

Request for Confirmation of Postdoctoral Training

Upon leaving the Harvard T.H. Chan School of Public Health (HSPH) or assuming a different type of appointment at the school, a research fellow who has completed a minimum of one year (consecutive twelve full months) of postdoctoral training may ask the Office of Faculty Affairs to issue a document confirming completion of the postdoctoral fellowship. To request this document, the postdoc should take the following steps:

1. Complete the “Request for Confirmation of Postdoctoral Training” form.
2. Obtain the signature of his/her faculty mentor/supervisor or department chair, who by signing the form affirms that the postdoc has successfully completed his/her postdoctoral fellowship. Please note that the definition of “successful completion” should be determined jointly by the postdoc and his/her mentor/supervisor.
3. Submit the completed and signed form to the Office of Faculty Affairs (90 Smith Street, 1st Floor or facultyaffairs@hsph.harvard.edu; call 617-432-1018 with any questions).

The Office of Faculty Affairs will confirm the postdoc’s eligibility, prepare the document, and mail it to the postdoc or inform him/her that it is ready to be picked up. Please allow a minimum of two weeks for processing.

This section should be completed by the postdoc (please print legibly or complete electronically):

Name _____

Email _____

Please include post-Harvard Chan School email address if leaving the school.

Department _____ Mentor/supervisor _____

Starting and ending dates of postdoctoral fellowship _____

The Office of Faculty Affairs will check these dates against the official record.

Check here if you would like to be informed that the document is ready to be picked up.

Check here if you would like the document to be mailed; if you choose this option, please provide your mailing address (please note that a Harvard Chan School interoffice address is preferred):

This section should be completed by the postdoc’s Harvard Chan School mentor/supervisor or department chair:

I affirm that the above-named research fellow has successfully completed his/her postdoctoral fellowship.

Mentor/supervisor/
Department chair signature _____

Please print name _____

Date _____