

SLEEP MEDICINE



HARVARD MEDICAL SCHOOL

Why are you being asked to complete this form?

The Harvard Division of Sleep Medicine has a continuing commitment to the recruitment, development, and retention of trainees from diverse backgrounds, including underrepresented populations. We plan to highlight the accomplishments of scientists from underrepresented populations to serve as role models to young scientists from underrepresented populations in the U.S. biomedical, clinical, behavioral and social sciences enterprise, and to promote research and education within communities that include underrepresented populations. To provide the Harvard Division of Sleep Medicine with the information it needs for these important goals, please complete the form below. Your cooperation is appreciated. If you decline to provide this information, however, it will in no way affect your position or application. **Please review this carefully, as the NIH has recently updated the definitions used on this form**, which are consistent with the [Notice of NIH's Interest in Diversity](#) (release date 11/22/2019).

FULL NAME	Sex/Gender
DATE OF BIRTH (MM/DD/YY): (For identification, not publication)	<input type="checkbox"/> Male/Man <input type="checkbox"/> Female/Woman <input type="checkbox"/> Genderqueer/Gender-nonconforming <input type="checkbox"/> Prefer not to disclose

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

- Hispanic or Latino**
- Not Hispanic or Latino**
- OPT OUT: Please check here if you do not wish to provide this information

RACE

2. What race do you consider yourself to be? Select one or more of the following.

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American.** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- OPT OUT: Please check here if you do not wish to provide this information

DISABILITY

3. Do you consider yourself an individual with a Disability?

Individual with a Disability. Individuals with disabilities are defined as those with a physical or mental impairment, including those that are episodic or in remission, that substantially limits one or more major life activities*, as described in the [Americans with Disabilities Act of 1990](#), as amended. Examples of common disabilities include Post-traumatic stress disorder, Obsessive-compulsive disorder, Bipolar disorder, Major depressive disorder, Dyslexia, Anxiety Disorders, Eating Disorders that interfere with the ability to work, Chronic Lyme Disease, Post-Acute COVID-19 Syndrome, Non-24 Hour Disorder, Delayed Sleep-Wake Phase Disorder, Deafness, Blindness, Diabetes, Cancer, Epilepsy, Intellectual disabilities, Partial or completely missing limbs, Mobility impairments requiring the use of a wheel chair, Autism, Cerebral palsy, HIV infection, Multiple sclerosis, Muscular dystrophy, Schizophrenia. A more comprehensive list of examples can be found [here](#).

- Yes.** Please specify (this information will be held in confidence to be used for deidentified statistical government reporting purposes and will not be shared):

OPT OUT: Please check here if you do not wish to provide this information

DISADVANTAGED BACKGROUND *(PLEASE NOTE UPDATED CRITERIA)*

4. Do you consider yourself to be an individual from a disadvantaged background? Individuals from disadvantaged backgrounds, defined as those who meet two or more of the following criteria:

- Individual has/had no parents or legal guardians who completed a bachelor's degree
- Individual was eligible the Federal Free and Reduced Lunch Program for two or more years
- Individual was or currently is homeless, as defined by the [McKinney-Vento Homeless Assistance Act](#)
- Individual was or currently is eligible for [Federal Pell grants](#)
- Individual received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child
- Individual grew up in one of the following areas: **a)** a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) [Rural Health Grants Eligibility Analyzer](#) or **b)** a [Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas](#). Only one of the two possibilities in this question can be used as a criterion for the disadvantaged background definition.
- OPT OUT: Please check here if you do not wish to provide this information

* Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Additionally, a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Please e-mail completed form to mwooster@bwh.harvard.edu