

**Institutional Certification**

**NIH Research Supplement To Promote Diversity in Health-Related Research**

This is to certify that \_\_\_\_\_, who has submitted an application for an NIH  
(Applicant's Name)  
Research Supplement To Promote Diversity in Health-Related Research is:

\_\_\_\_\_ (1) currently enrolled in a master's or research doctoral degree program in the  
biomedical or behavioral sciences at this institution, or has been accepted by and agreed to  
enroll in such a program during the \_\_\_\_\_ academic year;  
(Date)

\_\_\_\_\_ (2) a U.S. citizen, non-citizen national, or permanent resident; and

Briefly describe the applicant's disability, circumstances, background or characteristics that  
confer eligibility under this program:

Describe any current or previous PHS research grant support the candidate has received:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name: Principal Investigator

\_\_\_\_\_  
Name: Authorized University Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title