

CERTIFICATION OF FACULTY APPOINTMENT

By signing this document, I certify that the applicant,

(INSERT APPLICANT NAME HERE)

Is not the recipient of an RO1 grant or equivalent

Holds a full-time faculty appointment at

(INSERT INSTITUTION NAME HERE)

Received on or after July 7, 2012.

Division Chief or Department Chair's signature: _____

Date: _____

Print name: _____

Applicant Signature: _____

Date: _____

Print name: _____