

RESEARCH SCHOLARS CYSTIC FIBROSIS

CERTIFICATION OF FACULTY APPOINTMENT

FOR APPLICANTS IN NORTH AMERICA
By signing this document, I certify that the
appplicant,
(INSERT APPLICANT NAME HERE)
(INSERT ALL EISART PAINE LIERE)
☐ Is not the recipient of an RO1 grant or equivalent
☐ Holds or anticipates a full-time faculty appointment at:
(INSERT INSTITUTION NAME HERE)
(·····
received on or after July 20, 2013.
Mentor or Authorized Institutional Official
Signture:Date: Print name:
Fillit fidile
FOR APPLICANTS IN EUROPE
By signing this document, I certify that the
appplicant,
(INSERT APPLICANT NAME HERE)
,,
Anticipates a faculty appointment or an assistant professorship at:
(INSERT INSTITUTION NAME HERE)
received on or before July 20, 2023, and does not hold a tenured position or an Associate Professorship.
received on or before July 20, 2023, and does not hold a tenured position or an Associate i foressorship.
Mentor or Authorized Institutional Official
Signture:Date: Print name:
APPLICANT SIGNATURE Date:
Print name:

