

**NIH POST-REVIEW CERTIFICATION FORM  
REGARDING CONFLICT OF INTEREST  
FOR NONFEDERAL AND FEDERAL REVIEWERS  
OF GRANT APPLICATIONS AND R&D CONTRACT PROPOSALS**

Scientific Review Group: \_\_\_\_\_

Date(s) of review: \_\_\_\_\_

**Non-Federal Reviewers:** This is to certify that in the review identified above, I did not participate in an evaluation of any application, or review panel evaluating a proposal: (1) from any applicant institution or offeror where I am a full or part-time salaried employee or where I am negotiating for such employment; (2) from any applicant institution or offeror where I have received or could receive a direct financial benefit in relation to the application or proposal under review or have received or could receive a financial benefit from the applicant institute or offeror or principal investigator valued at \$10,000 or more per year that is unrelated to the application or proposal under review; (3) submitted by a close personal relative, a member of my household, or professional associate, or if such person receives financial benefits from or provides financial benefits to an applicant or offeror. If there was an appearance or real conflict of interest, I recused myself from the review of the application, or review meeting evaluating the proposal, or was granted an appropriate waiver.

**Federal Reviewers:** This is to certify that in the review identified above, I did not participate in an evaluation of any application or proposal in relation to which I had a conflict of interest or apparent conflict of interest under applicable government ethics standards including submissions: (1) from any institution with which I have an outside activity; (2) from any institution where I serve as an officer, director, trustee or partner; (3) from any institution where I am seeking employment; (4) from any institution in which I, my spouse, and/or my minor child hold, in aggregate, more than \$15,000 worth of stock; (5) that would affect my spouse's employment, compensation, or benefits; (6) from a close relative, a member of my household, an individual or entity with which I have a business or contractual relationship, or the employer of my spouse, parent, or dependent child; or (7) from my former (within the past year) non-Federal employer. If I had an actual or apparent conflict of interest, I recused myself from the review unless a waiver or authorization, as appropriate, was granted.

**CERTIFICATION**

Under penalty of perjury (US Code Title 18 Chapter 47 section 1001), I fully understand the confidential nature of the review process and certify that in the review above I did not participate in an evaluation of any application or proposal with which I knowingly had a conflict of interest.

Printed Name

Signature

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