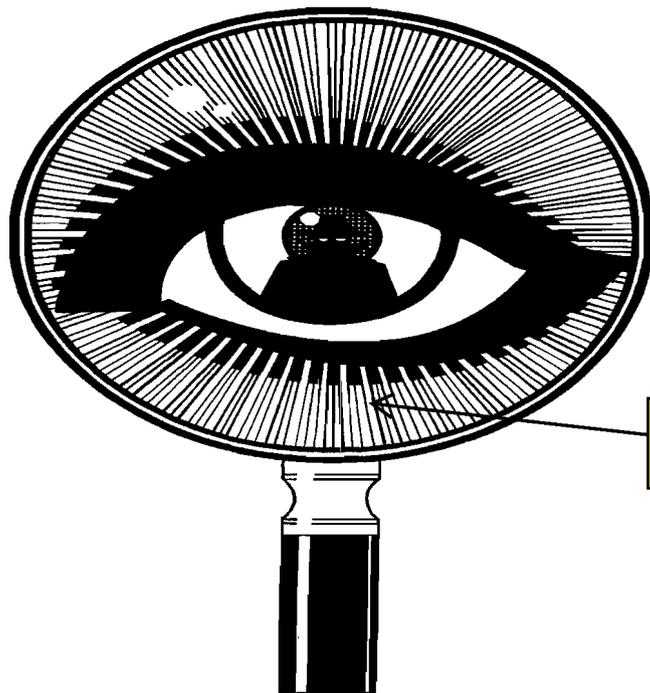


WOC
(Without Compensation)
Employees
Federal Background
Check



UPDATED
December 18, 2008

Without Compensation Employee (WOC) Instructions – October 2008

All WOC employees who will be conducting research at the VA Ann Arbor Healthcare System (VAAAHCS) must have a Federal Background Check. Prior to conducting any research/gathering data, or participating in anyway in research, they must complete the paperwork for a background check. .

1. Step 1 – complete the following documents and submit at time of in-processing in Research.

- a. Principal Investigator – Required Information
- b. Optional Application for Federal Employment (Of 612) ***This is not optional – must be done!***
- c. Declaration for Federal Employment (OF 306)
- d. Employment Eligibility Verification (Form I-9)
- e. Questionnaire for Non-Sensitive Positions (SF-85) ***[USE BLACK INK ONLY]***
- f. VAAAHCS Release of Information Authorization Form
- g. Computer Access Agreement
- h. SF-87 Worksheet

2. Step 2 – Appropriate Education must be completed [verify with supervisor]

a. Mandatory Education (everyone must complete)

- 1) HIPAA (VHA Privacy Policy Training)
- 2) VA Information Security Awareness Training
- 3) VA Information Security 201 for R&D Personnel

<https://www.ees-learning.net/librix/loginhtml.asp?v=librix>

b. Laboratory work: *(If you will work in a laboratory [verify with supervisor] you must complete this section.)*

- 1) The supervisor or other authorized personnel must do laboratory safety orientation with you and complete the Safety Training Checklist. **[PAGE 28]**
- 2) Introduction to VA Biosafety Concepts **[PAGE 30]**

c. Animal Studies: *(If you are working with animals [verify with supervisor] you must complete this section.)*

- 1) Occupational Health and Safety Survey **[PAGE 31]**
- 2) Animal Studies Training **[PAGE 30]**
 - a. **Working with the VA IACUC** *(You must complete this module.)*
 - b. **Working with (species) in Research Settings** *(You must complete this module.)*
 - c. **Post Procedure Care of Mice & Rats** – *(Verify with your supervisor that you will be performing surgery on and/or caring for animals after survival surgery, then complete this module.)*

d. Human Studies: *(If you will be working with identifiable data, identifiable specimens or interacting with human subjects)*

- 1) Scope of Practice **[PAGE 29]**
- 2) The Protection of Human Research Subjects and Good Clinical Practice **[PAGE 30]**

3. Step 3

- a. Gather all documents, training certificates and research forms according to the above list. Ensure that all are completed and properly signed. Assemble them in the order given.
- b. If US Citizen, **bring two original forms of ID** as shown on the list of Acceptable Documents located in this packet – one must be a photo ID. If you are a US citizen but NOT born in the US, you must also **bring the original proof document of citizenship** (i.e., Naturalization Certificate, Citizenship Certificate or State Department Form 240-Report of Birth Abroad of a Citizen of the US)
- c. If non-citizen – bring VISA and Passport
- d. If your position requires a license, bring the original.

4. Step 4

Call Bob Pollock at 734-845-5600 to schedule an appointment for in-processing.

Principal Investigator – required information

The principal investigator must complete and sign this form.

Your WOC employee will not process in without this completed form.)

Employee Name (<i>Last, First, MI</i>)		SSN#
Describe what employee will be doing: 		
Work Location of Employee: Room: _____ Building: _____		<input type="checkbox"/> Lab employees: <i>Lab safety orientation is required. Employee must bring a completed Research Safety Checklist when processing in.</i>
Will this person work with: <input type="checkbox"/> Animals: <i>If working with animals, the employee must have all appropriate training completed, submit the appropriate training certificates, and complete and submit the Occupational Health and Safety Survey.</i> <input type="checkbox"/> “Working with the VA IACUC” – Everyone must complete this training. <input type="checkbox"/> “Working with (species) in Research Settings” – Please list species here: _____ <input type="checkbox"/> “Post Procedure care of Mice and Rats” - If survival surgery is performed on protocols listed below. <input type="checkbox"/> Human: <i>If working with identifiable data, identifiable specimens or interacting with human subjects, all research employees on VA projects must complete and provide certificates of completion for “The Protection of Human Research Subjects” and “Good Clinical Practice.” A “Scope of Practice” must also be submitted.</i>		
List specific project(s) on which this employee will work:		
a.		
b.		
c.		
Access Needed: <input type="checkbox"/> Telephone (long distance pin) <input type="checkbox"/> Research Building <input type="checkbox"/> DHCP <input type="checkbox"/> CPRS -- Will they need read/write authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lab keys (If this is a WOC employee, keys will need to be assigned to the investigator) Room/Building # _____ Key #: _____		
VA Form 0711 - Request for One-VA Identification Card: The employee must complete Section I, Part A. The investigator must complete Section 1, Part B, C, D and F (including signature). <i>The investigator has two options on how to deliver this form to the research office:</i> 1) hand-carry it when they bring the employee to the research office for processing or place in a sealed envelope and given to the employee to bring with them when they come to the research office for processing.		
Investigator Signature:		Date:

May 10, 2007

Requirement for credentialing of all research staff

This requirement applies to all research staff including those that are compensated by the VA, those that are appointed as Without Compensation (WOC), and those appointed by the Intergovernmental Personnel Act Mobility Program (IPA). The staff may be full time, part time, or fee basis.

Credentialing

Credentialing is the systematic process of screening and evaluating qualifications and other credentials, including licensure, registration, certification, required education, relevant training and experience, and current competence.

Unlicensed staff

All staff that by virtue of their education and training is eligible to obtain licensure, registration, or certification is required to be credentialed through Vetpro even if they do not hold an active license, registration, or certification at the time they are appointed.

Unlicensed nurses, physicians, pharmacists, clinical psychologists, and others requiring licenses, registration, or certifications for clinical practice cannot be hired into those occupations unless they obtain an active license, registration, or certification for the occupation and qualify under VA qualification standards. If they do not obtain the license, registration, or certification they must be hired under some other occupational category for which they qualify. If this other occupational category allows a scope of practice to perform procedures AND there is no requirement for licensure or certification, then with a duly exercised scope of practice after the appropriate credentialing could be processed. *Note: See VHA Directive 2006-067 for a list of all effected occupations.*

VetPro: Staff that must be credentialed in VetPro

- All health care professionals who claim licensure, certification or registration as applicable to their position within VHA.
- All research staff that holds a degree that may make them eligible for licensure, registration, or certification. Such persons would include but is not limited to: nurses, physicians, Foreign Medical Graduates, Clinical Psychologists, and pharmacists that do not have a current active license. *Note: See VHA Directive 2006-067 for a more complete list.*
- All research staff including research administrative personnel, who by the nature of their position have the potential to assume patient care-related duties, or oversee the quality or safety of the patient care delivered, e.g. Research Assistants, Project Officers, etc..

