

For URA Use Only

TRACS ID#: _____

NRSA CERTIFICATION STATEMENTS

Please attach this form to the PTF.

I certify that the information submitted within the application is true, complete and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of an award, should one be issued as a result of this application; I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; and I certify that I have read the Ruth L. Kirschstein National Research Service Award Payback Assurance and I will abide by the Assurance if an award is made, and that the award will not support residency training.

Fellow Signature: _____ **Date:** _____

I certify that the information submitted within the application is true, complete and accurate to the best of my knowledge; I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties; I will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; and I accept the obligation to comply with the Public Health Service terms and conditions of award.

Sponsor Signature: _____ **Date:** _____