

FLORIDA STATE UNIVERSITY

Certification Regarding Participation in a Foreign Government Talent Recruitment Program (FGTRP)

Certifying Applicant/Employee Name:		
Applicant ID/EMPLID (if available):		
FSU Department Name:		
For detailed information about Foreign Government Tale compliance/foreign-influence/. Questions about talent rockey@fsu.edu.		
I, the Applicant/Employee, do hereby certify that: (chec	k one)	
NO, I am not currently participating in a Foreign G in a FGTRP in the last 24 months. If no, please ski	overnment Talent Recruitment Program (FGTRP), nor have I participated
YES, I am currently participating in a FGTRP or I had please answer items 1 through 5 below. Addition English translation) signed as part of the FGTRP.		
Provide the name of the government sponsoring	the FGTRP:	
Provide the name of the organization or FGTRP:		
3. Describe the nature of the responsibilities under t	he FGTRP:	
4. Provide the duration of the commitment under th	ne FGTRP:	
5. Provide the amount of compensation received/rec* *compensation also includes housing assistance, mater and privileges.		
I also certify that the information provided is accurate a University any past (within 24 months from the current any time I have not provided accurate information region employment or visitation rights at Florida State Univer Signature - Certifying Applicant/Employee (Wet or election)	date), current or future participation in an arding participation in an FGTRP, I may b sity.	n FGTRP. I understand that if at
Office of Research Compliance Programs (OR) finalized form must be uploaded to the employ		
ORCP Approval (if required)	Date	