

Department of Health and Human Services Public Health Services Statement of Appointment <i>(Please Type)</i>		Follow attached instructions carefully. Submit this form to the PHS awarding component at the time the individual is appointed, is reappointed, or the reported appointment is amended. For a new postdoctoral trainees under a Kirschstein-NRSA award, a signed and dated payback agreement must accompany this form.	
1. PHS GRANT NUMBER 5 T32 DK 7356-42 <div style="display: flex; justify-content: space-between;"> Type Activity ID Serial No. </div> <div style="display: flex; justify-content: space-between;"> 5 T32 7356 </div>		2. APPOINTEE'S NAME <i>(Last, first, initial)</i> Saffo, Saad 3. SEX <input checked="" type="checkbox"/> Completed <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> M <input type="checkbox"/> F </div> <input type="checkbox"/> Do Not Wish to Provide	
4. TYPE OF ACTION <i>(Mark X for only one type)</i> <input type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input checked="" type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) <input type="checkbox"/> AMENDMENT of items checked: <input type="checkbox"/> 15 <input type="checkbox"/> 20		5. PRIOR NRSA SUPPORT <i>(Individual or institutional)</i> <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If "Yes", see instructions) <i>See 'PRIOR NRSA SUPPORT' section on the Page 1 continued</i>	
6. SOCIAL SECURITY NO. XXX-XX-XXXX		7. BIRTHDATE <i>(Month, day, year)</i> MM/DD/YYYY	
8. CITIZENSHIP <i>(See instructions)</i> <input checked="" type="checkbox"/> U.S. Citizen or Noncitizen National Non-U.S. Citizen <input type="checkbox"/> With a Permanent U.S. Resident Visa ("Green Card") <input type="checkbox"/> With a Temporary U.S. Visa <input type="checkbox"/> Not Residing in the U.S. If not a U.S. citizen, of which country are you a citizen? UNITED STATES		10. PERMANENT MAILING ADDRESS 1721 Sycamore Hills Pkwy Fort Wayne, IN 46814	
9. ORCID ID: 0000-0001-5375-3100		E-mail: saad.saffo@yale.edu	
11. Are you Hispanic (or Latino)? <i>Mark(X)</i> <input checked="" type="checkbox"/> Completed <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Intentionally Withheld			
12. What's your racial background? <i>Mark (X) one or more</i> <input checked="" type="checkbox"/> Completed <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Intentionally Withheld		13. Do you have a disability? <input checked="" type="checkbox"/> Completed <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do not wish to provide If yes, which of the following categories describe your disability(ies): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility/Orthopedic Impairment </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Visual <input type="checkbox"/> Other </div> 14. Are you from a disadvantaged background? (Applies to high school and undergraduate appointees only) <input type="checkbox"/> Completed <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide	
15. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT <i>(for this appointment)</i> Enter a 3 digit code from instructions: 989		16. PERIOD OF APPOINTMENT <i>(Month, day, year)</i> From: 06/30/2021 To: 06/29/2022	
17. Education/Career Level: <input type="checkbox"/> High School Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Post-baccalaureate <input type="checkbox"/> Graduate Student <input checked="" type="checkbox"/> Post-doctorate <input type="checkbox"/> Faculty or Other Professional <input type="checkbox"/> Post-master's			
18. EDUCATION – AFTER HIGH SCHOOL <i>(Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)</i>			
(a) Name of Institution and Location <i>(List most recent first)</i>	(b) Degree(s) Received	(c) Major Field	(d) Minor Field
	Degree Mo./Yr.		
University of Notre Dame	BS 05/2009	Medicine	Business
Case Western Reserve University	MD 05/2015		

PRIOR NRSA SUPPORT

Period of Support	Grant No.
06/30/2020 - 06/29/2021	2 T32 DK 7356-41

19. DEGREE(S) SOUGHT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		If yes, indicate type of degree(s)	
Are you in a dual degree program (e.g., M.D./Ph.D.)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
20. EXPECTED COMPLETION DATE FOR DEGREE(S) (mm/yyyy, if applicable)			
21. NAME OF SPECIALTY BOARDS (if applicable)			
22. SUPPORT FOR PERIOD OF APPOINTMENT			
Type		Total of this Grant (Omit cents.)	
Stipend /Salary / Other Compensation		\$	
TOTAL		\$	
23. 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 type="checkbox"/> YES (If "Yes," please explain below.)			
24. 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.		(a) SIGNATURE OF APPOINTEE Electronically certified via eRA xTrain system by Trainee	(b) DATE 11/18/2020
25. 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.		(a) SIGNATURE OF PROGRAM DIRECTOR Electronically certified via eRA xTrain system by PI	(b) DATE 11/19/2020
(c) NAME OF PROGRAM DIRECTOR		NATHANSON, MICHAEL H	
(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO. (Street, city, state, zip code)		YALE UNIVERSITY YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS, PO BOX 208327 NEW HAVEN, CT 065208327 Phone : 2037854689	