NHF/Novo Nordisk Career Development Award  
Continuation Application Signature Page  

By signing this form, I attest that all I have reviewed the CDA application guidelines and that the information provided in this continuation application is truthful and conforms with the initial agreement between our institution and the National Hemophilia Foundation.

**Title of the proposed project:**

1. **Name of the Applicant** (Last, First, Middle, Degree)

   Signature of Applicant  
   _____________________________  
   Date: ___________________________

2. **Name of Sponsor or Mentor** (Last, First, Middle, Degree)

   Signature of Sponsor or Mentor  
   _____________________________  
   Date: ___________________________

3. **Name of HTC's Medical Director or Department's Chair** (Last, First, Middle, Degree)

   Signature of HTC's Medical Director or Department's Chair  
   _____________________________  
   Date: ___________________________

4. **Name of Financial Officer** (Last, First, Middle, Degree if applicable)

   Signature of Financial Officer  
   _____________________________  
   Date: ___________________________