IMPACT K12 PROGRAM
Department Chair or Division Head Statement (or ORU Director)
Limit response to what fits in the space below (Arial 11 Font)

Chair’s Name: ___________________ Department: ___________________

Please indicate the resources that you will provide to support the candidate’s research. Be specific as to amount of space, number and kind of staff, clinical and lab resources, and dollars you will make available to the scholar (this has an important impact on our funding decision).

I support this proposal for a career development award in multidisciplinary clinical research and certify that if he/she is selected as a K12 IMPACT Scholar he/she will be able to devote at least 75% effort to the program, including clinical and translational research carried out in my department/institute.

Signature: ___________________ Date: ___________________