



Assurances and Signatures

SWOG Early Stage Investigator Training Course

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.

Applicant Signature

Date

Sponsor of Applicant: I recommend this applicant for The SWOG/The Hope Foundation Early Stage Investigator Training Course. 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.

Sponsor Signature

Date