

NIH/OER (Approved for implementation by January 2024)

## Scientific Review Group Member Employment Certification

Reviewer Name: Last Name, First Name

Address (employment):

Address Line 1

Address Line 2

Address line 3

Bethesda, MD 20817

Scientific Review Group: ZRG1 AN-H 02 1,

Date(s) of review: September 20, 2023 - September 22, 2023

Please select one of the following:

- I certify that I am not a Federal employee.
- I certify that I am a Federal employee (full- or part-time) who is employed by **HHS**.
- I certify that I am a Federal employee (full- or part-time) who is employed by an **agency other than HHS** who is serving as part of my **official duties**.
- I certify that I am a Federal employee (full-or part-time) who is employed by an **agency other than HHS** who is serving in my **personal capacity as an outside activity**.
- I certify that I have a dual appointment with a **non-HHS Federal agency and a non-Federal organization or institution** and that I will be attending the peer review committee meeting and performing related activities on behalf of my **non-Federal organization or institution**.

Signature:

Cancel