|  |  |
| --- | --- |
| **Principal Investigator** |  |
| **Department** |  |
| **Protocol Number** |  |

**Personnel:**

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |

**Arrival Date:** Click here to enter a date. **Departure Date:**Click here to enter a date.

**Briefly, what role or tasks will personnel perform?**

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| --- |
|  |

**Describe qualifications:**

|  |
| --- |
|  |

**Has CITI courses been completed?**

[ ] No [ ] Yes (attach copies of Course Completion Reports)

**Has the proper HR process (**[**Observer/Shadower process**](https://intranet.umc.edu/sites/Healthcare/observer-shadower/Documents/ObserverShadowerProcess.pdf) **or** [**NEPAR**](https://www.umc.edu/uploadedFiles/UMCedu/Pages/Business_Services/Human_Resources/Forms/NonEmployeePersonnelActionRequest.pdf)**) been completed and the personnel cleared through Human Resources and Student/Employee Health?**

[ ] Yes (*approval is contingent upon clearance through HR and Student/Employee Health*)

**Has personnel been informed of potential health risks associated with working in the CCR and animal laboratory?**

[ ] Yes (attach signed [Occupational Health Information Sheet](https://www.umc.edu/Research/IACUC/Forms.aspx))

# Certification of the Principal Investigator:

I understand and agree that I am responsible for the immediate supervision of this visiting personnel at all times he/she is in the CCR or research laboratory. **I understand that visiting personnel are not allowed in the CCR or research laboratory until approval has been granted.**

**Signature of Principal Investigator:**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Paste digital copy of signature)

**Approval by the Institutional Animal Care and Use Committee:**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Signature of IACUC Chair or designee