

VA Research Principal Investigator/Team Leader Name

Your anticipated start date to begin work on the project

Estimated end date to complete the project

First Name

Full middle name

Last Name

Social Security Number

Place of Birth

Date of Birth

Hair Color

Eye Color

Height

Mailing Address

City, State, Zip

Phone Number (including area code)

Your E-mail address

US Citizen YES NO

Race

Male Female

Requesting Physical Access to:

Requesting Logical (computer) Access to:

Animal Research Facility

VA e-mail

VA Research Labs

Patient Charts-Read only

Other:

Patient Charts-Ordering labs

Patient Charts-Ordering medications

Patient Charts-Enrolling new Research participants

Patient Charts-Authoring progress notes for participants

Requesting to perform research duties as a:

Appointment Without Compensation WOC

Student/Temporary Hire

Contractor/IPA

**IOWA CITY VA MEDICAL CENTER
EDUCATION VERIFICATION FORM**

As part of the credentialing process it is necessary to verify educational credentials. To assist us in completing this process, please provide the following information:

EMPLOYEE NAME	
UNIVERSITY/PROGRAM ATTENDED	
CITY / STATE / COUNTRY	
DEGREE/TRAINING	DATE EDUCATION COMPLETED
LICENSE/REGISTRATION STATE	ISSUE DATE
ISSUE DATE	EXPIRATION DATE
CERTIFICATION	ISSUE/AWARD DATE – EXPIRATION DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH / PLACE OF BIRTH
EMPLOYEE SIGNATURE	

FOR OFFICE USE ONLY

DATE OF VERIFICATION/INITIALS	DEGREE/CERTIFICATION VERIFIED
LICENSURE VERIFIED	OFFICE OF INSPECTOR GENERAL VERIFIED

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

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

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*

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

Form Approved:
OMB No. 3206-0182

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



IOWA CITY VETERANS AFFAIRS (VA) HEALTH CARE SYSTEM

601 Highway 6 West, Iowa City, IA 52246-2208

(319-338-0581)

Community-Based Outpatient Clinics

2979 Victoria Street, Bettendorf, IA 52722-2784 (563-332-8528)

2230 Wiley Blvd, SW, Cedar Rapids, IA 52404-2364 (319-369-4340)

915 Short Street, Suite 163, Decorah, IA 52101 (563-387-5840)

200 Mercy Drive, Suite 106, Dubuque, IA 52001-7343 (563-588-5520)

387 E. Grove Street, Galesburg, IL 61401-3728 (309-343-0311)

1009 East Pennsylvania Avenue, Ottumwa, IA 52501-2108 (641-683-4300)

721 Broadway Street, Quincy, IL 62301-2708 (217-224-3366)

406 C Avenue, Sterling, IL 61081-3410 (815-632-6200)

945 Tower Park Drive, Waterloo, IA 50701-9098 (319-235-1230)

Coralville Clinic: Primary Care: 520 10th Avenue, Suite 100, Coralville, IA 52241-1923 (319-358-2406)

Mental Health: 520 10th Avenue, Suite B, Coralville, IA 52241-1923 (319-688-3366)

In Reply Refer To: 636A8/151

Dear

Welcome to the Iowa City Veterans Affairs Health Care System.

You will be assigned to our facility as a Research Assistant for _____ 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 the Administrative Officer for Research and Development.

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 Research, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of these benefits.

___ Quarters ___ Subsistence x Uniforms (lab coats) x Laundering of Uniforms

If you agree to these conditions, please sign the statement below. 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:

Sincerely yours,

1 - Vietnam Veteran*

2 - Other Veteran

3 - Non-Veteran

DANIEL J. HELLE
Human Resources Officer

I agree to serve in the above capacity under the conditions listed above.

(Signature)

(Date)

*For this purpose, a Vietnam Veteran is one with service between 8/5/64 and 5/7/75.

Without Compensation Agreement

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 VA Medical Center (VAMC) at Iowa City, IA, 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 The University of Iowa 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.

Signature

Date: _____

Mark Yorek, ACOS for Research

Date: _____

Employee's Name:

Job Title:

Department/Service Assigned: ICVAHCS Research & Development

If employee falls into more than one functional category listed below, access should be granted based on the less restrictive category to meet the need of an intended purpose.

This table shows access or non access to PHI in regards to functional category, it does not show if a user needs access to their own System of Records (e.g. 24VA10P2) in order to complete their job functions. For a list of classes of people, please reference VHA Handbook 1605.02, Appendix B.

Immediate Supervisor: Check off functional category, review with employee, obtain signatures, and maintain copy in the *Supervisor's Personnel Files* (RCS 10-1, 05-3) for the individual employee. Review of Functional Category must be done on an annual basis, even if there is not a change.

	Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access	Conditions for Access to Information
<input type="checkbox"/>	Direct Care Providers	Entire Health Record		Treatment of Individuals
<input type="checkbox"/>	Department of Veterans Affairs (VA) Researchers	Entire Health Record including research records		Activities as approved by an Institutional Review Board or Privacy Board
<input type="checkbox"/>	Indirect Care Providers	Entire Health Record		In support of treatment of individuals
<input type="checkbox"/>	Chief Business Office (CBO) Administrative	Entire Health Record		In support of CBO functions such as payment, reimbursement, income verification and eligibility benefits
<input type="checkbox"/>	Health Information Support Services	Entire Health Record		Assign diagnostic codes, transcribe, file, release information, scan, and provide or input registry data
<input type="checkbox"/>	Quality, Oversight and Investigations	Entire Health Record		Address medical inspections, investigations, complaint review and resolution, quality reviews, patient safety reviews, compliance, and provide congressional response
<input type="checkbox"/>	Chief of Police	Limited Health Record	79VA10P2, 24VA10P2	Reviewing Patient Inquiry
<input type="checkbox"/>	Police and Security Service	No Need for access to PHI		Security functions
<input type="checkbox"/>	Information Security, Privacy, Compliance, VISN Staff, Patient Advocate	Entire Health Record including research records		Monitoring and tracking of security privacy and compliance issues
<input type="checkbox"/>	Operations Support	No need for access to PHI		Internal operations.

	Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access	Conditions for Access to Information
<input type="checkbox"/>	Leadership and Management	Limited access, where necessary to complete assignment	24VA10P2, 79VA10P2, 121VA10P2 and any other system of records with national data.	Operation and management, executive decisions for health care operations
<input type="checkbox"/>	Non Health Information Administrative Support	Limited Health Record, where necessary to complete assignment	79VA10P2, 24VA10P2	Administrative, public, and employee support
<input type="checkbox"/>	Environmental Support Staff	No need for access to PHI		Maintenance of grounds and buildings
<input type="checkbox"/>	Information Technology	Limited Health Record, where necessary to complete assignment	79VA10P2, 24VA10P2, 121VA10P2 and any other system of records for an IT system.	Maintenance and support of computer systems.
<input type="checkbox"/>	Veterans Canteen Service	No need for access to PHI		Retail and food services for employees and Veterans
<input type="checkbox"/>	Volunteer Services	Limited Health Record	79VA10P2, 24VA10P2	Transportation and other services

By signing this document I acknowledge and understand that I have been assigned the functional categories listed above and given computer access and VistA menu options if applicable to access and use Protected Health Information only in the performance of my official job duties and assigned task.

Employee's Signature:	Date:
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Supervisor's Signature:	Date:
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<input type="checkbox"/> Interim Review for Position Change	<input type="checkbox"/> Interim Review for Job Assignment Change
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The following changes have been made to employees' functional category:

No changes made, functional category and menu options to remain the same for this fiscal year.

Employee's Signature:	Date:
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Supervisor's Signature:	Date:
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Request for Personal Identity Verification (PIV) Card

Name (Last, First, Middle): _____

Date of Birth: _____

Social Security Number: _____

Place of Birth (City/State/Country): _____

Race (Options: American Indian or Alaska Native; Asian or Pacific Islander; Black non-Hispanic; Hispanic; White non-Hispanic): _____

Hair Color: _____

Eye Color: _____

Height: _____

US Citizen: Yes No

If not a US citizen please give country of citizenship: _____

e-mail address: _____

For Office Use Only

Entered: _____

Sent Notification: _____

PI _____

Date Fingerprinted _____

Iowa City VA Health Care System Scope of Practice for Research Personnel Animal and/or Bench Research

