

## ASSURANCES AND SIGNATURES

**THIS FORM MUST BE SIGNED WHERE INDICATED BY BOTH THE APPLICANT AND THE SUPERVISOR SUBMITTING A LETTER OF RECOMMENDATION.**

**APPLICANT: I CERTIFY THAT THE ENCLOSED INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF ADMITTED TO THE WORKSHOP, I AGREE TO ATTEND ALL SCHEDULED SESSIONS. I AGREE TO HAVE COMPLETED DEVELOPING A PROTOCOL DOCUMENT BY THE END OF THE COURSE.**

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Signature

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Date

**SPONSOR OF APPLICANT: I RECOMMEND THIS APPLICANT FOR THE SWOG/THE HOPE FOUNDATION YOUNG INVESTIGATORS WORKSHOP. I CERTIFY THAT THE ENCLOSED INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IF THE APPLICANT IS ADMITTED, I AGREE TO MAKE EVERY REASONABLE EFFORT WITHIN MY INSTITUTION AND/OR COMMITTEE TO ENABLE THE CANDIDATE TO MEET THE REQUIREMENTS OF THE WORKSHOP (INCLUDING WRITING A PROTOCOL DRAFT BEFORE ARRIVING AT THE WORKSHOP) AND, IF THE PROTOCOL IS ACCEPTED FOR ACTIVATION WITHIN THE GROUP, TO CONDUCT A CLINICAL TRIAL BASED ON THE PROTOCOL DEVELOPED AT THE WORKSHOP.**

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Signature

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Date