Registration for DoM Commensality Group

Start of Block: Default Question Block

Q15 For more information, please visit ourwebsiteor reach out to **Ansu Noronha** (Ansu.Noronha@bmc.org) or Emelia J Benjamin (emelia@bu.edu).

Q1 First Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q11 Last Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q2 Preferred Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q12 Personal Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3 Mobile Phone Number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q10 Section:

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Q4 Terminal Degree(s):

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Q5 Primary Track:

* Basic Scientist / Translational Scientist (4)
* Clinical Administrator (5)
* Clinician Educator (6)
* Clinician Scientist (7)
* Population Scientist (8)
* If track is not listed, please describe below (9) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q6 Preferred time of day (select all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes (1) | No (2) | Potentially, if needed. (3) |
| Breakfast (7-8 AM) (2) |  |  |  |
| Lunch (12-1 PM) (3) |  |  |  |
| After work (5:15-6:15 PM) (4) |  |  |  |

|  |
| --- |
|  |

Q7 What do you hope to achieve by participating for 6 months? (~100 words)

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Q13 Would you be interested in being trained to be a commensality facilitator?

* Yes (1)
* No (2)
* Maybe (3)

Q14 Additional Questions:

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End of Block: Default Question Block