Research Credentialing Verification

Name:	Email address:
Principal Investigator	Phone No.

Please answer the following questions after you have read "Requirement for credentialing of all research staff"

1. Do you hold a degree that may make you eligible for licensure, registration or certification?

Yes No

2. If yes, list specific Degrees that apply (MBBS, MD, RN, MSW, RRT, PhD ---specify area of study for the PhD)

3. Please list all current or past licensure, registration, or certification (no matter State or specialty this was held in).

4. By the nature of your position at the VA, do you have the potential to assume patient care-related duties or oversee the quality or safety of the patient care delivered, e.g. Research Assistants, Study Coordinators, etc.

Yes No

5. Are you currently credentialed through Vetpro? Yes No

Employee Signature	Date	Principal Investigator Signature (Required)	Date

May 10, 2007

Scope of Practice or Functional Statement

A Scope of Practice or Functional Statement outlines all the duties of employees. These duties must: 1) be consistent with the occupational category under which they are hired, 2) allowed by the license, registration, or certification they hold, 3) consistent with their qualifications (education & training), and 4) be agreed upon by the person's immediate supervisor and the ACOS. *Note: When working on specific research protocols, the Principal Investigator for each protocol must also agree.*

Clinical Privileges

If the person's license allows for independent practice and the facility chooses to allow independent practice, privileges must be granted in accordance with VHA Handbook 1100.19 and the facility's Medical Staff Bylaws, Rules and Regulation prior to performing the interventions covered under the privileges they have been granted.

Points to consider

Individuals must not practice beyond the occupation they are hired/appointed into and their Scope of Practice or Functional Statement.

Principal Investigators are responsible for the overall conduct of their research protocols including ensuring that all research staff for the protocol are working within their Scope of Work or Functional Statement.

The appropriate background check as defined in VA Directive and Handbook 0710 must also be completed. *Note: For those employees working with Select Agents or Toxins, additional background investigations must be completed. See VHA Handbook 1200.06 for more information.*

Trainees from our academic affiliates must have a Resident/Trainee Credentials Verification Letter (RCVL) prior to any interactions with research subjects. VHA Handbook 1400.1 contains further information regarding residents and trainees.

Human Resource Management (HRM) responsibilities

HRM has the primary responsibility for verifications of a candidate's qualifications including education, relevant training and experience, and current competence to hold the position. HRM is also responsible for checking US citizenship or visa status.

ACOS/R&D and/or AO/R&D responsibilities

Either the ACOS/R&D and/or the AO/R&D must ensure that all research staff:

- Have been credentialed prior to appointment. If not, they must be credentialed ASAP. *Note: Credentialing for those who are covered by Directive 2006-067*

May 10, 2007

and VHA Handbook 1100.19 must be credentialed through VetPro. Staff that hold a degree that may make them eligible for licensure, registration, or certification related to in health care must also be credentialed through VetPro.

- Have a Scope of Practice or Functional Statement that is consistent with their education, licensure, or certification, and
- Have been granted the appropriate privileges, if applicable under the facility's Bylaws,

In addition, the following must be done:

- Annually ascertain compliance with these requirements.
- Maintain records that will adequately show these responsibilities have been fulfilled.

VHA Policies regarding credentialing

- VHA Directive 2006-067 December 22, 2006 "Credentialing of Health Care Professionals"
- VHA Handbook 1100.19 March 6, 2001 "Credentialing and Privileging"
- VHA Handbook 1400.1 July 27, 2005 "Resident Supervisions"
- VA handbook and Directive 0710, September 10, 2004 "Personnel Suitability and Security"
- VA Handbook 5005 April 15, 2002 "Staffing"

Research Credentialing Verification

Name:	Email address:
Principal Investigator	Phone No.

Please answer the following questions after you have read "Requirement for credentialing of all research staff"

1. Do you hold a degree that may make you eligible for licensure, registration or certification?

Yes No

2. If yes, list specific Degrees that apply (MBBS, MD, RN, MSW, RRT, PhD ---specify area of study for the PhD)

3. Please list all current or past licensure, registration, or certification (no matter State or specialty this was held in).

4. By the nature of your position at the VA, do you have the potential to assume patient care-related duties or oversee the quality or safety of the patient care delivered, e.g. Research Assistants, Study Coordinators, etc.

Yes No

5. Are you currently credentialed through Vetpro? Yes No

Employee Signature	Date	Principal Investigator Signature (Required)	Date

CHECKLIST

SF-85 QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

This is an **OPTIONAL** form to help you complete the SF-85 Questionnaire. Please call the VAAHS, Human Resources office at: **(734) 769-7100 x 4010**, if you have questions. Read the instructions on this checklist AND on the SF-85 questionnaire. Place a check mark in each box on this checklist after you complete the corresponding section on the SF-85 questionnaire form. **USE ONLY BLACK INK. Draw one line through and initial and date all cross-outs, corrections, and errors.**

SF-85 Question		Instructions	Check Off
1.	Full Name	Enter Last, First and Full Middle Name. If no middle name, enter "NMN."	
2.	Date of Birth	Enter date of birth. Example: 01/04/53	
3.	Place of Birth	Enter city, county, state (use two-letter State code). Enter Country (if not in US).	
4.	Social Security Number	Self Explanatory	
5.	Other Names Used	Enter full first, middle and last other name(s) used. Include maiden name, former married name(s), aliases, and dates names were used.	
6.	Sex	Self Explanatory	
7.	a. Citizenship	Mark appropriate box and answer items a., b., c., d., or e. as indicated.	
	b. Mother's Maiden Name	Enter mother's first and last name.	
	c. United States Citizenship (If you are a US citizen but not born in the US)	Enter information about proof of US citizenship in appropriate place and bring original document with you for verification purposes (i.e., Naturalization Certificate, Citizenship Certificate or SF Form 240-Report of Birth Abroad of a Citizen of the U.S.)	
	d. Dual Citizenship	If you are currently or ever were a dual citizen of US and another country, name other country of citizenship and bring original document with you for verification purposes.	
	e. Alien	If you are an alien, provide ALL information requested and bring original document with you for verification purposes.	
8.	Where You Lived (For the last five (5) years.)	Enter COMPLETE addresses including STREET NUMBERS—NO P.O. BOXES. LEAVE NO GAPS IN TIME GOING BACK FIVE (5) YEARS. Do not use relatives, spouse or former spouse.	
9.	Where You Went to School (For the last five (5) years.)	Enter COMPLETE STREET NUMBERS—NO P.O. BOXES. LEAVE NO GAPS- LAST FIVE (5) YEARS. DO NOT COMPLETE THIS SECTION IF YOU HAVE NO SCHOOL IN THE LAST FIVE (5) YEARS.	
10.	Employment Activities (For the last five (5) years.)	#1 must be current job that you are entering at the VA. LEAVE NO GAPS-LAST FIVE (5) YEARS. Enter ALL EMPLOYMENT (full-time, part-time, volunteer, military, temporary) SELF-EMPLOYMENT and UNEMPLOYMENT. For UNEMPLOYMENT and SELF-EMPLOYMENT, enter VERIFIER NAME instead of Employer and VERIFIER ADDRESS instead of Employment Address, etc.	
11.	People Who Know You	Enter full names, full addresses (with street numbers) of three (3) people who live in US and know you well. Do not list relatives, spouse, or former spouse. Enter their phone numbers.	
12.	Selective Service	Self Explanatory. Obtain Registration No at: www4.sss.gov/regver/verification1.asp .	
13.	Military History	Self Explanatory. Check "O" for Officer or "E" for Enlisted in the appropriate box.	
14.	Illegal Drugs	Self Explanatory. Any dates should be complete—month and year (MM/YY).	
Certification – Page 5		Sign (with first, middle and last name) and date. Date must be within the last 30 days.	
Authorization for Release of Information – Page 6		Sign (with first, middle and last name) and date. Date must be within the last 30 days. <u>OTHER NAMES USED BOX</u> : Enter full first, middle and last names of ALL other names used.	
OF 612 Form: Optional Application for Federal Employment		This form MUST be completed in full—it is not optional. <u>BLACK INK—ENTIRE FORM.</u>	
OF 306 Form: Declaration for Federal Employment		MUST be completed in full—NOT optional. <u>BLACK INK—ENTIRE FORM.</u> <u>OTHER NAMES USED</u> : Enter full first, middle and last names of ALL other names used. <u>BACKGROUND INFORMATION Section</u> : Read Instructions Carefully. Provide COMPLETE data requested including date(s), explanation(s), place(s) of occurrence, and name(s) and COMPLETE addresses (including street numbers) of any police department(s), court(s), employer(s) involved.	

