New Human Research Staff:
Without Compensation (WOC) packet

All paperwork must be turned into Nancy Dixon (Building 8 Room 101, extension 6926).

INCOMPLETE PAPERWORK WILL BE RETURNED!

Completed		***Required Items***
Yes	***No***	
☐	☐	1. PI Request for Staff Access to a Research Secured Area
☐	☐	2. WOC Letter
☐	☐	3. Declaration for Federal Employment (OF 306)
☐	☐	4. Resume or 10-2850c
☐	☐	5. VA-WOC Appointee Intellectual Property Agreement
		6. Mandatory courses that all VE employees, including WOC appointees, must complete: ➢ *These courses can be found on www.tms.va.gov. Please print certificates and attach to your WOC paperwork. Instructions for TMS self-enrollment are attached.*
☐	☐	1) VA Privacy and Information Security Awareness and Rules of Behavior
☐	☐	2) Privacy and HIPAA Training
☐	☐	3) VA CO Compliance and Business Integrity (CBI) Awareness
☐	☐	4) Radiation Safety for Laboratory Workers-DUR
☐	☐	5) Fire/Life Safety
☐	☐	6) GHS
☐	☐	8. Role-specific laboratory courses (must be completed before work can be done in a lab): ➢ *Please see Lester Nicoles in Building 8, Room 125 for lab courses and lab orientation packet.*
☐	☐	9. Research Scope of Practice
☐	☐	10. PIV Form
☐	☐	11. English Language Proficiency
☐	☐	12. VA Good Clinical Practice training: www.citiprogram.org
☐	☐	13. Fingerprinting: Nancy Dixon will set up this appointment for you (Room NG 039)
☐	☐	14. *EQUIP* will be done after fingerprinting. ➢ HR will explain the *EQUIP* process. When completed, bring the signed pages to Nancy Dixon. Please allow 10 business days before your badge is ready for pickup. You will receive an e-mail from HR when your badge is ready.

Upon leaving the VA as a WOC, please return your badge and keys to Nancy Dixon.

PI REQUEST FOR STAFF ACCESS TO A RESEARCH SECURED AREA

1. PURPOSE: To formally request access for investigator's employees and staff to the Research Secured Area.

2. POLICY: The information requested in this document must be supplied via submission of this form or Email before access to the secured area will be considered.

3. RESPONSIBILITY: It is the responsibility of each Investigator to formally identity the staff that must have access to secured area in order to complete their research-related duties.

4. PROCEDURE: The investigator submits the information requested to the R&D Secretary, Nancy Dixon, Building 8 Room 101 via this document (hand deliver to Research Administration).

5. REQUESTED INFORMATION:

   a. Person making request: _____

   b. Name of person for whom access is requested:_____

   c. The person named above is > 18 years of age? YES___ NO___

   d. Immediate supervisor of person for whom access is requested: _____

   e. Brief description of duties of person for whom access is requested (lab support research assistant, etc.): _____
   _____
   _____
   _____
   _____

   f. Areas to which is access is needed. Check all that apply:
      (1) __ General Laboratory Area
      (2) __ VMU(only mark this box if you expect to work with animal subjects and are > <u>18 years of age)</u>

DEPARTMENT OF VETERANS AFFAIRS
Medical Center
508 Fulton Street
Durham, NC 27705

Date: In Reply Refer To: 558/05

(Name) _____ SSN: _____
(Home Address) _____ DOB: _____
(Home Address) _____ U.S. Citizen: Yes or No

Dear:

Welcome to the Veterans Affairs Medical Center. You will be assigned to our facility as a_____ from _____ through _____ under authority of 38 U.S.C., 7405(a)(1). During your period of affiliation with our facility, you are authorized to perform services as directed by _____, _____.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Veterans Health Administration, such as leave, retirement, etc. You will, however, be eligible to receive benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

Quarters Subsistence Uniforms Laundering Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelope. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

JERRY FREEMAN
Chief, Human Resource Management Service

Enclosure

I agree to serve in the above capacity under the conditions indicated

Signature _____
Date_____

Veterans Status
1-Vietnam Veteran
2- Other Veteran
3-Non-Veteran
* For this purpose, a Vietnam Veteran is one with Service between August 15, 1964 and May 7, 1975

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

♦

2. **SOCIAL SECURITY NUMBER**

♦

3a. **PLACE OF BIRTH** (Include city and state or country)

♦

3b. **ARE YOU A U.S. CITIZEN?**

☐ YES ☐ NO (If "NO", provide country of citizenship) ♦

4. **DATE OF BIRTH** (MM / DD / YYYY)

♦

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

♦

♦

6. **PHONE NUMBERS** (Include area codes)

Day ♦

Night ♦

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES ☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? ☐ YES (If "YES", proceed to 8.) ☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? ☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* ☐ YES ☐ NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name,relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* ☐ YES ☐ NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith **. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. **I understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

Approved Exception To SF 171
OMB No. 2900-0205
Estimated burden: 30 minutes

Department of Veterans Affairs

APPLICATION FOR ASSOCIATED HEALTH OCCUPATIONS

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.

INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs to determine your eligibility for appointment in Veterans Health Administration.
Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. OCCUPATION FOR WHICH APPLYING

A ☐ CERTIFIED RESPIRATORY THERAPY TECHNICIAN
B ☐ REGISTERED RESPIRATORY THERAPIST
C ☐ LICENSED PHYSICAL THERAPIST
D ☐ LICENSED PRACTICAL/VOCATIONAL NURSE
E ☐ LICENSED PHARMACIST
F ☐ PHYSICIAN ASSISTANT
G ☐ EXPANDED-FUNCTION DENTAL AUXILIARY
H ☐ OCCUPATIONAL THERAPIST
☐ OTHER (Specify)

2. NAME (Last, First, Middle)

3. APPLICATION FOR (Check one)
☐ GENERAL PRACTICE ☐ SPECIALTY (Identify Below)

4. PRESENT ADDRESS (Include ZIP Code) STREET ADDRESS 2 APT. NO.
CITY STATE ZIP CODE COUNTRY

5. TELEPHONE NUMBER (Include Area Code)
5A. RESIDENCE
5B. BUSINESS

6. DATE OF BIRTH
7. PLACE OF BIRTH (City) STATE COUNTRY
8. SOCIAL SECURITY NUMBER

9A. CITIZENSHIP
☐ U.S. CITIZEN BY BIRTH ☐ NATURALIZED U.S. CITIZEN ☐ NOT A U.S. CITIZEN (Complete item 9B)
9B. COUNTRY OF WHICH YOU ARE A CITIZEN

10A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA
☐ YES ☐ NO (If "YES" complete items 10B and 10C)
10B. NAME OF OFFICE WHERE FILED
10C. DATE FILED

11. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER
12. DATE AVAILABLE FOR EMPLOYMENT

I - ACTIVE MILITARY DUTY

13A. DATE FROM
13B. DATE TO
13C. SERIAL OR SERVICE NO.
13D. BRANCH OF SERVICE
13E. TYPE OF DISCHARGE
☐ HONORABLE ☐ OTHER (Explain on separate sheet)

II - LICENSURE, DEA CERTIFICATION, REGISTRATION AND CLINICAL PRIVILEGES (As applicable)

14A. LIST ALL STATES/TERRITORIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED (If not held now, explain on separate sheet)	14B. LICENSE NO.	14C. CURRENT REGISTRATION (If "NO" explain on separate sheet)			14D. EXPIRATION DATE
		YES	NO	NOT REQUIRED	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	
		☐	☐	☐	

15A. ARE YOU FULLY LICENSED IN EVERY STATE IN WHICH YOU RECEIVED A LICENSE (If restricted, limited or probational in any State(s), explain on separate sheet)
☐ YES ☐ NO ☐ NOT APPLICABLE

15B. DO YOU HAVE PENDING OR HAVE YOU EVER HAD A STATE LICENSE TO PRACTICE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED ON A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED
☐ YES ☐ NO (If "YES" explain on separate sheet)

15C. HAVE YOU EVER HELD A REGISTRATION TO PRACTICE THAT IS NO LONGER HELD OR CURRENT
☐ YES ☐ NO (If "YES" explain on separate sheet)

16A. NAME THE CERTIFYING BODY FOR YOUR HEALTH OCCUPATION
16B. DATE OF MOST RECENT REGISTRATION/ CERTIFICATION (Give Month and Year)
16C. WHAT IS YOUR REGISTRY/ CERTIFICATION NUMBER
16D. HAS ACTION EVER BEEN TAKEN AGAINST YOUR CERTIFICATION OR REGISTRATION
☐ YES ☐ NO (If "YES" explain on separate sheet)

17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION, AGENCY OR ORGANIZATION
☐ YES ☐ NO (If "YES" complete item 17B)

17B. NAME OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD

17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, OR VOLUNTARILY RELINQUISHED
☐ YES ☐ NO (If "YES" explain on separate sheet)

III - THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE

CERTIFICATION: I certify that I have verified licensure and registration with State boards, and sighted visa or evidence of citizenship. Board certification has been verified (if appropriate).

18. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO:
☐ CERTIFICATION OR REGISTRATION
☐ NATURALIZED CITIZENSHIP
☐ LICENSURE/REGISTRATION FOR ALL STATES LISTED BY APPLICANT
☐ VISA
☐ CURRENT OR MOST RECENT CLINICAL PRIVILEGES
☐ NO CURRENT OR PREVIOUS CLINICAL PRIVILEGES

19A. SIGNATURE OF AUTHORIZED OFFICIAL
19B. TITLE
19C. DATE (MONTH, DAY, YEAR)

IV - LIABILITY INSURANCE (As applicable)

20A. PRESENT LIABILITY INSURANCE CARRIER	20B. DATE COVERAGE BEGAN	20C. NAMES OF PRIOR CARRIERS	20D. DATE OF COVERAGE		21. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE
			FROM	TO	☐ YES ☐ NO (If "YES" explain on separate sheet)

V - QUALIFICATIONS

BASIC ALLIED HEALTH EDUCATION (Continue on separate sheet, if necessary)

22A. NAME OF SCHOOL	22B. ADDRESS (City, State and ZIP Code)	22C. LENGTH OF PROGRAM	22D. DATE COMPLETED	22E. DIPLOMA OR DEGREE RECEIVED

ADDITIONAL EDUCATION (Continue on separate sheet, if necessary)

23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP Code)	23C. MAJOR	23D. DATE COMPLETED	23E. CREDITS	23F. DEGREE

VI - PROFESSIONAL EXPERIENCE

24A. EMPLOYER	24B. ADDRESS (City, State and ZIP Code)	24C. POSITION (Where applicable, also specify whether General Practitioner or Specialist)	26D. FULL-TIME	26E. PART-TIME AVERAGE HOURS PER WEEK	26F. DATES EMPLOYED	
					FROM	TO
			☐	☐		
			☐	☐		
			☐	☐		

VII - GENERAL INFORMATION

25. NAMES UNDER WHICH YOU WERE EMPLOYED, IF DIFFERENT FROM NAME GIVEN IN ITEM 1.

26. LIST ALL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS, FELLOWSHIPS (If additional space is required, attach separate sheet).

VIII - REFERENCES

27. REFERENCES: List at least four persons living in the United States who are not related to you by blood or marriage and who have been in a position to judge your qualifications during the past five years.

27A. NAME	27B. ADDRESS (Number, Street, City, State and ZIP Code)	27C. AREA CODE/PHONE NO.	27D. BUSINESS OR OCCUPATION

REFERENCES (Continued)

27A. NAME	27B. ADDRESS (Number. Street, City, State and ZIP Code)	27C. AREA CODE/PHONE NO.	27D. BUSINESS OR OCCUPATION

ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET	YES	NO
28.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service ?	☐	☐
29.	Does the Department of Veterans Affairs employ any relative of yours (by blood or marriage)? If "YES" give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.	☐	☐
30.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of malpractice are proven groundless. Any conclusion concerning your answer as it relates to your qualifications will be made only after a full evaluation of the circumstances involved.)	☐	☐

NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 33, 34 or 35 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 33 or 34, you may omit (1) traffic fines for which you paid a fine of $100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

31.	Within the last five years have you been discharged from any position for any reason?	☐	☐
32.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?	☐	☐
33.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)	☐	☐
34.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 33 above?	☐	☐
35.	While in the military service were you ever convicted by a general court-martial?	☐	☐
36.	If you were in the military service in one of these health occupations, did you ever receive a non-judicial punishment (Article 15)?	☐	☐
37.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.	☐	☐

IX - SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

▶ **CERTIFICATION:** **I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.**

38A. SIGNATURE OF APPLICANT (Sign in dark ink)	38B. DATE (Month,Day,Year)

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- ☐ Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;
- ☐ Authorize release of such information and copies of related records and/or documents to VA officials;
- ☐ Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and
- ☐ Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.

SIGNATURE	DATE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

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EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

INTELLECTUAL PROPERTY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides revised guidance and instruction regarding intellectual property (inventions) and the transfer of new scientific discoveries to benefit the public good (technology transfer).

2. SUMMARY OF MAJOR CHANGES: Corrects title of the agreement from Inter-institutional Agreement (IIA) to Cooperative Technology Administration Agreement (CTAA).

a. **Paragraph 2:** Describes dual appointment personnel, joint ownership, and Department of Veterans Affairs (VA) Without Compensation (WOC) Appointee Intellectual Program Agreement.

b. **Paragraph 4:** Adds additional definitions.

c. **Paragraph 6:** Corrects title from IIA to Cooperative Technology Administration Agreement (CTAA).

d. **Paragraph 12:** Notes requirements for State Department approval of foreign Cooperative Research and Development Agreement (CRADA)'s and that no inconsistencies exist between CTAA's and CRADA's.

3. RELATED DIRECTIVE: VHA Directive 1200.

4. RESPONSIBLE OFFICE: The Office of Research and Development (12) is responsible for the contents of this VHA Handbook.

5. RESCISSION: This VHA Handbook rescinds VHA Handbook 1200.18, dated May 17, 2001.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working date of November 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

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INTELLECTUAL PROPERTY

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides guidance and instruction regarding intellectual property (inventions) and the transfer of new scientific discoveries to benefit the public good (technology transfer). ***NOTE:*** *The provisions of this Handbook apply to all research services within the Office of Research and Development (ORD) i.e., Medical Research Service (MRS), Rehabilitation Research and Development (RR&D), Health Services Research and Development Services (HSR&D), and the Cooperative Studies Program (CSP).*

2. BACKGROUND

a. Under Executive Order 10096, and Department of Commerce implementing regulations, Title 37 Code of Federal Regulations (CFR) Part 501, the Department of Veterans Affairs (VA) has the right to assert a right, title, and interest in and to all inventions made by any VA salaried employee under certain circumstances. Employees must have a duty to perform research for VA, which could consist of being assigned research duties and/or receiving any VA research intra-mural funding award. Executive Order 10096 also requires that the invention be made during working hours; with a contribution by VA of facilities, equipment, materials, funds, or information, or of time or services of other VA employees on official duty; or which bear a direct relation to, or are made in consequence of, the official duties of the inventor. In the case of a determination under 37 CFR 501, VA must promptly provide the employee with a signed and dated statement of its determination, a Determination of Rights Letter, and the reasons therefor, and a copy of 37 CFR Part 501. **Authority:** *37 CFR §501.7.*

b. VA recognizes that not all inventors may be full-time employees. Some may be part-time VA employees and part-time employees of another organization such as a university affiliate. Inventors may also be full-time employees of another organization granted access to VA resources (space, supplies, equipment, patients, etc.) after executing a VA-Without Compensation (WOC) Appointee Intellectual Property Agreement [see www.vard.org for specific instructions and form]. As a result of this unique relationship, an invention can be made while the inventor is acting as an employee of one or both organizations. It is important to realize that VA determines ownership rights only to the extent the invention was made in connection with the inventor's VA employment or with a substantial VA contribution. The Determination of Rights letter does not address any ownership rights another organization may have through the inventor. If another organization has a joint ownership interest, VA must contact and work with the joint owner to expedite the development of the invention. VA will also substantially share with the inventor and the facility any ensuing royalties.

3. SCOPE

a. The mission of the VA Technology Transfer Program (TTP) is to serve the American public by translating the results of worthy discoveries made by employees of VA into practice. This requires a program that educates inventors concerning their rights and obligations, rigorously evaluates all inventions, obtains patents, and assists in the commercialization of new products. It also requires consistent policies that govern the necessary relationships between

investigator (i.e., inventor), academic partners, local VA medical centers, industry, and the Department of Commerce. It requires close collaboration between ORD and the VA Office of General Counsel (OGC).

b. The TTP public mission requires aggressive dissemination of educational information to investigators and of products to the market. It is also necessary that VA assert an ownership interest whenever appropriate, so that discovery can be built upon. This ensures access to technologies by veterans.

