State \_\_\_\_\_

County \_\_\_\_\_

City or Town, State, Zip code \_\_\_\_\_

Please indicate if you believe you are from a:

Disadvantaged Background \_\_\_\_\_ Yes      \_\_\_\_\_ No

or Medically Underserved Community \_\_\_\_\_ Yes      \_\_\_\_\_ No