

NBME Latin America Grants Program – Institutional Attestation Form

An authorized institutional representative from each institution (**including both the Lead Institution and each participating institution**) should complete this form and submit with the application. The following documentation should also be included as attachments as follows:

- The institution’s Charter and/or constitutive documents (with English translation, if available) given by provincial, state, regional, and/or national governments to legitimize the institution's existence – **MANDATORY**
- A Letter of Support for the activities described in the Proposal – **MANDATORY**

Institution Name:			
Institution Location:			
Is the institution listed in the FAIMER World Directory of Medical Education? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is the institution Non-Profit or For Profit? <input type="checkbox"/> Non-Profit institution <input type="checkbox"/> For Profit Institution		
Are any principals, partners, directors, officers or employees of the institution currently employed by or do they hold any official office with or have any duties, including any consulting, ceremonial or titular positions, for any government, government department, agency (including any government-owned company) or public international organization?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do any principals, partners, directors, officers or employees of the institution currently hold any office or position in any political party or are they candidates for any political office?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Will any such identified principals, partners, directors, officers or employees act on matters involving the grant? (If so, identify such persons and proposed activities in the space below.)	<input type="checkbox"/> YES <input type="checkbox"/> NO		
What other companies or governmental entities does the institution represent, consult with or act as agent for or have partnership, joint venture or other similar relationships with? (In the space below, please indicate the length of each such relationship and the manner in which the school is compensated in connection with any such relationships.)			

For the Lead Institution only, documentation of non-profit status should also be provided.

I certify that my institution is able and willing to participate in the activities described in this Proposal.

Name of Institution’s Authorized Representative

Signature of Institution’s Authorized Representative