**Individual Fellowship Compliance Form**

- **Application Certification:** The information submitted with this new or resubmission or revision or renewal or noncompeting application is true, complete, and accurate to the best of the Fellow's and Sponsor's knowledge.
- **Warning:** Any false, fictitious, or fraudulent statements, or claims may subject the Fellow and Sponsor(s) to criminal, civil, or administrative penalties.
- **Fellow acknowledges:** the Ruth L. Kirschstein NRSA Payback Assurance has been read and Fellow will abide by the Assurance if an award is made, and acknowledges that the award is not made to support residency training.
- **Sponsor/Chair acknowledge(s):** that appropriate training, adequate facilities, and supervision of the Fellow will be provided as a result of this application.
  - **DATE:** ____________________
  - **Signature of Fellow:** ______________________________________
  - **Signature of Sponsor(s):** ______________________________________
    1. ______________________________________
    2. ______________________________________
  - **Signature of Chair:** ______________________________________

- **Application Certification:** The information submitted with the prior approval request is true, complete, and accurate to the best of the Fellow's and Sponsor's knowledge.
- **Warning:** Any false, fictitious, or fraudulent statements or claims may subject the Fellow and Sponsor(s) to criminal, civil, or administrative penalties.
  - **Signature of Fellow:** ___________________________
  - **Signature of Sponsor(s):** ______________________________________
    1. ______________________________________
    2. ______________________________________

Ref: NOT-OD-09-007, 10/14/08