



SMITHSONIAN INSTITUTION
Smithsonian Affiliations
CERTIFICATION FOR THE
SMITHSONIAN AFFILIATIONS VISITING PROFESSIONAL PROGRAM
CERTIFICATION FORM

1. Name of Affiliate organization: _____

2. We agree to support the candidacy of: _____

First Name

Last Name

3. If accepted, I support the individual's candidacy and certify that they are employed by our organization as full-time, professional staff. The signed form gives the participant permission to participate in the Smithsonian Affiliations Visiting Professional Program at the Smithsonian for two weeks and that the challenge identified by the participant is a priority for the Affiliate. In addition, the signed form allows the staff member to participate in follow-up, virtual activities with the cohort.

Signature of Director or Supervisor Print Name Date

Email _____

Daytime phone _____