



WISCONSIN

UNIVERSITY OF WISCONSIN-MADISON

Certification for NIH & AHRQ Fellowship Applicants

In order to comply with HHS requirements ([NIH Notice NOT-OD-09-007](#)) for fellowship applications, I hereby certify: (1) that the information submitted within the application is true, complete, and accurate to the best of the Fellow's and Sponsor's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the Fellow and Sponsor(s) to criminal, civil, or administrative penalties; (3) that the Sponsor(s) will provide appropriate training, adequate facilities, and supervision if a fellowship is awarded as a result of the application; and (4) that 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 that the award will not support residency training.

FP #: _____

Sponsor Signature Date

Printed Name

Fellow Signature Date

Printed Name

This information must be signed by both individuals (no per or for signatures allowed) and uploaded to the RAMP record.

Research and Sponsored Programs