# ORISE RESEARCH PARTICIPATION AT THE CDC

## CERTIFICATION OF STARTING DATE

This is to certify that _____ began his/her appointment in the Research Participation Program at the Centers for Disease Control and Prevention, on the _____ day of _____, 20 ____.

_____
Signature

_____
Title

_____
Date

NOTE: When properly executed, this form authorizes the Oak Ridge Institute for Science and Education to begin stipend payments. Please return this form **immediately after** the appointee has reported to the facility to begin his/her research.

**RETURN BY FAX TO:** ORISE, CDC Programs, (865) 241-5219. ***PLEASE DO NOT MAIL***.