

FINANCIAL INTEREST DISCLOSURE FORM 1
(Please submit form to JUDQWV@yu.edu)

Full Name	6 F K R R O:
Banner ID:	Academic Unit:

PART A: REQUIRED TRAINING

I certify that I have reviewed and understand the contents of the required training [Link to NIH Policy and Compliance](#)

PART B: S

[Link to eRA Training](#)

[Link to CITI Programs](#)