

**VA Ann Arbor Healthcare System
Research Service (151)**

NEW Without Compensation Applicant (WOC)



Update - Decemeber, 2020

Welcome to the Veterans Affairs Ann Arbor Healthcare System (VAAHS) Research Service!

Conducting research in the VAAHS presents unique opportunities and challenges. The VAAHS has a specific mission and the Research Service supports this mission.

The VAAHS mission is to honor America's Veterans by providing exceptional healthcare that improves their health and well-being.

This mission folds into the overall Veterans Administration (VA) mission to fulfill President Lincoln's promise 'To care for him who shall have borne the battle, and for his widow, and his orphan' by serving and honoring the men and women who are America's Veterans.

The mission of the Research and Development (R&D) program (or Research Service) is to discover knowledge and create innovations that advance health care for **Veterans** and the Nation.

The values guiding all R&D efforts include: scientific excellence; the ethical conduct of research; protection of human subjects; the welfare of laboratory animals; the safety of those involved in the research program; and the security of both our research laboratories, other research resources, and **research data** (VHA Directive 1200, 13 May 016).

The Ann Arbor Research Business/Administrative Office provides the following support services: administrative support for the R&D Committee, Institutional Review Board (IRB), Institutional Animal Care and Use Committee (IACUC), and Subcommittee on Research Safety (SRS); administrative and personnel support for committee review and record-keeping functions; space sufficient to provide privacy for conducting sensitive duties related to biosafety and the protection of human and animal subjects involved in research (VHA Directive 1200, 13 May 2016).

In order to participate in the unique research programs of the VA and advance the health of our nation's **Veterans**, you must be appointed as a paid employee, without compensation employee (WOC), or appointed or detailed through the authority of the Intergovernmental Personnel Agreement (IPA) (VHA Directive 1200, 13 May 2016).

To make this happen, the Research Service is required to collect and maintain certain personal, professional and education/training information. As a WOC employee, you will be required to renew your status annually until such time as you leave service. The following packet was designed to capture all required and pertinent information in one location.

WOC Application Instructions

August 2019

This packet is divided into five sections. All forms are fillable PDFs. Digital signatures are acceptable, except where noted otherwise.

1. Administrative -- Forms required for all applicants, and request for an ARROW account.
2. Standard Training -- Training required for all applicants.
3. Laboratory Workers -- Training/forms required for all applicants working in laboratories of any kind.
4. Human Research -- Training/forms required for all applicants working on human research studies/protocols/projects, to include data analysis, human subject contact, human tissue contact, human fluids contact.
5. Animal Research -- Training/forms required for all applicants working on animal studies/protocols/projects, no matter your role.

All applicants must work with their supervisor, study coordinator and principal investigator to complete the forms/training in this packet **PRIOR** to making an appointment to process through the Research Service Administrative Office.

COMPUTER ACCOUNTS -- Please confirm with your supervisor, study coordinator and/or principal investigator whether you will need access to VA programs/software and/or require a VA computer account.

Computer accounts cannot be requested until fingerprinting and a background check are completed. Please plan accordingly when hiring your WOC employees with a target date in mind.

Once you have completed all required forms and training, contact Zhoie Bigham via email (Zhoie.Bigham@va.gov) to schedule your processing appointment. Please schedule this appointment at least three days before your projected start date and allow **AT LEAST** one hour for processing in the Research Service, plus time at Human Resources.

Required items for your processing appointment:

1. Printed copies of ALL required forms (single-sided).
2. Printed copies of ALL required training certificates (single-sided).
3. Two forms of identification (see the I-9 Proofing Criteria).
4. One copy of your CV/resume (single-sided).

**ALL PAGES MUST BE
SUBMITTED AS
SINGLE-SIDED**

Administrative Forms

IMPORTANT ONBOARDING PROCESS



After submitting all your of forms to Research you will receive an email from our HR department, the email will come from USAJobs.gov, offering you a tentative offer for employment. You will need to go to USA Jobs, create an account, and follow all the prompts to accept this offer.

