



Gilead Sciences
Research Scholars Program
In Pulmonary Arterial Hypertension

CERTIFICATION OF FACULTY APPOINTMENT

By signing this document, I certify that the applicant,

(INSERT APPLICANT NAME HERE)

holds a full-time faculty appointment at

(INSERT INSTITUTION NAME HERE)

received on or after August 3, 2007.

Department Chair Signature: _____ Date: _____

Print name: _____

Applicant Signature: _____ Date: _____

Print name: _____

