



**National Kidney Foundation™**  
of MARYLAND

**NKF-MD Professional Development Award Application  
2010 – 2011  
Institutional Commitment Verification**

**Instructions:** This form must be completed only on behalf of applicants for NKF-MD Professional Development Awards. It must be signed by the appropriate Department Chair or Division Director and submitted in PDF format to [research@kidneymd.org](mailto:research@kidneymd.org) and received no later than 12 Noon, MONDAY, MARCH 1, 2010.

Applicant Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Project Title: \_\_\_\_\_

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Statement of Institutional Commitment:

My signature at the conclusion of this statement serves as verification of institutional commitment to the above named applicant for a National Kidney Foundation of Maryland Professional Development Award, providing assurances that during the grant period: the applicant will have a minimum of 50% protected time for research; the applicant will have access to appropriate and necessary space and resources; and, a commitment has been made to the applicant for an academic appointment, with the title of \_\_\_\_\_.

\_\_\_\_\_  
Department Chair *or* Division Director Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date