

**Third Party Name:** February Tester

**Applicant:** Philippe Tester

**Application ID:** SCH-2025-04479

**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, 2025?

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