



CERTIFICATION OF FACULTY APPOINTMENT

FOR APPLICANTS IN NORTH AMERICA

By signing this document, I certify that the applicant,

(INSERT APPLICANT NAME HERE)

- ☐ Is not the recipient of an R01 grant or equivalent
- ☐ Holds or anticipates a full-time faculty appointment at:

(INSERT INSTITUTION NAME HERE)

received on or after July 20, 2011.

Mentor or Authorized Institutional Official Signature: _____ Date: _____

Print name: _____

FOR APPLICANTS IN EUROPE

By signing this document, I certify that the applicant,

(INSERT APPLICANT NAME HERE)

- ☐ Anticipates a faculty appointment or an assistant professorship at:

(INSERT INSTITUTION NAME HERE)

received on or before July 20, 2021, and does not hold a tenured position or an Associate Professorship.

Mentor or Authorized Institutional Official Signature: _____ Date: _____

Print name: _____

APPLICANT SIGNATURE _____ **Date:** _____

Print name: _____