

NIH/AHRQ Fellowship Certification Assurance Form

This form is designed to comply with the requirements of NIH and AHRQ Notice Number: NOT-OD-09-007, issued October 14th, 2008 <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-09-007.html>

Effective December 2008 the National Institutes of Health (NIH) and Agency for Healthcare Research and Quality (AHRQ), requires that the applicant organization secure and retain a **written assurance from the Applicant (Individual Fellow) and Sponsor (s) prior to submitting individual fellowship application.**

To comply with the above requirement, this form must be signed by the appropriate parties and uploaded in RAPPORT or forwarded to the Office of Sponsored Projects before the proposal is submitted.

Project Title: _____

Deadline: _____

By signing below, I certify that

- (1) the information submitted within the application is true, complete and accurate to the best of the Fellow's and Sponsor's knowledge;
- (2) any false, fictitious, or fraudulent statements or claims may subject the Fellow and Sponsor to criminal, civil, or administrative penalties;
- (3) the Sponsor will provide appropriate training, adequate facilities, and supervision if a grant is awarded as a result of the application;
- (4) the Fellow has read the Ruth L. Kirschstein National Research Service Award Payback Assurance and will abide by the Assurance if an award is made; and
- (5) the award will not support residency training.

Applicant (Individual Fellow) Name: _____ Signature _____ Date _____

Sponsor /Mentor (s) Name _____ Signature _____ Date _____