## 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:
	ou will provide to support the candidate's research. Be specific as to of staff, clinical and lab resources, and dollars you will make available to epact on our funding decision).
I support this proposal for a career d	evelopment 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 <b>75% effort</b> to the program search carried out in my department/institute.
Signature:	Date: