

Yale School of Medicine
Office of Academic and Professional Development
Phone: 203-785-4670; Email: faculty.affairs@yale.edu

Visiting Research Faculty: Attestation Form

A request for a visiting appointment must include the applicant's CV, a completed YSM Visiting Research Faculty Application, signed Visiting Faculty Attestation form, proof of funding, and proof of insurance.

Date of Request:

Applicant's
Name:

Department (and section, if applicable):

Proposed Rank:

Proposed Term Dates:

Attestation

By signing below, you agree to the following:

1. The P.I./Faculty Sponsor will assume responsibility for the visiting faculty member abiding by all laboratory related regulations, along with University/School.

2. All information contained in the YSM Visiting Research Faculty Application has been verified, including sources of funding, insurance information and applicant's proposed responsibilities.

P.I./Sponsor, Date:

Department Chair, Date:

Section Chief, if applicable, Date: