



RESEARCH
SCHOLARS

LIVER DISEASE

CERTIFICATION OF FACULTY APPOINTMENT

By signing this document, I certify that the applicant,

(INSERT APPLICANT NAME HERE)

holds a full-time faculty appointment at

(INSERT INSTITUTION NAME HERE)

received on or after July 13, 2013

Mentor Signature: _____ Date: _____

Print name: _____

Applicant Signature: _____

Date: _____

Print name: _____

