

**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 August 1, 2015.

Division Chief or Department Chair's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_