



Compliance Statement

I, _____, agree to acknowledge the support provided by Endowed Health Services Research Center (EHSRC) of the University of Puerto Rico (UPR) School of Medicine in all publications and presentations resulted from this study using the following acknowledgement or one similar:

"This study was supported by the UPR School of Medicine Endowed Health Services Research Center, Awards Number 5S21MD000242 and 5S21MD000138 from the National Center on Minority Health and Health Disparities (NCMHD) of the National Institutes of Health (NIH). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NCMHD or NIH"

Also, I agree to complete and submit annually, on May, a progress report, and provide copies of such publications and presentations to the EHSRC's office.

This application was completed accurately and the study will be conducted in accordance with the UPR Medical Sciences Campus regulations and policies governing the research process.

Principal Investigator's Signature _____ Date _____

Applicant's Signature _____ Date _____
(If it is different to PI)

Chief Department's Signature _____ Date _____
(If the PI is a faculty member)

Mentor's Signature _____ Date _____

Note: The application needs to have all the necessary signatures to be completed. Once the applications is submitted to the EHSRC's office, it will be evaluated, and an initial meeting will be schedule with the applicant.