NOTE: *TTP is committed to supporting the highest quality intramural research program. This means not only moving discovery from the laboratory to clinical practice in a timely manner, but also ensuring that inventors and their host VA medical centers receive optimal advice and support so that they may realize equitable compensation and recognition.*

4. DEFINITIONS

a. **Intellectual Property (Invention).** Intellectual property is any art, machine, manufacture, design, or composition of matter, or any variety of plant, which is or may be patentable under the patent laws of the United States (U.S.). **Authority:** *38 CFR 1.651.*

b. **Inventor.** The inventor is the individual responsible for the conception or reduction to practice of a device or process.

c. **Employee.** The term employee or Government employee means any officer or employee, civilian or military, of VA. For purposes of asserting VA ownership under Executive Order 10096, employee means an individual receiving salary from VA. **Authority:** *38 CFR 1.651.*

d. **Dual Appointment Personnel (DAP).** This term means a person who has an appointment, either salaried or without compensation with both VA and a university affiliate or other nonprofit organization.

e. **WOC Appointment.** This term refers to a situation where an individual has an appointment with VA, but is receiving no salary from VA, and whose invention cannot be claimed by VA under Executive Order 10096. ***NOTE:*** *This individual may be an employee of a university affiliate or other nonprofit organization.*

f. **VA-WOC Appointee Intellectual Property Agreement.** This term means a document signed by an individual who has a WOC appointment and is performing research within VA.

g. **Disclosure.** Disclosure is the formal written process of documenting all aspects relating to the development of potential intellectual property for the purpose of determining and assigning ownership.

h. **Re-disclosure.** Re-disclosure is the formal written process of documenting all aspects relating to any improvement of a previously disclosed invention for the purpose of issuing a new determination on the improved invention.

i. **Premature Disclosure.** Premature disclosure is the presentation of too much data related to unpatented intellectual property in a public forum, e.g., scientific meeting, etc. ***NOTE:*** *Premature disclosure may result in the loss of patent filing rights.*

j. **Patent.** A patent is an official written document securing to an inventor for a term of years the exclusive right to make, use, or sell an invention.

k. **License.** A license is a written authority granted by the owner of a patent to another person, empowering the latter to make or use the patented article for a limited period or in a limited territory.

l. **Royalty.** A royalty is compensation for an invention.

m. **Copyright.** A copyright is a form of protection provided by Title 17 United States Code (U.S.C.) to the authors of "original works of authorship" including literary, dramatic, musical, artistic, and other intellectual works, for a limited period of time. A copyright protects the form of expression, rather than ideas or the subject matter of the work. The copyright owner controls a number of exclusive divisible rights, the most fundamental one being the right to reproduce the work in copies.

5. INVENTION DISCLOSURE

a. In the case of an invention (to include improvement of an invention) or believed invention, the inventor must complete a VA certification page and prepare a statement for submission to the inventor's supervisor. These documents are available at the TTP website www.vard.org This statement consists of a:

(1) Narrative, detailed description providing sufficient information and detail for VA to ascertain ownership rights and to file the appropriate legal documentation required to protect the invention.

(2) A statement setting forth the circumstances attending the making of the invention. The statement must include:

(a) The full name and address of the inventor.

(b) The grade and title of the inventor's position.

(c) The inventor's employment status (full-time or part-time).

(d) The inventor's duties at the time the invention was made.

(e) The facts pertinent to a determination whether the invention bore a direct relation to, or was made in consequence of, such official duties.

(f) Whether there was, and if so the terms of, any special agreement or understanding with respect to the use or manufacture of the invention.

(g) The date of the invention, when and where it was conceived, constructed, and tested.

(h) Whether it was made entirely during working hours.

(i) Whether, and to what extent, there was a contribution by the Government of any of the following:

1. Facilities,

2. Equipment,

3. Materials or supplies,

4. Funds,

5. Information,

6. Time, or

7. Services of other Government employees on duty. **Authority:** *38 CFR §1.656.*

b. **Review and Submission.** The inventor's supervisor must review the employee inventor's statement. The file is then submitted via the local Research and Development (R&D) Office for review and approval and sent via courier to the Program Manager, R&D Technology Transfer Section (122TT) using the address listed under Contact Information. Once processed, TTP submits the disclosure to OGC. **Authority:** *38 CFR §1.656.*

c. **Potential Outcomes.** There are three possible outcomes to an invention disclosure. They are that the Government:

(1) Maintains right, title, and interest in, and to, any invention of a Government employee;

(2) Is entitled to a royalty free license with ownership remaining with the inventor; or

(3) Claims no interest or license; i.e., all rights remain with inventor.

d. **Appeals.** Any Government employee who is aggrieved by an agency determination may obtain a review of the determination by filing (within 30 days after receiving notice of such determination) two copies of an appeal with the Under Secretary of Commerce for Technology, c/o The Office of Federal Technology, Room 4837, U.S. Department of Commerce, Washington, DC 20230. On receipt of a copy of an appeal, the agency must furnish both the Under Secretary of Commerce for Technology and the inventor with a copy of a report containing the following information about the invention involved in the appeal:

(1) A copy of the agency's statement. **Authority:** *37 CFR §501.7.*

(2) A description of the invention in sufficient detail to identify the invention and show its relationship to the employee's duties and work assignments.

(3) The name of the employee and employment status, including a statement of official duties and responsibilities at the time the invention was made.

(4) A detailed statement of the points of dispute or controversy, to include copies of any statements or written arguments filed with the agency, and of any other relevant evidence that the agency considered in making its determination. **Authority:** *37 CFR. §501.8.*

6. COOPERATIVE TECHNOLOGY ADMINISTRATION AGREEMENTS (CTAA)

a. Retention of ownership and protection of intellectual property developed by VA investigators are key issues of importance. It is also important to acknowledge cases where co-ownership issues exist with VA academic affiliates. To address this issue, a model CTAA was developed in collaboration with the Office of General Counsel (OGC). This legal agreement outlines relevant definitions, terms, and conditions for handling intellectual property between both organizations.

b. Using the CTAA allows VA a co-ownership interest while providing the academic affiliate unimpeded access and authority to patent and market the intellectual property in question. This makes the invention attractive to manufacturers ensuring that if they develop the product for the marketplace, they will have exclusive rights to produce and market the invention. The overall benefit to the Government and the taxpayers is that an invention resulting from Federally-funded research will be protected by a patent.

c. Successful patents licensed to manufacturers provide a royalty stream. As a result, VA inventors benefit from royalties for their personal use, as well as a return of royalties to their research laboratories and facility. The American taxpayer gains by the return of funds to the laboratories to further medical research. Using CTAA's provides a win-win situation for VA and academic affiliates, while maintaining, strengthening, and/or expanding existing partnerships to the mutual benefit of both organizations. ***NOTE:*** *CTAAs are used with academic affiliates whenever possible.*

d. CTAAs are developed by the TTP staff, OGC, and the academic affiliate. For additional information, sample CTAAs are available at the TTP internet web site under the Technology Transfer link (see App. A for web site address).

7. PATENTS

a. Once intellectual property has been disclosed and reviewed by OGC and a determination has been made to retain ownership of an invention, the VA patent process begins. Under 35 U.S.C. §207, VA is authorized to apply for, obtain and maintain patents or other forms of protection in the U.S. and in foreign countries on inventions in which VA owns a right, title or interest.

NOTE: *Any invention owned by the Government under the criteria set forth in 37 CFR §501.6 needs to be protected by an application for a domestic patent and other necessary documents executed by the employee inventor prepared by or through the General Counsel, Deputy*

General Counsel, or the Assistant General Counsel for Professional Staff Group IV.
Authority: *38 CFR §1.654.*

b. VA may elect to use outside counsel (or other means to be identified), if it is determined appropriate. All VA-owned inventions not covered by CTAAs must receive centralized patenting support arranged and coordinated through the TTP. This support includes handling patent applications, provisional patents, patent filings, follow-up requests for information concerning pending patent applications, international filings where applicable, and other necessary actions. ***NOTE:*** *These services are provided at no cost to the facility or investigator.*

c. If it is determined that the employee inventor is entitled to full ownership under 37 CFR §501.6, subject to a non-exclusive, irrevocable, royalty-free license in the Government, it is the duty of the employee inventor to notify OGC of the status of the patent application, including the patent application number so that VA may protect interests reserved to the Government.
Authority: *38 CFR §1.655.*

8. COPYRIGHT

a. Title 17 U.S.C. Section 105, the U.S. Copyright Act, provides that copyright protection is not available for any "work of the United States Government" defined under the Copyright Act as a work prepared by an U.S. Government employee as part of that person's official duties (17 U.S.C. § 101). Consequently, works such as instructional materials prepared exclusively by VA employees as part of their official duties are not copyrightable, but are placed into the public domain. Section 105, however, permits the U.S. Government to receive and hold copyrights transferred to it by assignment, bequest, or otherwise.

b. Works prepared for the U.S. Government under a U.S. Government contract or grant may be copyrighted by the contractor or grantee unless the U.S. Government provides in the contract or grant that copyright is prohibited or, in a written instrument signed by the parties, that the U.S. Government owns all of the rights comprised in the copyright. It is U.S. Government policy to:

(1) Recognize that the owner of a copyright has a legally enforceable property right in the copyrighted work, and

(2) Obtain or procure a proper license or permission to use copyrighted works.

9. MARKETING

a. A critical component of any successful intellectual property program involves marketing new inventions or technologies to ensure timely production and introduction into the marketplace. All VA-owned inventions not covered by CTAAs receive centralized marketing support arranged and coordinated through VHA Central Office. ***NOTE:*** *Currently, contractor expertise is available in the areas of initial technology screening and comprehensive technology assessment.*

b. The comprehensive technology assessment provides:

(1) Industry feedback,

(2) Identification of potential licensees,

(3) Comparison of competing technologies,

(4) Evaluation of trends and market size, and

(5) Identification of alternative applications.

c. In-house or contractor service is provided to identify market potential and compatible industry partners interested in commercialization of new products.

NOTE: *A Technology Transfer Advisory Group consisting of experts familiar with, and experienced in, the field of intellectual property and commercialization of new products assists in guidance, oversight, and monitoring of VA technology transfer operations.*

10. LICENSE

a. All VA owned inventions not covered by CTAAs receive centralized support arranged and coordinated through VHA Central Office in negotiating licenses with commercial entities for intellectual property owned by VA. These efforts ensure that industry partners identified through marketing efforts receive a license to manufacture and sell the intellectual property in question. These services must be provided at no cost to the facility or investigator.

b. Under 35 U.S.C. §207, VA is authorized to grant non-exclusive, exclusive, or partially exclusive licenses under federally owned inventions. Prior to granting a license application, VA must ensure that the criteria in 35 U.S.C. §209 have been satisfied.

c. License applications received from interested parties requesting the use of intellectual property owned by VA are reviewed to determine if specific legal requirements are met. The license application must satisfy the requirements and criteria set forth in 37 CFR Part 404.

11. ROYALTIES

a. Royalty income to VA is accepted, monitored, and distributed by the TTP. Centralized handling of royalty income allows compilation of data for evaluating and reporting on the program's effectiveness, and ensures compliance with applicable laws; e.g., the current Federal royalty income cap of $150,000 per year per employee. ***NOTE:*** *Royalties paid to employees from non-Federal sources such as universities are not subject to this ceiling.*

b. Royalty payments must be made in U.S. dollars only by check or bank draft drawn on a U.S. bank payable to Department of Veterans Affairs (royalty) and sent to: Department of Veterans Affairs, Technology Transfer Program (122TT), 810 Vermont Avenue, NW, Washington, DC 20420. Under this policy, 85 percent of royalty funds received is returned to the local facility to support ongoing research activities. ***NOTE:*** *The most recent royalty policy is available at the TTP internet web site under the Technology Transfer link.*

12. COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA)

A CRADA is an agreement between VA and one or more non-Federal parties under which VA "laboratory directors" (defined herein as medical center Directors) may accept, retain, and use funds, personnel, services, facilities, equipment, or other resources from collaborating parties in order to conduct R&D in a particular project. This may include the further development of a VA-owned invention and may be entered into in cooperation with a license agreement. ***NOTE:*** *Proposed CRADA's can not be inconsistent with CTAA terms.*

a. In exchange for what VA receives from a collaborating party, VA may provide personnel, services, facilities, equipment, or other resources, but not funds toward the conduct of specified R&D efforts consistent with VA's mission. The CRADA may provide for potential licenses or, in exceptional circumstances, assignments, or options, for reasonable compensation (when appropriate) to collaborating parties for any inventions made by a Federal employee under such agreements. However, a non-exclusive, non-transferable, irrevocable, paid-up license to practice, or have practiced, the invention throughout the world, by or on behalf of the Government, must be retained. In such cases where it is determined to grant any of the rights in advance, those rights must be granted directly to the collaborating party.

b. CRADAs are negotiated by the VA medical center and regional counsel attorneys. Following review and approval by OGC, they are returned to the medical center for execution. CRADAs dealing with foreign countries require advance State Department approval prior to execution. This could add considerable time to the overall approval process. The most recent information regarding CRADAs, including sample agreements, is available at the TTP internet web site under the Technology Transfer link.

13. INQUIRIES

Information regarding points of contact for issues related to intellectual property is contained in Appendix A.

CONTACT INFORMATION

1. Inquiries regarding intellectual property need to be directed to:

   a. Program Manager
   Technology Transfer Program
   Department of Veterans Affairs (122TT)
   810 Vermont Avenue, NW
   Washington, DC 20420
   (410) 962-1800 x267

   or

   b. Director (or Deputy Director)
   Technology Transfer Program
   Department of Veterans Affairs (122TT)
   810 Vermont Avenue, NW
   Washington, DC 20420
   (202) 408-3670

2. Additional information can be obtained at http://www.vard.org by clicking Department of Veterans Affairs Technology Transfer Program link.

VA WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT

This agreement is made between _____ and the Department of Veterans Affairs (VA) in consideration of my without compensation (WOC) appointment by the Durham VA Medical Center, and performing VA-Approved Research (as defined below) utilizing VA Resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA Approved Research) at that VAMC.

2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.

3. I have read and understand the VHA Intellectual Property Handbook 1200.18, which provides guidance and instruction regarding invention disclosures, patenting, and the transfer of new scientific discoveries.

4. Notwithstanding that I am an employee or appointee at _____, I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-Approved Research utilizing VA resources at the VAMC or in VA-approved space.

5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.

6. If VA asserts an ownership interest based on my inventive contribution, then, subject to Paragraph 7 below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with VA, when requested, in drafting the patent application(s) for such invention and will thereafter sign any documents, recognizing VA's ownership, as required by the U.S. Patent and Trademark Office at the time the patent application is filed.

7. VA recognizes that I am employed or appointed at the entity named in paragraph 4 and have obligations to disclose and assign certain invention rights to it. If that entity asserts an ownership interest, VA will cooperate with it to manage the development of the invention as appropriate.

8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the mentioned entity in paragraph 4, this Agreement will be implemented in accordance with the provisions of that CTAA.

_____	_____
Date	Signature
_____	_____
Date	ACOS for Research

MANDATORY COURSES FOR WOC

WWW.TMS.VA.GOV

COURSES LISTED BELOW

Please attach All certificates to packet prior to turning in.

1. **VA Privacy and Information Security Awareness and Rules of Behavior (10176)**
2. **Privacy and HIPPA Training(10203)**
3. **VA CO Compliance Business and Integrity(7318)**
4. **Radiation Safety for Laboratory Workers-DUR(1358297)**
5. **Fire/Life Safety (1341082)**
6. **Globally Harmonized System (GHS) (17663)**
7. **Emergency Preparedness(1341136)**

See attached self-enrollment, when enrolling please put Nancy Dixon as Point of contact and always enroll as a WOC

Create New non-VA User Record

Access the TMS login page

www.tms.va.gov

Check System **Before** selecting Create New User

(Note: a non-functioning system will cause the enrollee to have a challenging experience)

Task A. Create New User Record

Step 1

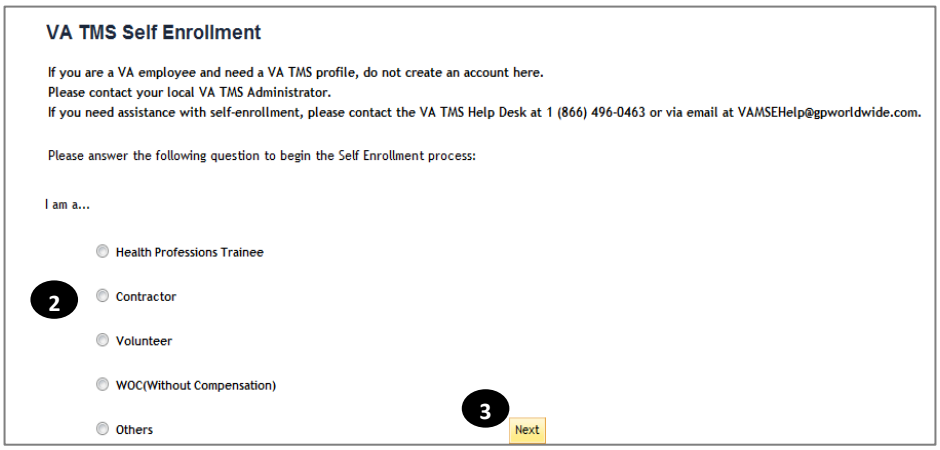
1 From the Login page, in the **brown** navigation bar click the **Create New User** link.

2 Step 2

In the **VA TMS Self Enrollment** page, select the appropriate employment type.

