



**To be completed by Applicant**

I certify that the statements herein are true and complete to the best of my knowledge. I will comply with all applicable SC CTSI/WD terms and conditions governing my potential appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

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**Applicant's Signature**

**Date**

**To be completed by Primary Mentor and Co-mentor(s)**

As mentors, we hereby declare that we have read and discussed the proposal with the applicant. We commit to following the submitted mentoring plan, provide career and research guidance, and ensure protected time towards applicant's research and program training activities to the best of our abilities. If applicable, we will provide research space/financial support as indicated in Letter of Resource support attached in the application. This individual is qualified for this program.

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**Primary Mentor's Signature**

**Date**

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**Co-mentor's Signature**

**Date**

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**Co-mentor's Signature**

**Date**

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**Co-mentor's Signature**

**Date**

**To be completed by Department or Division Chair**

As the Department/Division Chair, I hereby declare that I have read and discussed the proposal with the applicant. I commit to following the submitted mentoring plan, provide career and research guidance, and ensure protected time towards applicant's research and program training activities to the best of my abilities. The Department and/or Division have read and agreed to the guidelines (including financial/resource allocation portion) of the program. This individual is qualified for this program.

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**Department/Division Chair's Signature**

**Date**