

RESEARCH VA CREDENTIALING INFORMATION FORM

ALL QUESTIONS MUST BE ANSWERED

APPLICANT NAME _____

APPLICANT E-MAIL ADDRESS _____

U.S. CITIZEN: YES NO IF NON-U.S. CITIZEN, VISA TYPE: _____

IF MALE, HAVE YOU REGISTERED WITH THE SELECTIVE SERVICE? YES NO

AFFILIATION (. e.g., VA, FAVER, University): _____

TYPE OF APPOINTMENT: VA-PAID WOC IPA VA-PAID FELLOW/RESIDENT

DO YOU NEED VA COMPUTER NETWORK ACCESS? VISTA CPRS NETWORK OUTLOOK

LENGTH OF APPOINTMENT: LESS THAN 1 YEAR 1 YEAR 2 YEARS 3 YEARS

WHERE WILL THE WORK OF THE STUDY BE CONDUCTED? VA UNIVERSITY AFFILIATE REMOTE

Will the employee: (please check ALL that apply)

1. WORK WITH CHEMICALS? YES NO

2. WORK IN A LAB THAT HOUSES RADIOACTIVE MATERIALS? YES NO

3. WORK WITH RECOMBINANT NUCLEIC ACID (rDNA)? YES NO

4. WORK WITH CONTROLLED SUBSTANCES (NARCOTICS)? YES NO

5. WORK WITH ANY BIOHAZARDOUS AGENTS? YES NO

6. WORK WITH FORMALDEHYDE OR FORMALDEHYDE-BASED CHEMICALS? YES NO

7. WORK WITH ANIMALS? YES NO:

8. SPECIES _____

a. PERFORM SURVIVAL SURGERY YES NO

b. PERFORM TERMINAL SURGERY YES NO

c. DOES THE APPLICANT HAVE EXPERIENCE WITH ALL SPECIES LISTED? YES NO

9. HAVE DIRECT CONTACT WITH RESEARCH HUMAN SUBJECTS? YES NO

10. WORK WITH IDENTIFIABLE DATA IN CPRS? YES NO

11. WORK WITH HUMAN TISSUES OR FLUIDS? YES NO

11. WILL THERE BE EXPOSURE TO BLOODBORNE PATHOGENS? YES NO

Print Investigator/Supervisor

Signature Investigator/Supervisor/Surrogate

Date

*Surrogate – Current PI Staff Lead (i.e., Lab Manager, Research Coordinator, etc.)

RETURN TO: WOCOORDINATOR@FAVER.Foundation