

Berlin Institute of Health at Charité (BIH)

# BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025

## Protected Time Form

### Application for Protected Time for Project Team Members with Clinical Duties – Team Member 1

**Project Title:**

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#### Confirmation of Financing as Part of the Funding Covered by the BIH Digital Health Accelerator Program Stage 1 (May 1, 2025 – October 31, 2025)

I hereby confirm as director of the clinic / institute \_\_\_\_\_ at Charité – Universitätsmedizin Berlin / Berlin Institute of Health at Charité, that \_\_\_\_\_ (Project Team Member Full Name) receives our fullest support with the implementation of the proposed project.

We are ensuring her/him/them 20% / 30% / 40% / 50% (please select) exemption of clinical/research tasks for the BIH Digital Health Accelerator Program during the funding period. (Please note: In case of two applicants, protected time can in sum be a maximum of 80%. This document becomes effective when the project's Award Letter has been signed by the BIH Board of Directors and the PI.)

After the conclusion of the funding and concerning the labor law, the clinic/institute will enable her/him/them continued employment in the previous position.

I agree to have knowledge of the fact that the BIH Digital Health Accelerator Program cannot continue the funding of her/him/them if these requirements are not met.

Director of Clinic / Institute: (Date, Full Name, Signature)	
Zuständige Kaufmännische Centrumsleitung: (Date, Full Name, Signature)	

Berlin Institute of Health at Charité (BIH)

## BIH DIGITAL HEALTH ACCELERATOR PROGRAM 2025

### Protected Time Form

### Application for Protected Time for Project Team Members with Clinical Duties – Team Member 2

**Project Title:**

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#### Confirmation of Financing as Part of the Funding Covered by the BIH Digital Health Accelerator Program Stage 1 (May 1, 2025 – October 31, 2025)

I hereby confirm as director of the clinic / institute \_\_\_\_\_ at Charité – Universitätsmedizin Berlin / Berlin Institute of Health at Charité, that \_\_\_\_\_ (Project Team Member Full Name) receives our fullest support with the implementation of the proposed project.

We are ensuring her/him/them 20% / 30% / 40% / 50% (please select) exemption of clinical/research tasks for the BIH Digital Health Accelerator Program during the funding period. (Please note: In case of two applicants, protected time can in sum be a maximum of 80%. This document becomes effective when the project's Award Letter has been signed by the BIH Board of Directors and the PI.)

After the conclusion of the funding and concerning the labor law, the clinic/institute will enable her/him/them continued employment in the previous position.

I agree to have knowledge of the fact that the BIH Digital Health Accelerator Program cannot continue the funding of her/him/them if these requirements are not met.

Director of Clinic / Institute: (Date, Full Name, Signature)	
Zuständige Kaufmännische Centrumsleitung: (Date, Full Name, Signature)	