COMMON ERRORS ON SECURITY QUESTIONNAIRES STANDARD FORM 85

All questions MUST be answered.

Enter "NONE" or "N/A" if no response is necessary or applicable.

Complete dates must be entered in month/year (mm/yy) or month/day/year (mm/dd/yy) format. If you cannot report an exact date, enter the date to your best ability and enter "APPROX" or "EST" next to the date.

The full middle name ***at birth*** must be entered. If you have no middle name, enter "NMN." If you have only a middle initial, enter "IO."

Other Names Used: Enter ***full first, middle and last other names used.***

Street numbers MUST be included with all street addresses. PO Boxes are unacceptable.

EMPLOYMENT # 1 MUST BE YOUR CURRENT V.A. EMPLOYMENT.

All periods of EMPLOYMENT within the last five (5) years must be entered. All periods of UNEMPLOYMENT within the last five (5) years must be entered. There must be NO GAPS in time period for the last five (5) years.

Use Continuation Sheet SF-86A if you need additional space to list residences, education, and all types of employment and unemployment.

Use a blank sheet of paper to continue answering all other questions. Your name and social security number must be included at the top of all blank pages.

Pages 5 and 6 must be signed and dated within the last 30 days.

CHANGES must be made by drawing one line through the wrong information and then entering the new information. You must INITIAL and DATE all changes/cross-outs.

You should make a copy of all documents to keep in your personal records.

Errors, omissions and incomplete documentation will cause a delay in processing ***and possibly in your continued employment.*** Please check that you have all answered all questions completely before submitting.

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 5 and the release on Page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer

all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.

5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

OPM USE ONLY	Codes	Case Number
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Agency Use Only (Complete items A through K using instructions provided by USOPM)

A Type of Investigation	B Extra Coverage	C Nature of Action Code	D Date of Action	Month	Day	Year
E Geographic Location	F Position Title		G SON	H SOI		
I OPAC-ALC Number	J Accounting Data and/or Agency Case Number					
K Requesting Official	Name and Title	Signature	Telephone Number	Date		

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State. City	County	State	Country (if not in the United States)	4 SOCIAL SECURITY
--------------------------------------------------------------------------	--------	-------	---------------------------------------	--------------------------

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.							
#1 Name	Month/Year	To	Month/Year	#3 Name	Month/Year	To	Month/Year
#2 Name	Month/Year	To	Month/Year	#4 Name	Month/Year	To	Month/Year

6 SEX (Mark one box)

Female Male

7 CITIZENSHIP a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	b Your Mother's Maiden Name
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)	

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed	Month/Day/Year	Explanation
-----------------------------------------------------------------------	----------------	-------------

U.S. Passport

This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year Issued
---------------------------------------------------------	-----------------	-----------------------

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

	Country
--	---------

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Month	Day	Year	Alien Registration Number	Country(ies) of Citizenship
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8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year #1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #2	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #3	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #4	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #5	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 5 years**. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded	
Street Address and City (Country) of School					State	ZIP Code

Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded	
Street Address and City (Country) of School					State	ZIP Code

Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded	
Street Address and City (Country) of School					State	ZIP Code

Enter your Social Security Number before going to the next page

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

● **Code.** Use one of the codes listed below to identify the type of employment:

- 1 - Active military duty stations
- 2 - National Guard/Reserve
- 3 - U.S.P.H.S. Commissioned Corps
- 4 - Other Federal employment
- 5 - State Government (Non-Federal employment)
- 6 - Self-employment (Include business name and/or name of person who can verify)
- 7 - Unemployment (Include name of person who can verify)
- 8 - Federal Contractor (List Contractor, not Federal agency)
- 9 - Other

● **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

● **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	To	Present					
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY <i>(Block #1)</i>	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
#2	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY <i>(Block #2)</i>	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
#3	To						
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY <i>(Block #3)</i>	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						

Enter your Social Security Number before going to the next page

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
To							
Month/Year	Month/Year	Position Title		Supervisor			
To							

#5	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
To							
Month/Year	Month/Year	Position Title		Supervisor			
To							

#6	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address				City (Country)	State	ZIP Code
	Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
To							
Month/Year	Month/Year	Position Title		Supervisor			
To							

11 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known		Telephone Number	
		Month/Year	Month/Year	Day	Night ()
Home or Work Address		City (Country)		State	ZIP Code
#2	Name	Dates Known		Telephone Number	
		Month/Year	Month/Year	Day	Night ()
Home or Work Address		City (Country)		State	ZIP Code
#3	Name	Dates Known		Telephone Number	
		Month/Year	Month/Year	Day	Night ()
Home or Work Address		City (Country)		State	ZIP Code

Enter your Social Security Number before going to the next page →

12 YOUR SELECTIVE SERVICE RECORD		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
a Are you a male born after December 31, 1959? If "No," go to 13. If "Yes," go to b.		<input type="checkbox"/>	<input type="checkbox"/>
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		<input type="checkbox"/>	<input type="checkbox"/>
Registration Number	Legal Exemption Explanation		

13 YOUR MILITARY HISTORY		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
a Have you served in the United States military?		<input type="checkbox"/>	<input type="checkbox"/>
b Have you served in the United States Merchant Marine?		<input type="checkbox"/>	<input type="checkbox"/>

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

Code. Use one of the codes listed below to identify your branch of service:
 1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

O/E. Mark "O" block for Officer or "E" block for Enlisted.

Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year To	Month/Year To	Code	Service/Certificate #	Status				Country
				O	E	Active	Active Reserve	

14 ILLEGAL DRUGS In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year To	Month/Year To	Type of Substance	Explanation

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 8, 9, and 10. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 6.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date

Enter your Social Security Number before going to the next page →

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (<i>Sign in ink</i>)		Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used				Social Security Number
Current Address (<i>Street, City</i>)		State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees.)
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records 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 violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; 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 nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to 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 employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

Declaration for Federal 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

GENERAL INFORMATION

1. Full Name (First, middle, last) •	2. Social Security Number •
3. Place of Birth (Include city and state or country) •	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" skip 7b and 7c. If "YES" go to 7b.
 7b. Have you registered with the Selective Service System? ___ YES ___ NO If "NO" go 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 *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	To	Type of Discharge
	MM/DD/YYYY	MM/DD/YYYY	

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 10 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.) <i>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.</i>	YES	NO
10. Have you been convicted by a military court-martial in the past 10 years? <i>(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.</i>	YES	NO
11. Are you now under charges for any violation of law? <i>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.</i>	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? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	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.) <i>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.</i>	YES	NO

Declaration for Federal 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
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?

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 _____ Don't 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 _____ Don't Know

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement		2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names		5 Social Security Number - -
6 Mailing address			7 Phone numbers (include area code)
City	State	ZIP Code	Daytime ()
		-	Evening ()

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job descriptions.

Job title (if Federal, include series and grade)

1)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

Job title (if Federal, include series and grade)

2)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

9 May we contact your current supervisor? YES NO If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. Some HS HS/GED Associate Bachelor Master Doctoral

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

	Name	Total Credits Earned		Major(s)	Degree (if any)	Year Received
		Semester	Quarter			
1)	City State ZIP Code					
2)						
3)						

OTHER QUALIFICATIONS

13 Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc. Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards.) Give dates, but do **not** send documents unless requested.

GENERAL

14 Are you a U.S. citizen? YES NO Give the country of your citizenship. _____

15 Do you claim veterans' preference? NO YES Mark your claim of 5 or 10 points below.
 5 points Attach your DD 214 or other proof. 10 points Attach an Application for 10-Point Veterans' Preference (SF 15) and proof required.

16 Were you ever a Federal civilian employee? NO YES For highest civilian grade give: Series _____ Grade _____ From (MM/YY) _____ To (MM/YY) _____

17 Are you eligible for reinstatement based on career or career-conditional Federal status? NO YES If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18 I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE

DATE SIGNED

SF - 87 WORKSHEET

PLEASE PRINT LEGIBLY

Last Name:	
First Name	
Full Middle Name (if any)	
Only have Middle initial?	
No Middle Name?	
Social Security Number:	
Date of Birth:	
Other Names Used (Maiden Name) and/or Aliases (AKA):	(Enter Last, First & Full Middle Names)
Sex:	
Race:	
Eye Color:	
Hair Color:	
Height: (in feet & inches)	Feet: Inches
Weight:	. .
Place of Birth:	State: Country
Current Address:	Address # & Street:
	City: State:
Citizenship:	
Scars / Tatoos:	
Job Title:	
Have you been fingerprinted in the last 6 months ?	YES [] NO []

U. S. Department of Justice
Form I-9

NOTE: When you complete this document be prepared to present the proper ID. It is critical that you have original documents to present to Human Resources at the time you are fingerprinted.

See the "Lists of Acceptable Documents."

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins.** Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response.** If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____				
Expiration Date (if any): ___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ___/___/___ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	----------------------------------------------------

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
----------------------------------------------------	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>) 8. Unexpired Reentry Permit (<i>INS Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>) 10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center; margin: 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>INS Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>) 7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in **Part 8** of the Handbook for Employers (M-274)

**VA Ann Arbor Healthcare System
 Research Service (11R)
 2215 Fuller Road
 Ann Arbor, Michigan 48105
 Fax (734) 761-7693**

**RELEASE OF INFORMATION AUTHORIZATION &
 EDUCATION AND TRAINING VERIFICATION FORM**

In order for the VA Ann Arbor Healthcare System (11R) to access and verify my educational background, professional qualifications and suitability for appointment, I hereby authorize the VA Ann Arbor Healthcare System to make inquiries and consult with all persons, places of employment, education, malpractice carriers, State licensing boards, or other similar government and non-governmental entities or who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the duties outlined in my VA Research Scope of Practice. I authorize release of such information and copies of related records and/or documents to VA officials.

I authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable the VA to make such inquiries.

I release from liability all those who provide information to the Department of Veterans Affairs in good faith and without malice in response to such inquiries.

As part of the VA R&D credentialing process, it is necessary to verify my educational and professional credentials. I agree to provide the following information:

EMPLOYEE NAME (print Last, First, Middle Initial)		SOCIAL SECURITY NUMBER
OTHER NAMES USED (MAIDEN, ETC.)		
UNIVERSITY/COLLEGE/PROGRAM ATTENDED: (Use separate form for each University/Program)		
CITY/STATE/COUNTRY		
YEARS ATTENDED	DATES ATTENDED (to & from dates)	DEGREE(S) RECEIVED
PROFESSIONAL TRAINING/EXPERIENCE		DATES TRAINING RECEIVED
PROFESSIONAL CERTIFICATION (bring original to research office)		ISSUE DATE - EXPIRATION DATE
STATE LICENSE/REGISTRATION (bring original to research office)		ISSUE DATE - EXPIRATION DATE
EMPLOYEE WORK ADDRESS		EMPLOYEE DATE OF BIRTH
EMPLOYEE SIGNATURE		DATE

The VA Research Office will make every possible effort to protect the confidentiality and security of this document.

Department of Veterans Affairs (VA) National Rules of Behavior**1. Background**

a. Section 5723(b)(12) of title 38, United States Code, requires the Assistant Secretary for Information and Technology to establish “VA National Rules of Behavior for appropriate use and protection of the information which is used to support Department’s missions and functions.” The Office of Management and Budget (OMB) Circular A-130, Appendix III, paragraph 3(a)(2)(a) requires that all Federal agencies promulgate rules of behavior that “clearly delineate responsibilities and expected behavior of all individuals with access” to the agencies’ information and information systems, as well as state clearly the “consequences of behavior not consistent” with the rules of behavior. **The National Rules of Behavior that begin on page G-3, are required to be used throughout the VA.**

b. Congress and OMB require the promulgation of national rules of behavior for two reasons. First, Congress and OMB recognize that knowledgeable users are the foundation of a successful security program. Users must understand that taking personal responsibility for the security of their computer and the VA data that it contains or that may be accessed through it, as well as the security and protection of VA information in any form (e.g. digital, paper), are essential aspects of their job. Second, individuals must be held accountable for their use of VA information and information systems.

c. VA must achieve the Gold Standard in data security which requires that VA information and information system users protect VA information and information systems, especially the personal data of veterans, their family members, and employees. Users must maintain a heightened and constant awareness of their responsibilities regarding the protection of VA information. The Golden Rule with respect to this aspect of an employee’s job is to treat the personal information of others the same as they would their own.

d. Since written guidance cannot cover every contingency, personnel are asked to go beyond the stated rules, using “due diligence” and highest ethical standards to guide their actions. Personnel must understand that these rules are based on Federal laws, regulations, and VA Directives.

2. Coverage

a. The attached VA National Rules of Behavior must be signed annually by all VA employees who are provided access to VA information or VA information systems. The term VA employees includes all individuals who are employees under title 5 or title 38, United States Code, as well as individuals whom the Department considers employees such as volunteers, without compensation employees, and students and other trainees. Directions for signing the rules of behavior by other individuals who have access to VA information or information systems, such as contractor employees, will be addressed in subsequent policy. VA employees must initial and date each page of the copy of the VA National Rules of Behavior; they must also provide the information requested on the last page, sign and date it.

b. The VA National Rules of Behavior address notice and consent issues identified by the Department of Justice and other sources. It also serves to clarify the roles of management

and system administrators, and serves to provide notice of what is considered acceptable use of all VA information and information systems, VA sensitive information, and behavior of VA users.

c. The VA National Rules of Behavior use the phrase “VA sensitive information”. This phrase is defined in VA Directive 6500, paragraph 5q. This definition covers all information as defined in 38 USC 5727(19), and in 38 USC 5727(23). The phrase “VA sensitive information” as used in the attached VA National Rules of Behavior means:

All Department data, on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, records about individuals requiring protection under various confidentiality provisions such as the Privacy Act and the HIPAA Privacy Rule, and information that can be withheld under the Freedom of Information Act. Examples of VA sensitive information include the following: individually-identifiable medical, benefits, and personnel information, financial, budgetary, research, quality assurance, confidential commercial, critical infrastructure, investigatory, and law enforcement information, information that is confidential and privileged in litigation such as information protected by the deliberative process privilege, attorney work-product privilege, and the attorney-client privilege, and other information which, if released, could result in violation of law or harm or unfairness to any individual or group, or could adversely affect the national interest or the conduct of federal programs.

d. The phrase “VA sensitive information” includes information entrusted to the Department.

3. Rules of Behavior

a. Immediately following this section is the VA approved National Rules of Behavior that all employees (as discussed in paragraph 2a of Appendix G) who are provided access to VA information and VA information systems are required to sign in order to obtain access to VA information and information systems.

Department of Veterans Affairs (VA) National Rules of Behavior

I understand, accept, and agree to the following terms and conditions that apply to my access to, and use of, information, including VA sensitive information, or information systems of the U.S. Department of Veterans Affairs.

