# VCHA Manager or Supervisor’s Declaration

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| **Research Study Title** |  |

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| **Principal Investigator** |  |
| **Principal Investigator’s VCH Title** |  |

I HEREBY CONFIRM that the Principal Investigator for the above-mentioned study has the qualifications, experience, and facilities to carry out this research.

**Signature**

**VCH Manager/Supervisor Name:**        **Date:**

**VCH Manager/Supervisor Title:**