RESEARCH PERSONNEL NAME:								
Species:	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Rat	<input type="checkbox"/> Mouse	<input type="checkbox"/> Dog	<input type="checkbox"/> Hamster	<input type="checkbox"/> Guinea Pig	<input type="checkbox"/> NHP	<input type="checkbox"/> Other:
PRINCIPAL INVESTIGATOR/PRIMARY SUPERVISOR:								

This Scope of Practice is specific to the duties and responsibilities of the above individual, as an agent of the listed Principal Investigator. The employee is specifically authorized to conduct research involving animal subjects and/or bench research with the responsibilities outlined below in conjunction with approved research protocols. Under no circumstance may anyone perform research duties outside their approved Scope of Practice for research. The Principal Investigator remains responsible at all times for the conduct of the employee and must complete, sign and date this Scope of Practice.

PROCEDURES:

A Research employee may be authorized to perform the following duties and procedures on a regular and ongoing basis. They may be performed without specific prior discussion/instruction from the Principal Investigator. The Principal Investigator must check the appropriate box that pertains to the research employee's position. The original signed copy of this document must be maintained in the Research and Development Office.

Routine Duties	Applicable	Not Applicable
Safely handles toxic, carcinogenic, or flammable reagents, and uses appropriate protective equipment and/or clothing.		
Handles biomaterials, microbial or viral agents, pathogens, and/or toxins.		
Safely operates routine laboratory equipment (e.g. centrifuges, safety cabinets, exhaust hoods, etc.).		
Handles radioactive materials and/or radiation generating equipment. <i>Radiation Safety approval required to order/use radioactive materials.</i>		
Collects and manages the secure storage of data including data bases and experimental results.		
Processes and ships specimens, chemicals, reagents, etc. <i>Requires Shipping of Hazardous Materials training. US Dept of Transportation.</i>		

Understands safe reagent/chemical handling and labeling. Knows MSDS location and use.		
Knows hazardous waste generation, handling and storage requirements.		
Works with recombinant DNA.		
Knows location and use of safety shower, eyewash, fire blanket, fire extinguisher, flammable chemical storage.		
Only ACORP (Animal) Research Users Continue Below:		
Uses safe procedures involving animals and uses protective equipment appropriately (e.g. gloves, mask, eye protection, protective clothing).		
Is knowledgeable about the ethical and safe handling of animals and performs procedures involving animals (e.g. tailing, surgery, and/or behavioral interventions). <i>Requires completion of the CITI Species Specific training.</i>		
Identifies endpoint criteria - Identifies when protocol endpoints are reached, as described in approved protocol.		
Does pre-procedural and post-procedural monitoring, reporting pain or abnormalities for immediate remediation.		
Performs special husbandry and/or practices as described in the approved ACORP. Please list briefly:		
Performs Category D and / or E procedures, as approved in the ACORPs.		
Performs / participates in enrichment procedures for animals.		
Performs / participates in antibody production.		
Performs surgical procedures as described in approved ACORPs.		
Administers euthanasia for animals in approved ACORPs.		
Performs pre – or post- euthanasia tissue collection.		
Administers parenteral injections (IP-intraperitoneal, SQ-subcutaneous, IM-intramuscular, IV-intravenous) I		
Administers Intracerebral Injections.		
Administers substances PO (orally).		
Obtains blood specimens from ACORP-approved animals		

Miscellaneous Duties (if applicable):

_____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

PPE Selection

	Potential Hazard Type	PPE To Be Worn (Check all that apply)	
A	Use or Handling of Biological Agents, Human tissues, Animal tissue, live animals (body/skin/hand contact)	<input type="checkbox"/> Lab coat/ gown/ scrubs/ apron <input type="checkbox"/> Safety goggles	<input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves, Non latex
B	Use or Handling of Chemicals (Chemical splash in eye, body/skin/hand contact) Note: Working with Batteries always includes: Safety Shoes; Chemical Resistant Apron, Gloves and Face Shield; (Above 50 Volts requires a hard hat as well).	<input type="checkbox"/> Lab coat/gown <input type="checkbox"/> Scrubs or apron <input type="checkbox"/> Chemical resistant gloves	<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves, non-latex gloves
C	Physical Harm from Equipment, Process, or Material (foot or head injury, eye injury from lasers, UV etc.)	<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Face Shield
D	Other	<input type="checkbox"/> Heat resistant gloves	<input type="checkbox"/> Respiratory Protection (N95 respirator) <input type="checkbox"/> Respiratory Protection (Other)

Note: If respiratory protection is required, contact the ICVAHCS Safety Office to see if other requirements apply (i.e. medical clearance, fit testing).