1. GENERAL RULES OF BEHAVIOR

- a. I understand that when I use any Government information system, I have NO expectation of Privacy in VA records that I create or in my activities while accessing or using such information system.
- b. I understand that authorized VA personnel may review my conduct or actions concerning VA information and information systems, and take appropriate action. Authorized VA personnel include my supervisory chain of command as well as VA system administrators and Information Security Officers (ISOs). Appropriate action may include monitoring, recording, copying, inspecting, restricting access, blocking, tracking, and disclosing information to authorized Office of Inspector General (OIG), VA, and law enforcement personnel.
- c. I understand that the following actions are prohibited: unauthorized access, unauthorized uploading, unauthorized downloading, unauthorized changing, unauthorized circumventing, or unauthorized deleting information on VA systems, modifying VA systems, unauthorized denying or granting access to VA systems, using VA resources for unauthorized use on VA systems, or otherwise misusing VA systems or resources. I also understand that attempting to engage in any of these unauthorized actions is also prohibited.
- d. I understand that such unauthorized attempts or acts may result in disciplinary or other adverse action, as well as criminal, civil, and/or administrative penalties. Depending on the severity of the violation, disciplinary or adverse action consequences may include: suspension of access privileges, reprimand, suspension from work, demotion, or removal. Theft, conversion, or unauthorized disposal or destruction of Federal property or information may also result in criminal sanctions.
- e. I understand that I have a responsibility to report suspected or identified information security incidents (security and privacy) to my Operating Unit's Information Security Officer (ISO), Privacy Officer (PO), and my supervisor as appropriate.
- f. I understand that I have a duty to report information about actual or possible criminal violations involving VA programs, operations, facilities, contracts or information systems to my supervisor, any management official or directly to the OIG, including reporting to the OIG Hotline. I also understand that I have a duty to immediately report to the OIG any possible criminal matters involving felonies, including crimes involving information systems.

g. I understand that the VA National Rules of Behavior do not and should not be relied upon to create any other right or benefit, substantive or procedural, enforceable by law, by a party to litigation with the United States Government.

h. I understand that the VA National Rules of Behavior do not supersede any local policies that provide higher levels of protection to VA's information or information systems. The VA National Rules of Behavior provide the minimal rules with which individual users must comply.

i. I understand that if I refuse to sign this VA National Rules of Behavior as required by VA policy, I will be denied access to VA information and information systems. Any refusal to sign the VA National Rules of Behavior may have an adverse impact on my employment with the Department.

2. SPECIFIC RULES OF BEHAVIOR.

a. I will follow established procedures for requesting access to any VA computer system and for notification to the VA supervisor and the ISO when the access is no longer needed.

b. I will follow established VA information security and privacy policies and procedures.

c. I will use only devices, systems, software, and data which I am authorized to use, including complying with any software licensing or copyright restrictions. This includes downloads of software offered as free trials, shareware or public domain.

d. I will only use my access for authorized and official duties, and to only access data that is needed in the fulfillment of my duties except as provided for in VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology. I also agree that I will not engage in any activities prohibited as stated in section 2c of VA Directive 6001.

e. I will secure VA sensitive information **in all areas** (at work and remotely) and in any form (e.g. digital, paper etc.), to include mobile media and devices that contain sensitive information, and I will follow the mandate that all VA sensitive information must be in a protected environment at all times or it must be encrypted (using FIPS 140-2 approved encryption). If clarification is needed whether or not an environment is adequately protected, I will follow the guidance of the local Chief Information Officer (CIO).

f. I will properly dispose of VA sensitive information, either in hardcopy, softcopy or electronic format, in accordance with VA policy and procedures.

g. I will not attempt to override, circumvent or disable operational, technical, or management security controls unless expressly directed to do so in writing by authorized VA staff.

h. I will not attempt to alter the security configuration of government equipment unless authorized. This includes operational, technical, or management security controls.

i. I will protect my verify codes and passwords from unauthorized use and disclosure and ensure I utilize only passwords that meet the VA minimum requirements for the systems that I am authorized to use and are contained in Appendix F of VA Handbook 6500.

j. I will not store any passwords/verify codes in any type of script file or cache on VA systems.

k. I will ensure that I log off or lock any computer or console before walking away and will not allow another user to access that computer or console while I am logged on to it.

l. I will not misrepresent, obscure, suppress, or replace a user's identity on the Internet or any VA electronic communication system.

m. I will not auto-forward e-mail messages to addresses outside the VA network.

n. I will comply with any directions from my supervisors, VA system administrators and information security officers concerning my access to, and use of, VA information and information systems or matters covered by these Rules.

o. I will ensure that any devices that I use to transmit, access, and store VA sensitive information outside of a VA protected environment will use FIPS 140-2 approved encryption (the translation of data into a form that is unintelligible without a deciphering mechanism). This includes laptops, thumb drives, and other removable storage devices and storage media (CDs, DVDs, etc.).

p. I will obtain the approval of appropriate management officials before releasing VA information for public dissemination.,

q. I will not host, set up, administer, or operate any type of Internet server on any VA network or attempt to connect any personal equipment to a VA network unless explicitly authorized **in writing** by my local CIO and I will ensure that all such activity is in compliance with Federal and VA policies.

r. I will not attempt to probe computer systems to exploit system controls or access VA sensitive data for any reason other than in the performance of official duties. Authorized penetration testing must be approved in writing by the VA CIO.

s. I will protect Government property from theft, loss, destruction, or misuse. I will follow VA policies and procedures for handling Federal Government IT equipment and will sign for items provided to me for my exclusive use and return them when no longer required for VA activities.

t. I will only use virus protection software, anti-spyware, and firewall/intrusion detection software authorized by the VA on VA equipment or on computer systems that are connected to any VA network.

u. If authorized, by waiver, to use my own personal equipment, I must use VA approved virus protection software, anti-spyware, and firewall/intrusion detection software and ensure

the software is configured to meet VA configuration requirements. My local CIO will confirm that the system meets VA configuration requirements prior to connection to VA's network.

v. I will never swap or surrender VA hard drives or other storage devices to anyone other than an authorized OI&T employee at the time of system problems.

w. I will not disable or degrade software programs used by the VA that install security software updates to VA computer equipment, to computer equipment used to connect to VA information systems, or to create, store or use VA information.

x. I agree to allow examination by authorized OI&T personnel of any personal IT device [Other Equipment (OE)] that I have been granted permission to use, whether remotely or in any setting to access VA information or information systems or to create, store or use VA information.

y. I agree to have all equipment scanned by the appropriate facility IT Operations Service prior to connecting to the VA network if the equipment has not been connected to the VA network for a period of more than three weeks.

z. I will complete mandatory periodic security and privacy awareness training within designated timeframes, and complete any additional required training for the particular systems to which I require access.

aa. I understand that if I must sign a non-VA entity's Rules of Behavior to obtain access to information or information systems controlled by that non-VA entity, I still must comply with my responsibilities under the VA National Rules of Behavior when accessing or using VA information or information systems. However, those Rules of Behavior apply to my access to or use of the non-VA entity's information and information systems as a VA user.

bb. I understand that remote access is allowed from other Federal government computers and systems to VA information systems, subject to the terms of VA and the host Federal agency's policies.

cc. I agree that I will directly connect to the VA network whenever possible. If a direct connection to the VA network is not possible, then I will use VA-approved remote access software and services. I must use VA-provided IT equipment for remote access when possible. I may be permitted to use non-VA IT equipment [Other Equipment (OE)] only if a VA-CIO-approved waiver has been issued and the equipment is configured to follow all VA security policies and requirements. I agree that VA OI&T officials may examine such devices, including an OE device operating under an approved waiver, at any time for proper configuration and unauthorized storage of VA sensitive information.

dd. I agree that I will not have both a VA network connection and any kind of non-VA network connection (including a modem or phone line or wireless network card, etc.) physically connected to any computer at the same time unless the dual connection is explicitly authorized in writing by my local CIO.

ee. I agree that I will not allow VA sensitive information to reside on non-VA systems or devices unless specifically designated and approved in advance by the appropriate VA official (supervisor), and a waiver has been issued by the VA's CIO. I agree that I will not access, transmit or store remotely any VA sensitive information that is not encrypted using VA approved encryption.

ff. I will obtain my VA supervisor's authorization, in writing, prior to transporting, transmitting, accessing, and using VA sensitive information outside of VA's protected environment..

gg. I will ensure that VA sensitive information, in any format, and devices, systems and/or software that contain such information or that I use to access VA sensitive information or information systems are adequately secured in remote locations, e.g., at home and during travel, and agree to periodic VA inspections of the devices, systems or software from which I conduct access from remote locations. I agree that if I work from a remote location pursuant to an approved telework agreement with VA sensitive information that authorized OI&T personnel may periodically inspect the remote location for compliance with required security requirements.

hh. I will protect sensitive information from unauthorized disclosure, use, modification, or destruction, including using encryption products approved and provided by the VA to protect sensitive data.

ii. I will not store or transport any VA sensitive information on any portable storage media or device unless it is encrypted using VA approved encryption.

jj. I will use VA-provided encryption to encrypt any e-mail, including attachments to the e-mail, that contains VA sensitive information before sending the e-mail. I will not send any e-mail that contains VA sensitive information in an unencrypted form. VA sensitive information includes personally identifiable information and protected health information.

kk. I may be required to acknowledge or sign additional specific or unique rules of behavior in order to access or use specific VA systems. I understand that those specific rules of behavior may include, but are not limited to, restrictions or prohibitions on limited personal use, special requirements for access or use of the data in that system, special requirements for the devices used to access that specific system, or special restrictions on interconnections between that system and other IT resources or systems.

3. Acknowledgement and Acceptance

a. I acknowledge that I have received a copy of these Rules of Behavior.

b. I understand, accept and agree to comply with all terms and conditions of these Rules of Behavior.

[Print or type your full name]

Signature

Date

Office Phone

Position Title

Research Service (11R)

RESEARCH EMPLOYEE SAFETY TRAINING CHECKLIST

Employee Name:	Supervisor:	WOC Employee <input type="checkbox"/>	Start Date:
		VA Employee <input type="checkbox"/>	

All research personnel must have annual safety training. Complete this form with your supervisor, sign, date and return this form to the research office (11R) within seven (7) days of employee's start date. This form is used to document mandatory annual safety training requirements.

<input type="checkbox"/>	1. Location and use of Life Safety Equipment:	<input type="checkbox"/>	5. MSDS Sheets (Material Safety Data Sheets) - location and use
<input type="checkbox"/>	a. Fire Safety 1. Fire Emergency Plan - RACE 2. Pull Stations - location & fire codes 3. Fire Extinguishers - location & usage	<input type="checkbox"/>	6. Review the Hazardous Materials Management Plan MCM # S-2 http://www1.va.gov/aavaresearch/docs/S2_2005.doc
<input type="checkbox"/>	b. Minimum Accessibility Requirements 1. Maintain a 48" corridor width 2. Storage at least 18" from sprinkler heads 3. Maintain a 36" semi-circle of access to electrical panels	<input type="checkbox"/>	7. Safety Management Program MCM #S-3 http://www1.va.gov/aavaresearch/docs/S3.doc a. Inspection tags on Equipment b. Elec. Shock Hazards
<input type="checkbox"/>	c. Showers, Eye Washes (location, how to use & check functioning & monthly update of inspection tags for eye washes)	<input type="checkbox"/>	8. Exposure Control Plan for Bloodborne Pathogens MCM #S-4 http://www1.va.gov/aavaresearch/docs/S4.doc a. To work with human blood/body fluids b. Post Exposure Evaluation and Follow-up
<input type="checkbox"/>	d. Spill Kits for Acid, Caustic, Flammable, Blood & Body fluids (how to use, fully stocked kits) 1. Replacement supplies	<input type="checkbox"/>	9. Emergency Preparedness Plan MCM #S-5 http://www1.va.gov/aavaresearch/docs/S5.doc a. Horizontal Evacuation
<input type="checkbox"/>	e. Safety equipment specific to your lab including personal protection equipment 1. Lab coats 2. Eye, Face, Hand, Foot, Head	<input type="checkbox"/>	10. Operation of equipment (such as sterilizers and centrifuges) a. Location of operation Manual b. Documented User Training
<input type="checkbox"/>	2. Medical Center Safety Policies Manual (review location and check documentation that each person who works in the lab has reviewed manual) (Also located on "T" Drive; Public/Policies/Policies-Current/Safety	<input type="checkbox"/>	11. VHA Handbook for Safety of Personnel in Research 1200.8 http://www1.va.gov/aavaresearch/docs/1200_8.doc
<input type="checkbox"/>	3. VA Research Safety Manual On-Line http://www1.va.gov/aavaresearch/page.cfm?pg=4	<input type="checkbox"/>	12. Specific job related hazards a. Gas cylinder storage and handling b. Moving chemicals to storage c. Glass d. Chemical inventory e. Biohazard
<input type="checkbox"/>	4. Radiation Safety and ALARA MCM #S-1 http://www1.va.gov/aavaresearch/docs/S1_ALARA.doc (Annual Training will be scheduled by the VA Radiation Safety Officer)	<input type="checkbox"/>	NO FOOD OR DRINKS IN LABS No eating or drinking in labs No coffee cups or pop cans on benches No food in laboratory refrigerators VIOLATORS WILL BE FINED \$500

<i>Employee Signature:</i>	<i>Date:</i>	<i>Investigator Signature:</i>	<i>Date:</i>
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VA Ann Arbor Healthcare System

Scope of Practice for Employees Involved in VA Human Studies Research

Return to VA Research Office (11R), VA Medical Center, 2215 Fuller Road, Ann Arbor, MI 48105, Box 2399

EMPLOYEE NAME	EMPLOYER INSTITUTION
EMPLOYEE SIGNATURE	EMPLOYEE E-MAIL ADDRESS
PRINCIPAL INVESTIGATOR (PI)	TITLE OF RESEARCH STUDY

THE SCOPE OF PRACTICE IS SPECIFIC TO THE DUTIES AND RESPONSIBILITIES OF EACH RESEARCH EMPLOYEE AS AN AGENT OF THE LISTED PRINCIPAL INVESTIGATOR. AS SUCH HE/SHE IS SPECIFICALLY AUTHORIZED TO CONDUCT RESEARCH INVOLVING HUMAN SUBJECTS WITH THE RESPONSIBILITIES OUTLINED BELOW. THE SUPERVISOR MUST COMPLETE, SIGN AND DATE THIS SCOPE OF PRACTICE.

<u>Human Studies Research Duties:</u>	<u>Approved</u>
1. Screens patients to determine study eligibility criteria by reviewing patient medical information or interviewing subjects.	
2. Develops recruitment methods to be utilized in the study.	
3. Performs venipuncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies).	
4. Initiates submission of regulatory documents to IRB, VA R&D committee and sponsor.	
5. Prepares study initiation activities.	
6. Provides education and instruction of study medication use, administration, storage, side-effects and notifies IRB of adverse drug reactions.	
7. Provides education regarding study activities to patient, relatives and Medical Center staff as necessary per protocol.	
8. Maintains complete and accurate data collection in case report forms and source documents.	
9. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval.	

<u>Human Studies Research Duties:</u>	<u>Approved</u>
10. Obtains and organizes data such as tests results, diaries/cards or other necessary information for the study.	
11. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects research visits, documenting progress notes, initiating orders, consults, etc.	
12. Accesses patient medical information while maintaining patient confidentiality.	
13. Is authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process".	
14. Initiates intravenous (IV) therapy and administers IV solutions and medications.	
15. Collects and handles various types of human specimens.	
16. Performs laboratory tests on human specimens.	
17. Performs computer data entry and/or data base management, of human subjects research results.	
18. Performs statistical analysis of human subject research results.	

