**Florida Atlantic University**

**Foreign Talent Recruitment Program (FTRP) Certification Form**

Various U.S. federal agencies require individuals to disclose participation in “foreign talent recruitment programs” (FTRPs) in certain circumstances. The FTRP definition in the Guidelines for Federal Research Agencies Regarding Foreign Talent Recruitment Programs can be found here <https://www.whitehouse.gov/wp-content/uploads/2024/02/OSTP-Foreign-Talent-Recruitment-Program-Guidelines.pdf>, and below. Please review the FTRP definition and certify whether you are or are not a participant in one of these programs.

1. **FTRP Definition**

A **foreign talent recruitment program** is any program, position, or activity that includes compensation in the form of cash, in-kind compensation, including research funding, promised future compensation, complimentary foreign travel, things of non de minimis value, honorific titles, career advancement opportunities, or other types of remuneration or consideration directly provided by a foreign country at any level (national, provincial, or local) or their designee, or an entity based in, funded by, or affiliated with a foreign country, whether or not directly sponsored by the foreign country, to an individual, whether directly or indirectly stated in the arrangement, contract, or other documentation at issue.

\_\_\_\_\_\_ I **am** a participant in a FTRP. I understand that I am required to provide additional information about my participation to FAU including any signed copy(ies) of my FTRP agreement(s).

**2. FTRP Certification**

\_\_\_\_\_\_\_\_ I **am not** a participant in a FTRP. I will immediately notify the FAU Compliance Office in writing at compliance@fau.edu if I decide to participate in a FTRP.

**3. Individual Certification**

By submitting this form, I hereby certify that the information provided above is complete and accurate to the best of my knowledge and belief.

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| First Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |