

## VAPORHCS Research and Development Contact Sheet

**Electronic entries preferred. Answer all items and attach extra sheets if needed.**

**Indicate "NA" for any item not applicable or "UK" if not yet known.**

**Contact [VHAPOR-ResearchWOC@va.gov](mailto:VHAPOR-ResearchWOC@va.gov) or 503-273-5125 with questions.**

<b>Personal Information</b>			
Full Name (Last, First M.)			
Date of Birth (mm/dd/yyyy)			
Gender	Female	Male	Non-binary
Are you a U.S. citizen	Yes	No	
Personal Mailing Address			
Phone Number			
Email Address (for WOC Onboarding)			
Emergency Contact Name		Phone Number	

Have you worked for VA before	Yes	No
<b>If Yes, VA Email</b>		
VA Position Title, Service, Location		
VA Appointment Start and End Date		
POC for Appointment Verification		

<b>Work Information</b>		
Service		
Research Principal Investigator		
Direct Supervisor (if applicable)		
Phone Number	VA	OHSU
Lab/Office Location (Building/Room)	VA	OHSU
Mail Code	VA	OHSU
Estimated Work Hours	Hour/Week	Days/Week
Start and End Dates (if applicable)		

<b>Employment Information - Paid by</b> <span style="color: red;">(Please check all that apply)</span>			
VAPORHCS Employee	VA R&D Employee	OHSU	PVARF
Contract Appointment	Non-pay	VA Resident or Fellow	

<b>Job Title in VAPORHCS R&amp;D</b> <span style="color: red;">(Please check all that apply)</span>		
Principal Investigator	Co-Investigator	Research Associate/Assistant
Other, position title:		
Research Committee Member:		
R&D	IRB	IACUC      SRS

## VAPORHCS Research and Development (R&D) WOC Contact Sheet

### Work Environment *(Please check all that apply)*

Will you work with/in:  
Animals  
Wet Laboratory  
Administrative  
Deidentified Data  
Human Subjects, Direct Patient Contact  
Human Subjects, Identifiable Data

### Need Access To *(Please check all that apply)*

VA Computer Network and Email      VistA      CPRS  
100% Remote  
VA Research Space (Bldg.6, 101, 103, 104, and/or NCRAR)

### Preferred Screening Location *(If applicable)*

### Additional Notes:

Please notify the Research office ([VHAPOR-ResearchWOC@va.gov](mailto:VHAPOR-ResearchWOC@va.gov)) when exiting or information on this sheet changes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI/ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### R&D Office Use: