



GILEAD

Research  
Scholars

HIV

## CERTIFICATION OF CURRENT FACULTY APPOINTMENT

(Please complete the section that applies to the applicant)

### Current Faculty Appointment

By signing this document, I certify that the applicant,

\_\_\_\_\_  
(INSERT APPLICANT NAME)

currently holds a full-time faculty appointment or an assistant professorship at

\_\_\_\_\_  
(INSERT INSTITUTION NAME)

The applicant's current title is:

\_\_\_\_\_  
(INSERT APPLICANT'S TITLE)

This position is my initial faculty appointment: \_\_\_\_\_ Yes \_\_\_\_\_ No

The Research Scholars Programs consider the initial faculty appointment to be the first full-time faculty appointment or assistant professorship obtained after completing any fellowship roles. **If yes has been selected, by signing below, I certify that this position was initially obtained on or after June 1, 2019.**

**Please complete the section below if your current faculty appointment is not your initial appointment. If your current position is your first faculty appointment, disregard the section below and proceed to signatures.**

### Initial Faculty Appointment

The applicant's initial faculty appointment or assistant professorship was,

\_\_\_\_\_  
(INSERT APPLICANT'S INITIAL POSITION TITLE AND INSTITUTION)

this position was initially obtained on or after June 1, 2019.

### Signatures

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_