

<p align="center">Department of Health and Human Services Public Health Services</p> <p align="center">Statement of Appointment <i>(Please Type)</i></p>		<p><i>Follow attached instructions carefully.</i> Submit this form at the time the individual is appointed, is reappointed, or the reported appointment is amended. Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, signed and dated payback agreement must accompany this form.</p>																							
<p>1. PHS GRANT NUMBER 2 T32 HD 41697-11</p> <p>Type Activity ID Serial No.</p> <p>2 T32 41697</p>		<p>2. APPOINTEE'S NAME (Last, first, initial)</p> <p>Holmes, James</p>	<p>3. SEX</p> <p><input checked="" type="checkbox"/> M <input type="checkbox"/> F</p>																						
<p>4. TYPE OF ACTION (Mark X for only one type)</p> <p><input checked="" type="checkbox"/> NEW appointment (NOT previously supported by this grant)</p> <p><input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant)</p> <p><input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 15 <input type="checkbox"/> 20</p>		<p>5. PRIOR NRSA SUPPORT (Individual or institutional)</p> <p><input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes", see instructions)</p>																							
<p>6. SOCIAL SECURITY NO.</p> <p>(b)(6)</p>		<p>7. BIRTHDATE (Month, day, year)</p> <p>(b)(6)</p>																							
<p>8. CITIZENSHIP (See instructions)</p> <p><input checked="" type="checkbox"/> U.S. Citizen or Noncitizen National</p> <p><input type="checkbox"/> Non-U.S. Citizen</p> <p><input checked="" type="checkbox"/> With a Permanent U.S. Resident Visa (1½ Green Card) 1½</p> <p><input type="checkbox"/> With a Temporary U.S. Visa</p> <p>If not a U.S. citizen, of which country are you a citizen? UNITED STATES</p>		<p>9. PERMANENT MAILING ADDRESS</p> <p>(b)(6)</p> <p>E-mail james.e.holmes@ucdenver.edu</p>																							
<p>10. Are you Hispanic (or Latino)? Mark (X) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Intentionally Withheld</p>																									
<p>11. What's your racial background? Mark (X) one or more</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or other Pacific Islander</p> <p><input checked="" type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Intentionally Withheld</p>		<p>12. Do you have a disability?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do not wish to provide</p> <p>If yes, which of the following categories describe your disability(ies):</p> <p><input checked="" type="checkbox"/> Hearing <input type="checkbox"/> Mobility/Orthopedic Impairment</p> <p><input type="checkbox"/> Visual <input type="checkbox"/> Other</p>																							
<p>13. Are you from a disadvantaged background?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Intentionally Withheld</p>																									
<p>14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT (for this appointment)</p> <p>Enter a 4 digit code from instructions: 2800</p>		<p>15. PERIOD OF APPOINTMENT (Month, day, year)</p> <p>From: 07/01/2011 To: 06/30/2012</p>																							
<p>16. EDUCATION 1½ AFTER HIGH SCHOOL (Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)</p> <table border="1"> <thead> <tr> <th rowspan="2">(a) Name of Institution and Location (List most recent first)</th> <th colspan="2">(b) Degree(s) Received</th> <th rowspan="2">(c) Major Field</th> <th rowspan="2">(d) Minor Field</th> </tr> <tr> <th>Degree</th> <th>Mo./Yr.</th> </tr> </thead> <tbody> <tr> <td>University of California Riverside</td> <td>BS</td> <td>06/2010</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				(a) Name of Institution and Location (List most recent first)	(b) Degree(s) Received		(c) Major Field	(d) Minor Field	Degree	Mo./Yr.	University of California Riverside	BS	06/2010												
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	Degree	Mo./Yr.																							
University of California Riverside	BS	06/2010																							

17. NAME OF SPECIALTY BOARDS (if applicable)	
18. DEGREE(S) SOUGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If yes, indicate type of degree:
Are you in a dual degree program (e.g., M.D./Ph.D.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19. EXPECTED COMPLETION DATE OF DEGREE REQUIREMENTS (if applicable)	
20. SUPPORT FOR PERIOD OF APPOINTMENT	
Type	Total of this Grant (Omit cents.)
Stipend /Salary / Other Compensation	\$ 21600
Tuition/fees (estimated)	\$ 0
Travel (estimated)	\$ 0
TOTAL	\$ 21600
21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)?	
<input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If $\frac{1}{2}$ Yes, $\frac{1}{2}$ please explain below.)	
<p>22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.</p>	
(a) SIGNATURE OF APPOINTEE	(b) DATE
Electronically certified via eRA xTrain system by Trainee	09/03/2011
<p>23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.</p>	
(a) SIGNATURE OF PROGRAM DIRECTOR	(b) DATE
Electronically certified via eRA xTrain system by PI	09/03/2011
(c) TYPED NAME OF PROGRAM DIRECTOR	Restrepo, Diego
(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO. (Street, city, state, zip code)	UNIVERSITY OF COLORADO DENVER UNIVERSITY OF COLORADO DENVER GRANTS AND CONTRACTS, MAIL STOP F428 ANSCHUTZ MEDICAL CAMPUS, BLDG 500 13001 E 17TH PLACE, RM W1126 AURORA, CO 800452505 Phone : 3037240090