3 Step 3

Click **Next**.



4 Step 4

In **My Account Information** section, fill in all required fields as noted by the red asterisk, taking care to type accurately when entering your Social Security Number, e-mail address, and legal name; proceed to **Step 5**.

4a Step 4a

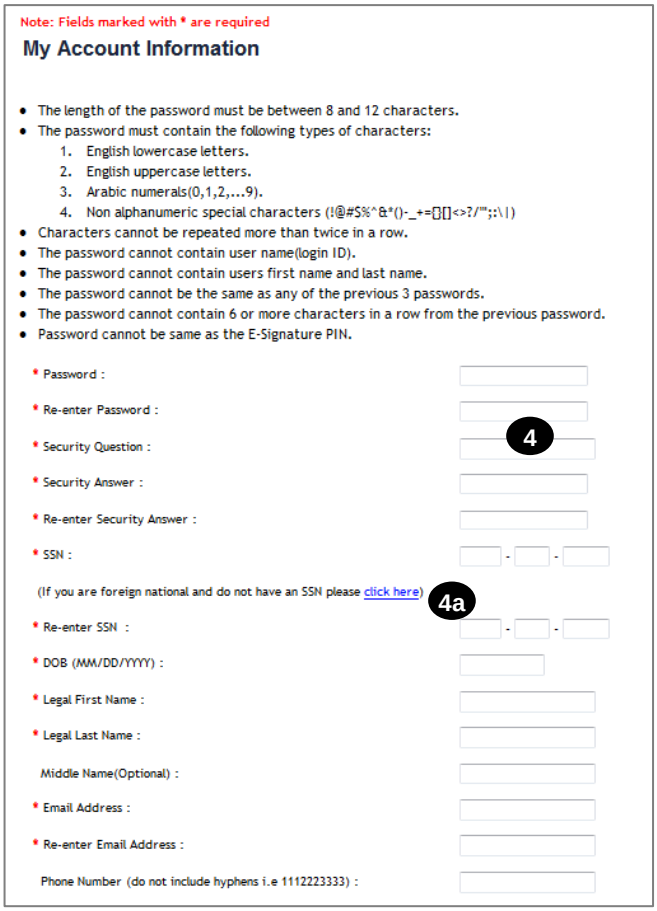
If you are a foreign national, click the **click here** link.

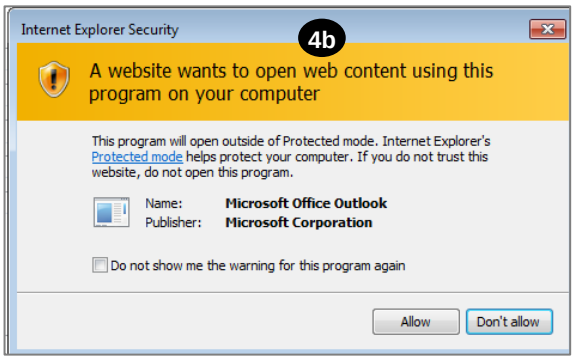
4b Step 4b

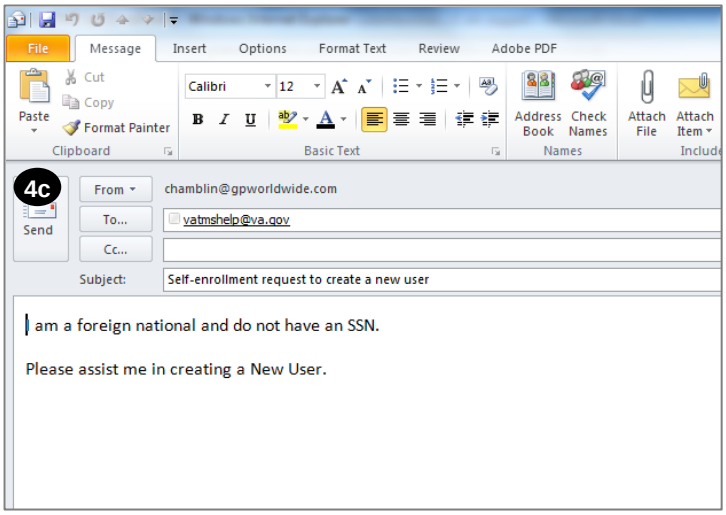
If there is a security pop-up click **Allow**.

4c Step 4c

In the email pop-up add any additional information to assist the Admin like your name and contact information and click **Send**.







5 Step 5

In **My Job Information** section, fill in all required fields as noted by the red asterisk.

VA City: DURHAM

VA State: North Carolina

VA Location Code: **DUR** (Durham VA Medical Center)

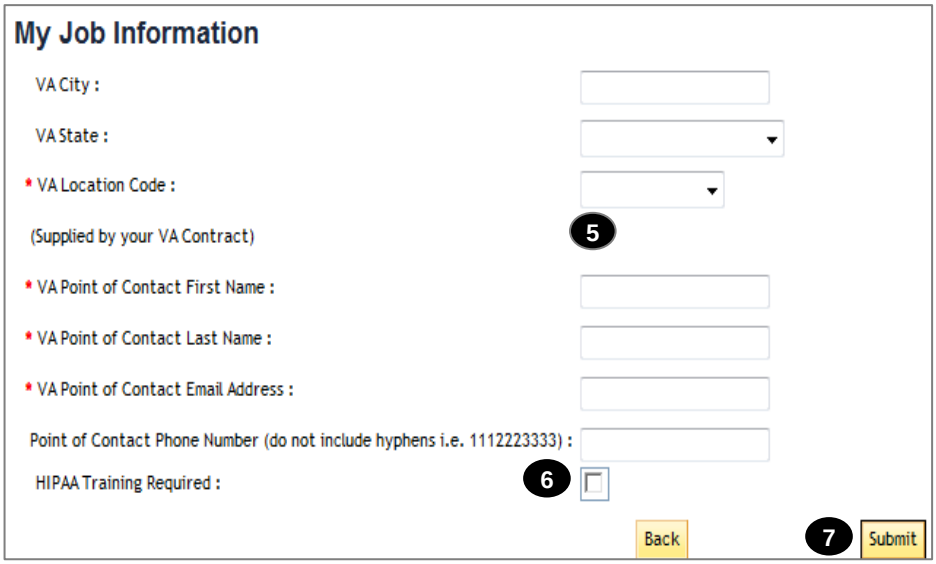
Enter Durham VA Medical Center Point – First and last name and email address.

6 Step 6

Click the box. Health Insurance Portability and Accountability Act (HIPPA)

7 Step 7

Click **Submit**.

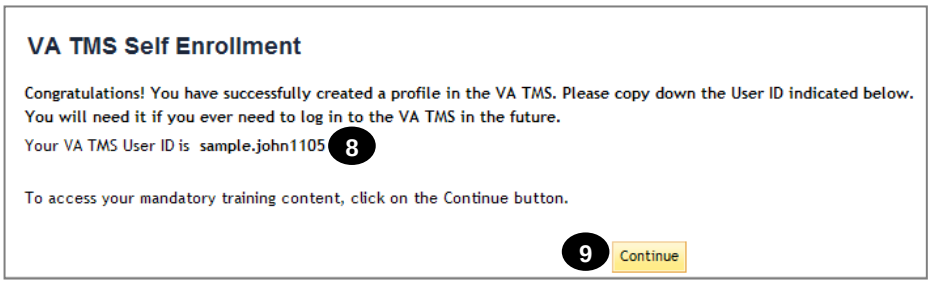


8 Step 8

From the congratulations page, note your VA TMS USER ID for future use.

9 Step 9

Click **Continue**.



Task B. VERY IMPORTANT

Please notify the Durham VA Medical Center POC once self enrollment in TMS is successful.

After DVAMC management of self enrollment is complete, VA 7318-Compliance Business Integrity (CBI) will be available for completion on the To Do list". Completion of CBI is a local requirement to obtain and maintain DVAMC network Computer Access.

Task C. Complete Required Training

1 Step 1

From the Home page, hover over item in your To Do List to display the pop-up menu.

2 Step 2

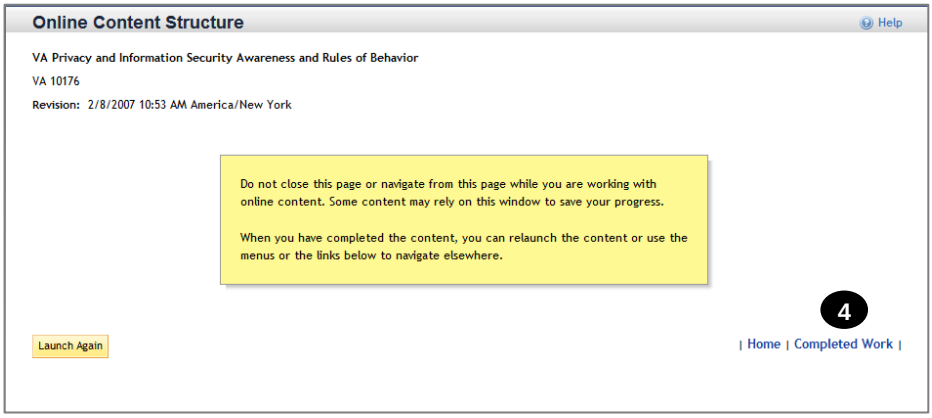
Click Go to Content.

