



UNIVERSITY OF PUERTO RICO, UNIVERSIDAD DE PUERTO RICO
MEDICAL SCIENCES CAMPUS, RECINTO DE CIENCIAS MÉDICAS
DEANSHIP FOR RESEARCH, DECANATO DE INVESTIGACIÓN
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Certification of Domestic-Only Research

PI name: _____

School and Department/Center: _____

I. Purpose of Certification

This certification is a mandatory requirement of the UPR-MSD Compliance Plan for federally funded research. It ensures that all activities associated with federal funded research projects assigned to the below signing principal investigator complies with federal agencies guidelines prohibiting unauthorized "foreign components". These include any collaboration with investigators at a foreign site anticipated to result in co-authorship or a scientific publication.

II. Investigator Declaration

By signing this document, I, the Principal Investigator, certify the following:

- **Domestic Scope:** All research activities, data collection, and data analysis will be conducted exclusively within the United States or its territories (e.g., Puerto Rico, USVI).
- **Prohibition of Foreign Co-Authorship:** I understand that any collaboration with individuals affiliated with a foreign institution that results in co-authorship constitutes a foreign component and is strictly prohibited without prior approval from NIH or the appropriate federal agency.
- **Zero-Fund Transfer:** I certify that no funds have been or will be transferred via sub-contract or any other mechanism to an institution or individual in a foreign country.
- **Acknowledgment of Consequences:** I understand that adding a foreign co-author or establishing an unauthorized foreign component at any point—even without the transfer of funds—will result in the immediate forfeiture of federal support for this project.

III. Statement of Current Standing

As of the date of this signature, I certify that there are **no active foreign components** or foreign co-authorships associated with the federally funded research project (s) under my supervision that have not been approved by the appropriate federal agency. Our federally funded research project is currently, and will remain, a domestic-only effort.

Principal Investigator Signature: _____ Date: _____

Send completed form to the following address: certresearchsecurity.rcm@upr.edu

For Deanship of Research Only

Received by Office of Sponsored Programs: _____ Date: _____