Annual Education Requirements:

1. Working with the VA IACUC*
2. Species Specific Training*
3. Radiation Training**
4. Biosafety Training
5. VA Privacy and Information Security Awareness and Rules of Behavior (TMS #10176)
6. VA Safety Training

*Animals only: Training on the CITI Program website – www.citiprogram.org

**Radiation use only

Iowa City VA Health Care System Scope of Practice for Research Personnel Biomedical/Bench Research

RESEARCH PERSONNEL NAME:
PRINCIPAL INVESTIGATOR/PRIMARY SUPERVISOR:

The Scope of Practice is specific to the duties and responsibilities of the above individual, as an agent of the listed Principal Investigator. The employee is specifically authorized to conduct bench research with the responsibilities outlined below in conjunction with approved research protocols. Under no circumstance may anyone perform research duties outside their approved Scope of Practice for research. The Principal Investigator remains responsible at all times for the conduct of the employee and must complete, sign and date this Scope of Practice.

PROCEDURES:

A Research employee may be authorized to perform the following duties and procedures on a regular and ongoing basis. They may be performed without specific prior discussion/instruction from the Principal Investigator. The Principal Investigator must check the appropriate box that pertains to the research employee's position. The original signed copy of this document must be maintained in the Research and Development Office.

Routine Duties	Applicable	Not Applicable
Safely handles toxic, carcinogenic, or flammable reagents, and uses appropriate protective equipment and/or clothing.		
Handles biomaterials, microbial or viral agents, pathogens, and/or toxins.		
Safely operates routine laboratory equipment (e.g. centrifuges, safety cabinets, exhaust hoods, etc.).		
Handles radioactive materials and/or radiation generating equipment. <i>Radiation Safety approval required to order/use radioactive materials.</i>		
Collects and manages the secure storage of data including data bases and experimental results.		
Processes and ships specimens, chemicals, reagents, etc. <i>Requires Shipping of Hazardous Materials training. US Dept of Transportation.</i>		
Understands safe reagent/chemical handling and labeling. Knows MSDS location and use.		
Knows hazardous waste generation, handling and storage requirements.		
Works with recombinant DNA.		
Knows location and use of safety shower, eyewash, fire blanket, fire extinguisher, flammable chemical storage.		

Miscellaneous Duties (if applicable):

_____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

PPE Selection

	Potential Hazard Type	PPE To Be Worn (Check all that apply)	
A	Use or Handling of Biological Agents, Human tissues, Animal tissue, live animals (body/skin/hand contact)	<input type="checkbox"/> Lab coat/ gown/ scrubs/ apron <input type="checkbox"/> Safety goggles	<input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves, Non latex
B	Use or Handling of Chemicals (Chemical splash in eye, body/skin/hand contact) Note: Working with Batteries always includes: Safety Shoes; Chemical Resistant Apron, Gloves and Face Shield; (Above 50 Volts requires a hard hat as well).	<input type="checkbox"/> Lab coat/gown <input type="checkbox"/> Scrubs or apron <input type="checkbox"/> Chemical resistant gloves	<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Face Shield <input type="checkbox"/> Gloves, non-latex
C	Physical Harm from Equipment, Process, or Material (foot or head injury, eye injury from lasers, UV etc.)	<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Hard Hat <input type="checkbox"/> Face Shield
D	Other	<input type="checkbox"/> Heat resistant gloves	<input type="checkbox"/> Respiratory Protection (N95 respirator) <input type="checkbox"/> Respiratory Protection (Other)

Note: If respiratory protection is required, contact the ICVAHCS Safety Office to see if other requirements apply (i.e. medical clearance, fit testing).

Annual Education Requirements:

1. Radiation Training**
2. Biosafety Training
3. VA Privacy and Information Security Awareness and Rules of Behavior (TMS #10176)
4. VA Safety Training

**Radiation use only

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice was reviewed and discussed. After reviewing his/her education, qualifications, research experience involving bench research, peer reviews, and individual skills, we certify that the employee possesses the skills to safely perform the aforementioned duties/procedures. We agree to abide by the parameters of this Scope of Practice, all-applicable hospital policies and regulations.

This Scope of Practice will be reviewed **annually** and amended as necessary to reflect changes in the duties/responsibilities, utilization guidelines and/or hospital policies.

We understand that the employee must not perform any procedures which constitute the practice of the profession for which they may be eligible for but did not obtain a license, registration, or certification.

Employee Signature

Date

If you are the Principal Investigator completing this form, please sign as the Employee and have your Supervisor/Service Chief sign below

Principal Investigator/Supervisor

Date

Associate Chief of Staff for Research and Development

Date

Iowa City VA Health Care System Scope of Practice for Research Personnel Human Subjects Research

RESEARCH PERSONNEL NAME
PRINCIPAL INVESTIGATOR (PI) / PRIMARY SUPERVISOR

This Scope of Practice is specific to the duties and responsibilities of the above individual, as an agent of the listed Principal Investigator. The employee is specifically authorized to conduct research involving human subjects with the responsibilities outlined below. Under no circumstance may anyone perform research duties outside their approved Scope of Practice for research. The Principal Investigator remains responsible at all times for the conduct of the employee and must complete, sign and date this Scope of Practice.

PROCEDURES:

A Research employee may be authorized to perform the following duties and procedures on a regular and ongoing basis. They may be performed without specific prior discussion/instructions from the Principal Investigator. The Principal Investigator must check the appropriate box that pertains to the Research employees' position. The original signed copy of this document must be maintained in the employee's file in the Research and Development Office.

Routine Duties	Applicable	Not Applicable
1. Screens patients to determine study eligibility criteria by reviewing patient medical information or interviewing subjects. Comments/Exceptions:		
2. Develops recruitment methods to be utilized in the study. Comments/Exceptions:		
3. Performs venipuncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies Comments/Exceptions:		
4. Initiates submission of regulatory documents to IRB, VA R&D committee and sponsor. Comments/Exceptions:		
5. Prepares study initiation activities. Comments/Exceptions:		

Dated: 7/1/2013

6. Provides education and instruction of study medication use, administration, storage, side effects and notifies adverse drug reactions to the study site. Comments/Exceptions:		
7. Provides education regarding study activities to patient, relatives, and Health Care System staff as necessary per protocol. Comments/Exceptions:		
8. Maintains complete and accurate data collection in case report forms and source documents. Comments/Exceptions:		
9. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval. Comments/Exceptions:		
10. Obtains and organizes data such as test results, diaries/cards or other necessary information for the study. Comments/Exceptions:		
11. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects research visits, documenting progress notes, initiating orders, consults, etc. Comments/Exceptions:		
12. Accesses patient medical information while maintaining patient confidentiality. Comments/Exceptions:		
13. Authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process". Comments/Exceptions:		
14. Initiates intravenous (IV) therapy and administers IV solutions and medications. Comments/Exceptions:		
15. Collects and handles various types of human specimens. Comments/Exceptions:		

Miscellaneous Duties (if applicable):

_____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

This Scope of practice for research does not grant you clinical privileges. If clinical privileges are needed, you will need to contact the research office for assistance.

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice was reviewed and discussed. We certify that the employee possesses the skills to safely perform the aforementioned duties/procedures. We agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

This Scope of Practice will be reviewed **annually** and amended as necessary to reflect changes in the duties/responsibilities, utilization guidelines and/or hospital policies.

We understand that the employee must not perform any procedures which constitute the practice of the profession for which they may be eligible for but did not obtain a license, registration, or certification. For example, an unlicensed physician may not do any procedures that would be considered the practice of medicine (e.g., perform history and physical examinations, order or alter medication prescriptions, interpret laboratory results, give medical advice, etc.)

Employee Signature

Date

If you are the Principal Investigator completing this form, please sign as Employee and have your Supervisor/ Service Chief sign below

Principal Investigator/Supervisor

Date

Associate Chief of Staff for Research & Development

Date

ACKNOWLEDGEMENT OF ORIENTATION

I certify that I have read and understand my responsibilities as outlined in the *Orientation Handbook*.

WOC

Student/temporary hire

IPA/Contractor

Print your name:

Signature / Date:

Principal Investigator: I have reviewed the above information with this individual.

Signature / Date:

Administration: I have reviewed the above information with this individual.

Signature / Date:
