

**Third Party Name:** April Tester

**Date Submitted:** 05/04/2021

**Application ID:** HPI-2021-2298

#### Confirmation of Appointment

Does the applicant have a current faculty appointment at your institution, or if successful in receiving this MSFHR Health Professional-Investigator award, will they have a faculty appointment in place by the award start date (January 1, 2022)?

Yes

#### Confirmation of Resources

Do you confirm that the departmental/institutional resources, ongoing support, and required 50% protected time for research will be made available to the applicant as outlined in the Department Head form?

Yes

**If you selected no to either of the questions above: Please provide a brief explanation.**

2500 characters