

Lahey Hospital & Medical Center's Certificate Program in Medical Research

Lahey Hospital and Medical Center is pleased to invite rising junior and senior high school students to submit applications to participate in a unique summer program that aims to educate, train and encourage the next generation of clinical, translational and outcomes researchers. This program helps students better understand research methods, ethics, regulations, career opportunities, and gain “real world” experience in an academic hospital setting. The program requirements include completion of online courses, in-person attendance at weekly lectures and Journal Club meetings, completion of practicum hours, and a final presentation of an individual research project. Physicians, principal investigators, and scientists will be paired in one-on-one mentorships to support enrolled students as they work on their research projects throughout the program duration.

The curriculum includes topics, such as: History of Clinical Research, Research Methods, Research Compliance, Research Roles and Responsibilities, Human Subjects Protections, Ethical Conduct of Research, Hot Topics in Research and Research/Healthcare Career Development Pathways. Participants who complete all program requirements will receive a \$3,000 stipend for their effort. In person attendance is required for all program activities. Reimbursement for transportation costs incurred by participants and their guardians may be provided on a case-by-case basis.

Please complete the application below and include: (i) a **personal statement (max 500 words)** describing your interest in research and why you should be selected to enroll in the program, (ii) a **resume**, (iii) **transcript**, (iv) **parental consent** (*for students under the age of 18*), and (v) at least one **letter of recommendation**. Selected applicants will be asked to complete a **brief 15-minute interview** to determine final acceptance. Interviews will take place during February through early March 2025.

First Name: _____ Last Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: _____ E-Mail Address: _____
Date of Birth: _____
Current High School: _____

Emergency Contact Information:
Contact Name: _____ Relationship: _____
Telephone Number: _____

Can you commit to approximately 20-30 hours per week from June 30, 2025 - August 15, 2025?

___ YES ___ NO

Do you have a reliable form of transportation to the LHMC campus on weekday mornings and afternoons?

___ YES ___ NO

If you know that you will have other commitments or planned absences during the program weeks, please describe them below:

How did you hear about the program?

Please indicate 4 interests selected from the following disciplines in order of preference *: Allergy, Cardiology, Dermatology, Emergency Medicine, Gastroenterology, Hematology/Oncology, Infectious Disease, Interventional Radiology (Lab), Nephrology, Neurology, Pharmacy, Plastic Surgery (Lab), Pulmonology, Translational Research (Lab), Transplant

**We will try our best to match accepted students with mentors within one of the disciplines listed below though not guaranteed*

1. _____
3. _____

2. _____
4. _____

Signature: _____ Date: _____

**Submit applications to lhmc-research-administration@lahey.org by Friday, January 10, 2025.
Recommenders may submit their letters directly to lhmc-research-administration@lahey.org.**

This program has a competitive enrollment. Students accepted to the program will be notified via email by April 7, 2025. For more information, please call **781-744-8027** or email lhmc-research-administration@lahey.org.

Minor Research Student Parental/Legal Guardian Consent Form
Parental/Legal Guardian Authorization for a Minor to Work in a LHMC Laboratory Area

I, _____, authorize my child, _____ to participate in Lahey Hospital & Medical Center's Certificate Program in Medical Research. I attest that my child will be at least 16 years of age at the time of his/her start date. I understand that my child will be committing to 20-30 hours of participation each week and will be expected to complete the program if chosen.

I acknowledge that my child **may** be exposed to or work with biological agents, chemicals, controlled substances, lasers, and research equipment in a research laboratory depending on the project he/she is working on. I understand that my child is required to be supervised by a laboratory manager or member of the LHMC faculty at all times while in a research lab. I understand that my child will be required to complete the research safety training and any other training deemed appropriate for the work they will perform. I also understand that even with education and training, there are still potential risks associated with working in a research laboratory area.

I, the undersigned, certify that I am the parent or legal guardian of the above-mentioned child. By signing below, I acknowledge that I am aware of these risks, and in consideration of my child's participation, I, on behalf of myself, my child, our heirs, executors and administrators, release and hold harmless Lahey Clinic, Inc., its employees, and its agents, from any and all liability. I specifically release and waive any and all liabilities and claims against Lahey Clinic, Inc., its employees, and its agents, including but not limited to any liabilities or claims for bodily injury, property damage, monetary damages, court costs, and/or attorneys' fees arising out of or related to my child engaging in research work and any activities incidental thereto. I understand that this waiver is governed by Massachusetts law and it is intended to be as broad and inclusive as permitted by the laws of Massachusetts.

Participant's Signature: _____

Date: _____

Parent/ Legal Guardian's Signature: _____

Date: _____