

**Applicant:** January Tester **Application ID:** SCH-2024-3565

Form: Dean

Competition: 2024 Scholar

Competition

Date Submitted: 2023-10-03 18:51:24

Third Party Name: March Tester

Date Submitted: 10/03/2023 03:51 PM

**Applicant:** January Tester

Application ID: SCH-2024-3565

Project Title: Character limit: 200 characters

## **Confirmation of Appointment**

Does the applicant have a current faculty appointment at your institution, or if successful in receiving this Health Research BC Scholar award, will they have a faculty appointment in place by July 1, 2024?

Yes

## Confirmation of Resources

Do you confirm that the department/institutional resources and ongoing support will be made available to the applicant as outlined in the Department Head form?

**OR** 

Do you confirm that the departmental/institutional resources, ongoing support, and required protected time for research\* will be made available to the applicant as outlined in the Department Head form?

\*Scholars require 75% (30 hours per week) protected research time; HP-Is require 50% (20 hours per week) protected research time.\*

Yes

If you selected "no" to either of the questions above, please provide a brief explanation.

Character limit: 2500 characters