PRINCIPAL INVESTIGATOR STATEMENT:

This Scope of Practice was reviewed and discussed with this study team member on the date of _____. After reviewing his/her education, clinical competency, qualifications, research practice involving human subjects, peer reviews, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the employee and I are familiar with all duties/procedures granted or not granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice, all-applicable hospital policies and regulations.

Principal Investigator

Date

Concurrence by ACOS/ Research

Date

VA HUMAN SUBJECTS RESEARCH TRAINING POLICY

1. All new study team members must complete The Scope of Practice Survey Form
http://www1.va.gov/aavaresearch/docs/scope_of_practice.rtf
2. Human Subjects Research Education Policy
 - a. All new human research study personnel must complete the VA IRB Human Subjects Research Education requirements prior to engaging in research projects at the VAAHS.
 - b. All continuing Investigators and Study Team Members must retake a VA-approved training course at least once every 365 days. If you fail to comply with the VA IRB Human Subjects Education Policy you must cease all work with human subjects in the research setting.

Primary Course Choice

VA CITI COURSE AT CITIPROGRAM.ORG

1. Web-Link = <https://www.citiprogram.org/default.asp>
2. Select Your Institution: Veterans Affairs -> Ann Arbor, MI-506
3. Select a Course Group: => Question #1 > Choose one answer
 - bullet #1 'O'** select this bullet if you completed VA training on the CITI website in the past year.
(Hint: Stage 2: Refresher 1 Course = 9 "101 Refresher modules" + 7 "GCP modules"
(Hint: Stage 3, Refresher 2 Course = 11 "Required Modules" + 1 "Elective Module"
 - bullet #2 'O'** select this bullet if you never completed VA training on the CITI website.
(Hint: Stage 1: Basic Course = 14 modules to complete)
4. Alternate Accepted Course Choice
Corresponding training at the University of Michigan (PEERS) from past 6 months

VA ANIMAL STUDIES RESEARCH EDUCATION POLICY

1. Web-Link = <https://www.citiprogram.org>
2. Select Your Institution: Veterans Affairs -> Ann Arbor, MI-506
3. Selecting the Correct Course Groups:
 - Question #2 => Yes if you are a IACUC Member
 - Question #3 => Yes (Working with the VA IACUC)
 - Question #4 => Check EACH species utilized in your animal research activities
 - Question #5 => Yes if you perform or supervise survival surgery in rodent species
 - Question #6 => Yes if you are a new research laboratory worker (VA Biosecurity Training)
4. WOC Personnel Working with Animals

NEW VA RESEARCH LABORATORY WORKERS

If you work in a VA Research Laboratory, you must complete the following:

"Introduction to VA Biosecurity Concepts" course and exam at this web site:

1. Web-Link = <https://www.citiprogram.org>
2. Select Your Institution: Veterans Affairs -> Ann Arbor, MI-506
3. Selecting the Correct Course Groups:
 - Question #6 => Yes if you are a new research laboratory worker (VA Biosecurity Training)

If you have any questions, please feel free to contact us.

- a. R&D Coordinator: Linda Delaney at 845-5602
- b. Human Studies Coordinator: Doug Feldman at 845-3440
- c. Animal Studies + Research Safety Coordinator: Cathy Kaczmarek at 845-3439
- d. ePROMISE Master: Bob Pollock at 845-5600

WOC Occupational Health & Safety Survey for Personnel with Laboratory Animal Contact

Name:	SSN:
Supervisor:	email:
Lab location:	Lab phone:

Animal Contact

1. What species of animals will you be exposed to? (This includes direct contact with animals, animal tissues and/or wastes, and animal enclosures.)

2. What kind of contact will you have? (Check all that apply.)
 - Direct contact with animals
 - Direct contact with non-fixed or non-sterilized animal tissues, fluids or wastes
 - Direct contact with non-sanitized animal caging or enclosures
 - Service support to animal equipment, devices, and/or facilities

3. Have you had any of the following vaccinations(if so, indicate date of most recent)
 - Hepatitis A --
 - Hepatitis B --
 - Tuberculosis Skin Testing --

4. Do you or will you handle animals that have been given infectious biohazards?
 - Yes No
 If YES, please provide the following information:
 Infectious agent:
 CDC Class of agent:
 Date of infectious biosafety training:

5. Do you or will you handle animals that have been exposed to or given radiation hazards?
 - Yes No
 If YES, please describe the type of radiation hazard (e.g. UV, laser, ionizing):
 Date of radiation safety training:

6. Do you or will you handle animals that have been given chemical hazards?
 - Yes No
 If YES, please describe the chemical hazard:

7. **I participate in the University of Michigan Occupational Health and Safety Program for Personnel Working with Animals.** Yes No
 If NO, I have signed the waiver below. Yes No

8. I have read and understand the "Occupational Health and Safety Program (OHSP) for Personnel with Laboratory Animal Contact" brochure included in the WOC Registration Packet (yellowbook) Yes

I verify that all information I have provided is accurate.	
Employee Signature: _____	Date: _____
<u>Occupational Health Questionnaire Waiver</u>	
I decline participation in the Occupational Health and Safety Program for animal handlers at this time.	
• I understand the occupational health risks of working with animals	
_____ Signature of Participant	_____ Date

Animal Handling Workshops offered at the University of Michigan

Training in Rodent Survival Surgery (Lecture)

This course will teach students about the necessary preparations for rodent surgery. Students will learn how to aseptically prepare the animal and themselves for surgery. Techniques include gowning and gloving procedures, preparing the surgical field, sterilization methods, and basic anesthetic monitoring. The class is approximately one hour in length, and utilizes a training video provided by the National Institutes of Health (NIH). This course is offered several times each month.

Laboratory Mouse Techniques 101 (Workshop)

This course (combining both lecture and hands-on format) is designed to teach a variety of basic rodent injection and blood collection techniques. All of these techniques will be demonstrated and you will have the opportunity to practice them under the supervision of an experienced trainer. In addition, this class also allows for students to return at a later date in order to practice a technique, receive a refresher, or learn new techniques. Registration is required, as class size is limited. Workshop is offered several times a month or upon request.

Laboratory Rat Techniques 101 (Workshop)

This course (combining both lecture and hands-on format) is designed to teach a variety of basic rodent injection and blood collection techniques. All of these techniques will be demonstrated and you will have the opportunity to practice them under the supervision of an experienced trainer. In addition, this class also allows for students to return at a later date in order to practice a technique, receive a refresher, or learn new techniques. Registration is required, as class size is limited. Workshop is offered several times a month or upon request.

ULAM Hazard Containment (Lecture)

Lesley Colby

An overview of policies, guidelines, and procedures relevant to animal research involving hazardous substances including infectious agents, chemicals, toxins, and viral vectors. Topics: importance of containment, risk assessment, requesting containment housing, animal handling and transportation, Animal Biosafety Levels (ABSL), containment equipment, carcass and waste disposal, equipment disinfection, national guidelines and regulations, and relevant ULAM/UCUCA policies and standard operating procedures. Offered once a month or upon request.

Introduction to Laboratory Rats and Mice (Lecture)

This introductory one-hour lecture covers the basics of laboratory rat and mouse behavior, health concerns, and methodology (handling, injection, blood collection, breeding, etc.). This lecture is offered several times each month.

Orientation for Animal Care and Use Personnel (Lecture)

An introduction to research animal use. This course is offered twice a month for new personnel; and it is also recommended as a refresher course for existing personnel, particularly laboratory/facility managers and supervisors. Topics covered include: historical perspectives on animal use and the current animal research climate, animal care and use regulations & policies, the animal care and use application, etc. It is required to bring a copy of your approved animal use protocol when you attend this lecture.

