

## Mentor Reference Letter ?

Applicant Commons User ID

VADLAMUDIS\_PI

### Mentor Information

First Name \*

First Name

Middle Name

Middle Name

Last Name \*

Last Name

Email Address \*

Email Address

Confirm Email Address \*

Email Address

Employment Organization \*

Employment Organization

Position Title \*

Position Title

File Name

Date Uploaded

Upload

I certify that:

1. The statements herein are true, complete, and accurate to the best of my knowledge.
2. I accept responsibility for the scientific conduct of the research project.
3. The applicant will be provided the necessary time and resources to engage in the named research project if an LRP contract is awarded.
4. I have reviewed and approved this applicant's research documents, which were/will be submitted by the applicant.
5. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

By checking this box, I certify that I am submitting the above reference letter on behalf of an application to the NIH LRP and that I am providing my electronic signature of this document. I understand that my electronic signature is intended to be the legal equivalent of my handwritten signature.

By checking this box, I understand this reference letter will be used by NIH officials during the review of the individual's application to help determine the applicant's eligibility/suitability for participation in the LRP, and that this letter shall be held in confidence and is protected from unauthorized disclosure according to the Privacy Act System of Records #09-25-0165 (see Confidentiality and Privacy Act Notice).

Cancel Submit

Public reporting for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

Privacy Act 09-25-0165