3 Step 3

Complete training per instructions.

4 Step 4

On the Online Content Structure page, click the Completed Work link.



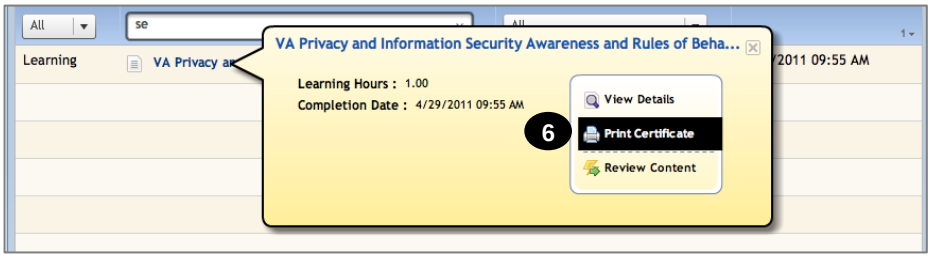
5 Step 5

From the Completed Work page, hover over the title of the completed training to display the pop-up menu.

6 Step 6

Click Print Certificate.

Give to Durham VA Service POC



Step 7

7 Select HIPAA and CBI training items on “To Do List” and repeat steps 1-6.

Required Information for PIV Card Issuance

PLEASE PRINT LEGIBLY

First Name: _____

Middle Name: _____

Last Name: _____

Race: _____ Gender: (Please Circle) **Male** **Female**

Eye Color: _____ Hair Color: _____

Height: **Feet:** **Inches:** _____

Weight: (lbs) _____

Date of Birth: **Month:** **Day:** **Year:**

Place of Birth: **City:** **State:** **Country:** **Citizenship:**

Full Social Security Number: _____

Home Street Address: (**No P.O. Boxes**) _____

Home City, State, Zip Code _____

Official Work Title: _____

Service Line _____

VA E-mail Address _____

Physical Access Control System (PACS) _____

***To be Completed by PIV office- Badge # & Expiration Date** _____

PIV Appointment (Room NG039) – Date/Time _____

***Attention Applicant*: Please bring two forms of Identification (ID) to the PIV office. Documents must be unexpired. One form of ID should be a photo ID issued by federal, state or local government agencies or entities. School ID with Photo is acceptable.**

Sponsor Name & tel no: **Signature** _____

Please forward any questions to:

PIV/Fingerprinting Office
508 Fulton Street
Durham, NC 27705
Room NG039
919-286-0411 ext. 4944, 4945 or 6662

EXP _____
_____

CITI: VA Basic Training on Human Subjects Protections and GCP
New Registrants

Go to https://www.citiprogram.org/

Click on New Users Register Here

Screen 1: Registration

Step 1: Select your institution or organization

- Leave "Participating Institutions" blank. Skip to "Veterans Affairs" and choose Durham, NC-558. *Leave all other options blank.*

Step 2: Create your Username and Password

- Create a username and password per instructions.

Step 3: Security Question and Answer

- Choose a question and provide an answer that you will remember.

Step 4: Enter your name.

- Enter your name per instructions.

Step 5: Enter your e-mail address

- You may enter a primary and secondary address.

Step 6: Gender, Ethnicity, and Race (required)

- Respond to each item (you can choose not to disclose).

Step 7: CME/CEU credits (required)

- Check "no." The VA will not pay for CME/CEU credits.

Step 8: Course survey (required)

- Choose whether or not to participate in the survey.

Submit.

Screen 2: Member Information

You must provide responses to the following: Institutional e-mail address, gender, highest degree, department, role in research, and office phone.

Screen 3: Select Curriculum - Durham, NC-558

1. Click to indicate which situation best describes your status in VA human subjects web-based training:

- Choose: My research or IRB administrator has informed me that I have to take the VA Basic training on Human Subjects Protections and GCP. (You will be placed in the first stage of the VA curriculum.)

2. Do you serve on a VA Institutional Animal Care and Use Committee (IACUC) or university IACUC that serves as the IACUC of record for a VA program?

- Choose yes or no.

3. Do you utilize laboratory animals for research, testing, or teaching in any of the settings below?
   - Choose yes or no.

4. Please place a check next to each species utilized in your animal research activities as described in the previous question.
   - Choose all that apply; you can leave blank if not applicable.

5. Do you perform or supervise survival surgery in rodent species?
   - Choose yes or no.

6. VA requires all new research laboratory staff to receive VA biosecurity training before beginning their laboratory duties. You may need to check with your local research administrators or training coordinators to find out if you must meet this requirement using the CITI website. Please select one of the responses below.
   - If you **will not** work in a research laboratory setting, choose:
     - I took VA biosecurity training previously, or my VA medical center does not require me to take this training at CITI.
   - If you **will** work in a research laboratory setting, choose:
     - I am a new VA or VA foundation employee and have NOT taken required VA training. (The "Introduction to VA Biosecurity Concepts" course will be added to your curriculum) **--OR--**
     - Although not a new employee, I am required by my VA medical center to take VA biosecurity training. (The "Introduction to VA Biosecurity Concepts" course will be added to your curriculum)

7. My work involves packaging and shipping biohazardous substances.
   - Choose yes or no.

Screen 4: Select your institution or organization

At this point you can register with another institution. This could be very useful if you wish to affiliate with Duke, UNC, Campbell, etc.

Click “Yes” to affiliate with another institution or click “No” to continue with your current selection.

Screen 5: Main menu

The courses you are required to take are displayed under “My courses.” Click on the link to begin the course.

Please print out your completion certificate for your own records, and bring/send a copy to the Research Office (151).

Research Scope of Practice (SOP):
MANDATORY Requirement for ALL Research Personnel

Background:

- Per VHA Directive 1200, the VA's Office of Research and Development (ORD) requires that all research personnel have a Research Scope of Practice (SOP) that outlines their research duties and responsibilities.
- This includes **all** human, animal, and laboratory research personnel.
    - Note: "personnel" includes paid VA employees and those designated as without compensation (WOC) employees, and Intergovernmental Personnel Act (IPA) employees.
    - **This includes MDs, PhDs, and Principal Investigators.**
- The Durham VAMC has created **one** SOP template for all research personnel.
    - Please complete the sections that pertain to you: human, animal, or laboratory research. **You may complete more than one section of the SOP template.**

Requirements:

All personnel who work in research must have a valid SOP. All new research employees, WOCs, etc., must complete a SOP prior to beginning any research work.

- SOPs must be done using the current template.
- The following signatures are required before the SOP can be submitted to the Research Office: the individual, the individual's supervisor, and any Principal Investigator(s) who the individual may work with on a per-protocol basis.
- While individuals are accountable for their SOP, each PI is responsible for ensuring that individuals working on their study/studies have current and accurate SOPs.
- SOPs are not tied to continuing reviews and will not require that individuals list each protocol in which they have any study-related duties.
- Individuals are responsible for keeping their SOP with their signature, their supervisor's signature, and all applicable PI signatures.
- Submit SOPs to Kimberly Clark in the Research Office (Building 8, Room 116); the SOP will then be routed for ACOS/R&D review and signature.

Updates/Revisions

- If an employee has a current Research SOP but is no longer working with a previously listed PI(s), the individual must complete a SOP PI Update Form to remove the PI(s) and submit the form to the Research Office.
- If an employee has a current Research SOP but is assigned to work with a PI that is not listed on the current Research SOP, the individual must complete a SOP PI Update Form and submit the form to the Research Office.
    - The new PI(s) must review the employee's current Research SOP and sign and date the SOP PI Update Form to indicate that s/he agrees that the employee is capable to perform the assigned duties for those protocols in which s/he acts as the PI.
- If research duties or responsibilities change during the course of a year, the individual must submit a new SOP with the individual's signature, the supervisor's signature, and all applicable PI signatures for ACOS/R&D signature.

Research Scope of Practice (SOP):
MANDATORY Requirement for ALL Research Personnel

Processing and Tracking:

- All SOPs will be routed to Kimberly Clark for review, processing, and tracking.
- Once all signatures are present, SOPs will be scanned and an electronic version will be saved at \\VHADURMUL23\Groups1\research forms jan 09\Scope of Practice.
- Original hard copies will be kept in the Research Office.
- Once signed by the ACOS/R&D, SOPs will NOT be routed back to the individual; instead the fully executed version will reside in the Research Office.
- A scanned SOP will be available at \\VHADURMUL23\Groups1\research forms jan 09\Scope of Practice.

Questions:

- Questions regarding Human research should be directed to Kimberly Clark:
  - Kimberly.Clark5@va.gov, extension 5671

- Questions regarding Laboratory research should be directed to Lester Nichols:
  - Lester.Nichols@va.gov, extension 7341

- Questions regarding Animal research should be directed to Kathi Jones:
  - Katherine.Jones3@va.gov, extension 6548

- WOCs with questions should contact Nancy Dixon:
  - Nancy.Dixon5@va.gov, extension 6926

- HSR&D personnel with questions should contact Dana Tucker:
  - Dana.Tucker@va.gov, extension 5741

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
508 FULTON STREET
DURHAM, NORTH CAROLINA

Determination and Certification of English Language Proficiency

_____
Applicant

_____ _____
Position Title Service

The above named applicant has met the criteria for determining basic proficiency in spoken and written English as indicated below: (Check one or more of the following.)

_____ 1. The candidate's primary and native written and spoken language is English.

2. The candidate has completed a combination of four or more years of education and/or experience as follows:

_____ a. Education in this country, or in any school in which the basic curriculum is conducted in English, which may include any time spent in graduate and postgraduate training.

_____ b. Successful work experience in a health care facility in which the primary written and spoken language is English and in which the individual is required to communicate in English.

3. For physician's, any of the following additional criteria may be considered as qualifying the English Language proficiency:

_____ a. Graduation from a medical school whose curriculum was taught and examined in English.

_____ b. Graduation from a foreign medical school whose curriculum was taught and examined in English.

_____ c. United States citizenship by birth and graduation from a foreign medical school.

_____ d. Certification by the ECFMG (Educational Council for Foreign Medical Graduates) with a certificate dated 1976 or later.

_____ e. Successful completion of the VQE (Visa Qualifying Examination).

_____ f. Certification by an American Specialty Board.

_____ g. For residents appointed to an integrated graduate training program (i.e., accredited in the name of an affiliated institution), certification by the Deans Committee or Medical Advisory Committee of having met the written and spoken English Proficiency requirements.

_____ _____
Chief, Date

Durham VAMC Research Blood Collection Competency
Initial and Annual Review Checklist*

Research staff member: _____ _____
Printed Name Signature/Date

_____ (*initials*) The requirement to complete this competency does not apply because of at least one of the following: (a) I am a licensed independent practitioner who holds core privileges to perform phlebotomy (e.g., a MD), (b) I am currently subject to an annual competency (e.g., a RN), (c) I am employed as a phlebotomist by Pathology and Laboratory Medicine. If this waiver applies, you only need to submit this document ONE TIME unless the status of your waiver changes.

If the above waiver does not apply, observe the research staff member perform the following activities. After the employee demonstrates proficiency, check each item and initial.

Preceptor: _____ _____
Printed Name Signature/Date

1. Selection and use of appropriate equipment and supplies:

Materials	Proficient	Initials
Gloves		
Needle device		
Alcohol swabs		
Blood collection container (check expiration dates)		
Tourniquet		
Tape/ Gauze, bandage		
Correct labels		

2. Collection Technique:

Technique	Proficient	Initials
Handwashing		
Study Subject Identification		
Selection of venipuncture site		
Donning/Doffing PPE (gloves)		
Application of tourniquet/removal		
Palpation of vein		
Cleansing of site		
Proper use of needle device		
Proper use of collection container		
Inspection of needle		
Needle angle and bevel		
Dressing of site		
Collection container labeling		

Submit this form with **Initial Review and Continuing Review** or when **adding blood collection authority** for all staff members authorized by the Principal Investigator to collect human blood samples.

**Completion of this document does not constitute training*.

Durham VAMC Research Vital Sign Competency
Initial and Annual Review Checklist

Research staff member: _____ _____
Printed Name Signature/Date

_____ (*initials*) The requirement to complete this competency does not apply because of at least one of the following: (a) I am a licensed independent practitioner (e.g., a MD), (b) I am currently subject to an annual competency (e.g., a RN). If this waiver applies, you only need to submit this document ONE TIME unless the status of your waiver changes.

If the above waiver does not apply, observe the research staff member perform the following activities. If proficiency is demonstrated check proficient and initial. Complete each section, as applicable for each staff member authorized to collect vital signs.

Preceptor: _____ _____
Printed Name Signature/Date

1. General Activities (Required Field).

Technique	Proficient	Initials
Gather proper equipment		
Perform proper hand hygiene		
Identify research subject		
Inform research subject of procedures to be performed		

2. Blood Pressure (Manual). If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Place cuff on arm oriented correctly over the brachial artery		
Place manometer so dial can be visualized		
Place stethoscope in ears		
Inflate cuff to appropriate pressure (beyond a palpable pulse)		
Place stethoscope diaphragm over brachial artery		
Deflate cuff evenly (approx. 2-4 mm per second)		
Note pressure where first sound is heard (systolic)		
Note pressure where sound disappears (diastolic)		
Deflate and remove cuff, record BP		

3. Blood Pressure +/- Pulse Rate (Electronic). If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Place cuff on arm oriented correctly over the brachial artery		
Per device specifications, activate cuff inflation and deflation		
Read blood pressure results from device		
If applicable, read pulse rate results from device Not applicable: ☐		
Remove cuff, record BP and pulse		

4. Measuring Temperature (Tympanic/Oral). If not applicable check here: ☐

Technique	Proficient	Initials
Insert cover onto probe		
Insert covered probe under tongue/in ear canal		
Wait for completion signal (mouth) Activate the device for reading (ear)		
Read temperature results from device		
Remove probe and discard cover and record results		

5. Measuring Pulse (Manual). If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Palpate an appropriate and available artery (e.g., brachial or radial) with fingertips		
Count pulse for one minute or fraction of a minute with appropriate multiplier		

6. Measuring Respirations. If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Count respirations for one minute or fraction of a minute with appropriate multiplier		

Submit this form with **Initial Review and Continuing Review** for all staff members authorized by the Principal Investigator to collect human vital signs.

Submit this form when **adding vital sign collection authority** to any employee's Research Scope of Practice.

Employee Name:

Duties (Section A: Human Research, continued)	Employee	Supervisor
3. Develop recruitment methods.	☐	☐
4. Screen patients to determine study eligibility by accessing PHI and/or by interviewing potential research subjects.	☐	☐
5. Use VistA/CPRS to manage research subjects per the research protocol.	☐	☐
6. Obtain informed consent and utilize the informed consent/HIPAA process.	☐	☐
7. Provide education regarding study activities to patients, relatives, and Medical Center staff as necessary per protocols.	☐	☐
8. Obtain and organize data such as tests results, diaries, or other necessary information, per assigned protocols.	☐	☐
9. Maintain or facilitate complete and accurate data collection for relevant source documents and reports.	☐	☐
10. Provide education and instruction on health behaviors, or similar activities covered by written instructions to be conveyed to the study participant.	☐	☐
11. Provide education and instruction of study medication use, administration, storage, and side effects.	☐	☐
12. Delivery of study medication after being ordered by a clinician and dispensed by a pharmacist.	☐	☐
ACTIVITIES THAT MAY RESULT IN EXPOSURE TO HUMAN BLOOD, BODY FLUID, OR TISSUES		
13. Collection and handling of human specimens.	☐	☐
14. Transporting human specimens within the medical center.	☐	☐
15. Collect patient vital signs. *****If box is checked, complete and submit the Durham VAMC Research Vital Sign Competency Initial and Annual Review Checklist. Link: http://www.durham.va.gov/research/initial_review/Initial_Review.asp***	☐	☐
16. Perform venipuncture. *****If box is checked, complete and submit the Durham VAMC Research Blood Collection Competency Initial and Annual Review Checklist. Link: http://www.durham.va.gov/research/initial_review/Initial_Review.asp***	☐	☐
STATISTICAL AND DATA MANAGEMENT		
17. Access PHI to perform statistical analysis or programming to produce reports and create data sets as needed. *All confidentiality rules and procedures apply.*	☐	☐
18. Provide statistical and/or programming support per protocol(s).	☐	☐
19. Provide computer (hardware & software) support per protocol(s).	☐	☐

HUMAN RESEARCH MISCELLANEOUS DUTIES AND PROCEDURES		
20. Describe:	☐	☐
21. Describe:	☐	☐

Employee Name:

SECTION B: ANIMAL RESEARCH

Instructions: You and your supervisor will complete this section to indicate the duties you have been trained to perform as they relate to an animal research study.

Duties (Section B: Animal Research)	Employee	Supervisor
1. List species used:	☐	☐
2. Animal handling.	☐	☐
3. Animal husbandry activities.	☐	☐
4. Euthanasia.	☐	☐
5. Clinical observations.	☐	☐
6. Recognize signs of pain/distress.	☐	☐
7. Identify humane endpoints.	☐	☐
8. Dosing. List routes:	☐	☐
9. Blood collection. List routes:	☐	☐
10. Tissue collection.	☐	☐
11. Animal ID. List type:	☐	☐
12. Use of infectious, toxic, or hazardous agents.	☐	☐
13. Surgery, according to protocol.	☐	☐
ANIMAL RESEARCH MISCELLANEOUS DUTIES AND PROCEDURES		
14. Describe:	☐	☐
15. Describe:	☐	☐

SETION C: LABORATORY RESEARCH

Instructions: You and your supervisor will complete this section to indicate the duties you have been trained to perform as they relate to a laboratory research study.

Duties (Section C: Laboratory Research)	Employee	Supervisor
1. Set-up, operate and maintain laboratory equipment. List:	☐	☐
2. Keep inventories of laboratory supplies.	☐	☐
3. Order supplies.	☐	☐
4. Carry out research activities typically performed in a biochemistry or molecular biology lab.	☐	☐
5. Use of radioactive materials. List:	☐	☐
6. Use of infectious agents. List:	☐	☐
7. Use of Recombinant DNA. List:	☐	☐
8. Use of toxic, hazardous agents. List:	☐	☐

Employee Name:

Duties (Section C: Laboratory Research, continued)	Employee	Supervisor
9. Use of Viral Vectors. List:	☐	☐
10. Preparation and processing of biological specimens.	☐	☐
11. Perform cell and tissue culture.	☐	☐
12. Preparation and processing of animal specimens.	☐	☐
13. Prepare culture media, chemicals, reagents and solutions.	☐	☐
14. Perform analytical procedures. List:	☐	☐
15. Store specimens.	☐	☐
16. Record data and maintain documents/reports.	☐	☐
LABORATORY RESEARCH MISCELLANEOUS DUTIES AND PROCEDURES		
17. Describe:	☐	☐
18. Describe:	☐	☐

SECTION D: PI SIGNATURES

Instructions: The PI for any study for which you have research-related duties must review and agree with the research-related duties permitted to you by your Supervisor. To indicate PI agreement, print the PI name and obtain the PI's signature and date.

PI Printed Name	PI Signature	PI Date

Employee Name:

SECTION E: SUPERVISOR, EMPLOYEE, and ACOS/R&D STATEMENTS:

Supervisor Statement: This Scope of Practice was reviewed and discussed with the employee on the date shown below. After reviewing the education, competency, qualifications, relevant research experience, peer reviews, and individual skills, I certify that this employee possesses the skills to safely perform the aforementioned duties and procedures. Both the employee and I are familiar with all duties and procedures granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

Printed Supervisor Name	Job Title
Supervisor Signature	**Supervisor Date**

Research Employee/Appointee Statement: This Scope of Practice outlines general tasks I am permitted to undertake in conjunction with an approved protocol. I understand that all research must be approved by the appropriate Durham VAMC research committee(s). If I have questions or concerns, I am encouraged to contact the Durham VAMC Research Office. I also understand that performing tasks beyond this scope of practice, without specific authorization, may lead to disciplinary action. Both my supervisor and I are familiar with all duties and procedures granted in this Scope of Practice. I agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

I understand that the research scope of practice cannot be construed to authorize any activities or duties that require clinical privileges at the Durham VA Medical Center unless I hold those clinical privileges as either a licensed independent practitioner or dependent practitioner as granted by the Durham VA Medical Center.

I shall use, disclose, or request protected health information (PHI) to the **minimum amount necessary** to perform my specific job function and to accomplish the intended purpose of the use, disclosure, or request.

Printed Employee/WOC/IPA Name	Job Title
Employee/WOC/IPA Signature	**Employee/WOC/IPA Date**

ACOS/R&D Statement:
I certify that this employee is working within his/her scope of practice and his/her privileges allowed by the Durham VAMC.

Printed ACOS/R&D Name	Job Title
John D. Whited, MD, MHS	ACOS/R&D, Durham VAMC
ACOS/R&D Signature	**ACOS/R&D Date**

Durham VAMC Research Vital Sign Competency Initial and Annual Review Checklist[1,2]

Research staff member: _____ _____
Printed Name Signature/Date

_____ (*initials*) The requirement to complete this competency does not apply because I am currently subject to an annual competency (e.g., a RN). If this waiver applies, you only need to submit this document ONE TIME unless the status of your waiver changes.

If the above waiver does not apply, observe the research staff member perform the following activities. If proficiency is demonstrated check proficient and initial. Complete each section, as applicable for each staff member authorized to collect vital signs.

Preceptor: _____ _____
Printed Name Signature/Date

1. General Activities (Required Field).

Technique	Proficient	Initials
Gather proper equipment		
Perform proper hand hygiene		
Identify research subject		
Inform research subject of procedures to be performed		

2. Blood Pressure (Manual). If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Place cuff on arm oriented correctly over the brachial artery		
Place manometer so dial can be visualized		
Place stethoscope in ears		
Inflate cuff to appropriate pressure (beyond a palpable pulse)		
Place stethoscope diaphragm over brachial artery		
Deflate cuff evenly (approx. 2-4 mm per second)		
Note pressure where first sound is heard (systolic)		
Note pressure where sound disappears (diastolic)		
Deflate and remove cuff, record BP		

[1] Licensed Independent Practitioners (e.g., M.D.), including Residents, holding core privileges to collect vital signs are exempt from completing this competency checklist and are not required to submit this document to the DVAMC Research Office.
[2] Completion of this form does not constitute training.

3. Blood Pressure +/- Pulse Rate (Electronic). If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Place cuff on arm oriented correctly over the brachial artery		
Per device specifications, activate cuff inflation and deflation		
Read blood pressure results from device		
If applicable, read pulse rate results from device Not applicable: ☐		
Remove cuff, record BP and pulse		

4. Measuring Temperature (Tympanic/Oral). If not applicable check here: ☐

Technique	Proficient	Initials
Insert cover onto probe		
Insert covered probe under tongue/in ear canal		
Wait for completion signal (mouth) Activate the device for reading (ear)		
Read temperature results from device		
Remove probe and discard cover and record results		

5. Measuring Pulse (Manual). If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Palpate an appropriate and available artery (e.g., brachial or radial) with fingertips		
Count pulse for one minute or fraction of a minute with appropriate multiplier		

6. Measuring Respirations. If not applicable check here: ☐

Technique	Proficient	Initials
Place research subject in proper position		
Count respirations for one minute or fraction of a minute with appropriate multiplier		

Submit this form at **Initial Review and annually thereafter, or when adding vital sign collection authority** for all staff members authorized by the Principal Investigator to collect human vital signs.

Durham VAMC Research Blood Collection Competency Initial and Annual Review Checklist[1,2]

Research staff member: _____ _____
Printed Name Signature/Date

_____ (*initials*) The requirement to complete this competency does not apply because of at least one of the following: (a) I am currently subject to an annual competency (e.g., a RN), (b) I am employed as a phlebotomist by Pathology and Laboratory Medicine. If this waiver applies, you only need to submit this document ONE TIME unless the status of your waiver changes.

If the above waiver does not apply, observe the research staff member perform the following activities. After the employee demonstrates proficiency, check each item and initial.

Preceptor: _____ _____
Printed Name Signature/Date

1. Selection and use of appropriate equipment and supplies:

Materials	Proficient	Initials
Gloves		
Needle device		
Alcohol swabs		
Blood collection container (check expiration dates)		
Tourniquet		
Tape/ Gauze, bandage		
Correct labels		

2. Collection Technique:

Technique	Proficient	Initials
Handwashing		
Study Subject Identification		
Selection of venipuncture site		
Donning/Doffing PPE (gloves)		
Application of tourniquet/removal		
Palpation of vein		
Cleansing of site		
Proper use of needle device		
Proper use of collection container		
Inspection of needle		
Needle angle and bevel		
Dressing of site		
Collection container labeling		

Submit this form at **Initial Review and annually thereafter,** or when **adding blood collection authority,** for all staff members authorized by the Principal Investigator to collect human blood samples.

[1] Licensed Independent Practitioners (e.g., M.D.), including Residents, holding core privileges to perform phlebotomy are exempt from completing this competency checklist and are not required to submit this document to the DVAMC Research Office.
[2] Completion of this form does not constitute training.