To access a current list of scheduled classes or to register for one of the courses listed above, please visit:

http://cgi.research.umich.edu/training/ucuca/ucuca_training.lasso

Occupational Health and Safety Program (OHSP) for Personnel with Laboratory Animal Contact

All animal research programs are required to have an OHSP for personnel that have contact with laboratory animals, their tissues, or their allergens. The purpose of this brochure is to explain the components of the OHSP, and provide information on how you can minimize the chance of any adverse health effects from working with laboratory animals.

Who should participate? All personnel who have contact with laboratory animals (including their tissues, body fluids, or wastes) or are exposed to animal allergens in the animal facility on a regular basis should participate in the program. This includes Veterinary Medical Unit staff, investigators, laboratory technicians, and students, and may also include engineering and maintenance personnel, custodial staff, and consultants. To enroll, contact Employee Health.

What is included? The exact services provided depends on the level and type of risk you will encounter. When you enroll in the program and annually thereafter, you will receive a short confidential questionnaire that asks about the extent of your exposure to animals and pertinent aspects of your medical and vaccination history. A health professional will review your responses and may recommend a medical exam, selected immunizations, and tuberculosis screening,

RISKS ASSOCIATED WITH ANIMAL EXPOSURE

The hazards associated with handling animals can be divided into three categories:

1) Physical Hazards. Examples include animal bites and scratches, sharps injuries, injuries associated with moving cages or equipment, and adverse consequences from excessive noise or accidental exposure to workplace. The key to preventing these injuries is proper training and meticulous attention to proper work practices.

•Use appropriate techniques for animal handling and restraint.



•Avoid recapping needles and dispose of sharps in approved containers.

• Be careful when lifting heavy loads or when doing repetitive tasks.

•Wear recommended personal protective equipment such as a lab coat, gloves, and eye protection.

2) Allergies. Allergic reactions are among the most common conditions that adversely affect the health of workers exposed to laboratory animals. Nasal symptoms, itchy eyes, and skin rashes are the most frequent manifestations, but in serious cases, asthma or anaphylaxis can occur. Allergens include urine, dander, and saliva, especially from rodents. Controlling exposure to allergens is the most effective strategy for prevention.

Protect Yourself!

•Work in a clean, well-ventilated environment.

•Wear appropriate personal protective equipment such as a lab coat and disposable gloves, and **never rub your face or eyes**



until you have removed your gloves and washed your hand thoroughly.

•Wear respiratory protection

3) Zoonotic diseases. Zoonotic diseases are those that can be transmitted from animals (or animal tissues) to humans. Although there are a substantial number of animal pathogens that can cause disease in humans, zoonotic diseases are not common in modern animal facilities, largely because of successful efforts at prevention and detection.

Unfortunately some infections of animals may produce serious disease in humans *even when the animals themselves show few signs of illness*. Therefore, you must be aware of possible consequences when working with each species of animal and take precautions to minimize the risk of infection. **In the event that you do become ill with a fever or some other sign of infection, it is important to let the physician caring for you know that you work with animals.**

Prevention. Here are some common sense steps that can be taken to lessen the risk of contracting a zoonotic disease.

• Do not eat, drink, or apply cosmetics or contact lenses around animals.

• Wear gloves when handling animals or their tissues.

• To reduce the risk of needle stick injuries, consider sedating or anesthetizing animals if hazardous materials will be used, or if manual restraint is problematic.

• Work in pairs whenever possible.

• **Do not recap used needles!** Instead, discard them promptly in a biohazard “sharps” container.

• When performing procedures such as bedding changes, blood or urine collections, or necropsies, work in biological safety cabinets or with specialized personal protective equipment.

• **Consult your supervisor, the Safety Officer, or Employee Health if you need additional training at any time.**

WHAT YOU SHOULD KNOW

About Bites, Scratches, and other Injuries

Contact Employee Health immediately if you are bitten or scratched, if you injure yourself on animal caging or equipment, or if you experience unusual disease symptoms.

If you are Pregnant

Working with hazardous agents in general and toxic chemicals in particular is discouraged during pregnancy. Consult Employee Health and your personal physician for advice about working safely during pregnancy.

Toxoplasma is an infectious agent that can be shed in cat feces. It can infect the fetus in women who are exposed during pregnancy and do not have immunity to the agent. To help assess the level of immunity against this agent, serum samples can be tested. Cat feces should be avoided and gloves should be worn when working in areas that are potentially contaminated. Wash your hands thoroughly after handling any potential source of infection.



If you work with Nonhuman Primates

Diseases of nonhuman primates are often transmissible to humans.

Although there are several primate viruses that can cause disease in humans, *Herpesvirus simiae* (B-virus) is of greatest concern. This virus occurs naturally in macaques such as rhesus and cynomolgus monkeys. Infected monkeys usually show no clinical signs, but the virus may cause fatal encephalitis in humans. Transmission to humans occurs via exposure to contaminated saliva, secretions, or tissues. This typically occurs as a result of a bite or scratch; transmission can also occur via splashes that come in contact with mucous membranes or via injuries caused by contaminated equipment. Proper work practices constitute the best protection against infection.

- Wear personal protective equipment, including protective outer garments, gloves, face mask, and eye protection.

- Sedate monkeys whenever possible before handling.
- In the event of possible exposure, obtain medical attention immediately. Instructions for treating wounds and obtaining medical attention are posted in each primate area.

Tuberculosis may be transmitted both from humans to animals and from animals to humans. Nonhuman primates and individuals in contact with them must be TB tested regularly. *Shigella*, *Campylobacter*, *Salmonella*, and *Entamoeba histolytica* cause diarrhea in primate species and can cause similar problems in humans exposed to primate feces. Infection is best prevented by the use of gloves and careful hand washing.

Simian immunodeficiency virus is closely related to HIV, the human AIDS virus, and can, on rare occasions, affect macaques. Some evidence suggests it may infect humans as well, so measures should be taken to prevent contact with monkey blood or blood products.

If you work with Dogs or Cats

The main risks associated with working with dogs and cats are bites and scratches. Bacterial infections can result. Cat scratch disease is caused by a rickettsial organism and is characterized by flu-like symptoms and swollen lymph nodes, and cat bites can result in severe bacterial infections. The likelihood of contracting rabies as a result of a bite is low because dogs and cats are typically vaccinated for rabies or bred exclusively for research. Nevertheless, it is recommended

that persons in contact with dogs or cats be vaccinated against rabies.

If you work with Farm Animals

Q fever, a potentially serious disease caused by *Coxiella burnetii*, is carried by ruminants and shed abundantly from the placental membranes of sheep. This route of exposure may cause Q fever pneumonia and other associated symptoms in laboratory workers. Sheep used in research should be assumed to be infected and measures taken to prevent transmission. All individuals working with pregnant sheep should wear gloves, respiratory protection, and protective outerwear.



If you work with Rodents or Rabbits

Allergies are common among personnel who work with rodents (e.g., mice, rats, guinea pigs, hamsters) and rabbits. If you have pre-existing allergies or if you experience a runny nose, itchy eyes, or skin rashes when working around these species you should report this immediately to Employee Health. Measures can be taken to limit your exposure to allergens, thereby reducing the severity of symptoms and decreasing the likelihood that symptoms will worsen.

Rodents and rabbits obtained from commercial sources do not constitute a significant source of zoonotic diseases.

However, animals caught in the wild can harbor a variety of bacterial, viral, fungal, and parasitic infections that constitute a significant hazard to personnel.



If you work with Hazardous Agents

The proper use of hazardous biological, chemical, and physical agents depends on careful planning, proper training, and careful

attention to prescribed work practices. Signs should be posted indicating the nature of the hazard, necessary precautions, and emergency contact information. The personal protective equipment (PPE) needed depends on the agent in use, but in all cases gloves should be worn and hands should be washed after handling potentially contaminated materials. A biological safety cabinet should be used when handling infectious materials, especially if there is a potential for generation of aerosols, and a fume hood should be used when handling toxic chemicals or radioactive materials.

If you need Further Information

For further information, contact Employee Health, the Veterinary Medical Unit, or the VAMC Safety or Biosafety Officer. More guidance in this area can be found in VHA Handbook 1200.7, "Use of Animals in Research."