***Form Instructions:*** Please submit the completed form and any associated attachments to IACUC@Downstate.edu

***1. Personal Information***

Last Name First Name
Age (check the appropriate box) [ ]  18 years or older [ ]  under 18 years [ ]  under 16 years

Proximity Card ID Number (the five digits following the \* - see diagram)

 - be sure to request a Proximity Card at the ID office

***2. SUNY Downstate Information***

Title (i.e., Post-Doc, Graduate Student, Medical Student, Visiting Scientist)

Department  E-mail Address Work Phone

***3. Required on line training***

Complete required [Collaborative Institutional Training Initiative (CITI)](http://www.citiprogram.org/) modules for animal use, detailed [online](http://research.downstate.edu/iacuc/iacuc-training.html).

***4. Previous animal experience***

Have you worked with animals before in either research or teaching? [ ]  No [ ]  Yes

Please list years and nature of experience:

***5. Species***

Species you plan to work with at SUNY Downstate (check all that apply)

[ ]  Rat [ ]  Mouse [ ]  Fish [ ]  Nonhuman primate [ ]  Other, please specify

***6. Controlled Substances –*** If you will be responsible for or administering controlled substances, complete and submit the [Controlled Substances Protocol Registration Form](http://research.downstate.edu/dcm/comparative-medicine-forms.html) to DCM@Downstate.edu

*7. Occupational Health & Safety Program (OHSP) enrollment*

*Completion of your medical evaluation by Student-Employee Health Services (S/EHS) and laboratory safety training indicates your enrollment in the SUNY Downstate OHSP.*

**A.** Bring this form and the following items, if available, with you to SEHS: 440 Lenox Road, Apt. 1S, Brooklyn, NY 11203

- Documentation of Tuberculosis screening within the past year

- Immunization records for tetanus and measles-mumps-rubella-varicella (MMRV)

**Only 1 of the following must be provided by SEHS during your visit:**

1. SEHS physician, nurse or employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

2. *‘HEALTH ASSESSMENT CLEARANCE’* form (obtained from SEHS) appended to this form.

3. *‘STUDENT REGISTRATION CLEARANCE’* form (obtained from SEHS) appended to this form.

**B.** All members of the lab (this includes PIs, volunteers, students, etc.) must complete laboratory safety training annually.

###### Office of Environmental Health and Safety training: <http://research.downstate.edu/iacuc/iacuc-training.html#safety-training> there are 2 options for completion (with and without a Downstate NetID).

***8. SUNY Downstate Protocol Information***

Principal Investigator: Last Name First Name  Protocol Number(s) to which you are being added:
Complete and submit a separate [***PERSONNEL AMENDMENT FORM***](http://research.downstate.edu/forms/documents/personnel_amendment.doc)  to IACUC@Downstate.edu for each protocol.

All personnel will be given access to RPM. Please check the appropriate box(es) below if you (the PI) allow this person to perform additional functions, which have associated charges, in RPM such as:

[ ]  Place Animal Orders [ ]  Place DCM Technical Services Requests

Principal Investigator Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_