Afterwards you will need to go get fingerprinted, conduct a health clearance with employee health, and complete a background check. The background check will be emailed to you from eQIP, it is an electronic questionnaire for your investigation. If you do not receive either email with-in 7 days of processing through Research please reach out to Zhoie Bigham, WOC coordinator, at Zhoie.Bigham@va.gov.

Once all those are completed, a firm offer will be sent with a date and time that HR is available for you to sign the SF-61 Affidavit. As soon as SF-61 is signed, employee may immediately begin their employment here as a WOC. If your doing animals studies, you will need to also conduct a physical with our employee health before you can start.

SF – 87 WORK SHEET

PLEASE PRINT LEGIBLY

Legal Name Enter middle name (if you have one), middle initial only or NMN for no middle name	FIRST: Full Middle Name: _____ or _____ Middle Initial Only: _____ or No Middle Name: _____ LAST: _____
Other Names Used Maiden Name, Aliases, AKA	
Social Security Number	
Date of Birth	
Race / Ethnicity	
Gender	
Height	Feet: _____ Inches: _____
Weight	Pounds _____
Place of Birth	City/State: _____ OR _____ Province/Country: _____
Hair Color	
Eye Color	
Current Residential Address & Home or Cell Phone	Street Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____
Citizenship	
Job Title	VA Employee Title: _____ Supervisor: _____ Issue PIV? _____ VA computer access? _____ Fingerprinted at this VA facility within last 6 months? _____

PIV Credential Identity Verification Matrix

All identity source documents shall be bound to the applicant and shall be neither expired or cancelled. **PIV and Non-PIV credentials require two forms of identification, one primary and one secondary. The secondary identity source document may be from the primary or secondary list, but if from the primary list it cannot be of the same type as the primary identity source document example.**

Flash Badges may be issued following review of a single primary or secondary identity document including applicant photograph. [FIPS 201-2](#)

Primary Identity Source Document	Secondary Identity Source Document
<ul style="list-style-type: none"> • A U.S. Passport or U.S. Passport Card • A Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • A foreign passport • An Employment Authorization Document that contains a photograph (Form I-766) • A Driver's license or ID card issued by a State or possession of the United States provided it contains a photograph • A U.S. Military card • A U.S. Military dependent's ID card • A PIV Card 	<ul style="list-style-type: none"> • A U.S. Social Security Card issued by the Social Security Administration • An original or certified copy of a birth certificate issued by a state, county, municipality authority, possession or outlying possession of the U.S. bearing an official seal • An ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph • A voter's registration card • A U.S. Coast Guard Merchant Mariner Card • A Certificate of U.S. Citizenship (Form N-560 or N-561) • A Certificate of Naturalization (Form N-550 or N-570) • A U.S. Citizen ID Card (Form I-197) • An Identification Card for Use of Resident Citizen in the United States (Form I-179) • A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350) • A Temporary Resident Card (Form I-688) • An Employment Authorization Card (Form I-688A) • A Reentry Permit (Form I-327) • A Refugee Travel Document (Form I-571) • An Employment authorization document issued by Department of Homeland Security (DHS) • An Employment Authorization Document issued by DHS with photograph (Form I-688B) • A driver's license issued by a Canadian government entity • A Native American tribal document

Forms To Be Filled Out with Principal Investigator and/or Supervisor

The following forms are meant to be filled out by the PI and/or Supervisor **WITH** the WOC employee present. This ensures the employee understands their responsibilities and duties and knows to which projects they are assigned.

1. Principal Investigator Information
2. Research Credentialing
3. Scope of Practice

When referencing any VA study on forms, please use the VA title and VA (#XXXX) number.

Principal Investigator Information

*The principal investigator must **complete** and **sign** this form.
WOC applicants will not finish processing without this completed form.*

Employee Name (Last, First, MI)		
Describe applicant duties:		
Work Location Room Building		Lab employees: Lab safety orientation is required. Employee must bring a completed Research Safety Checklist when processing.
Will this person work with Animals: If working with animals , applicants must complete all appropriate training and Occupational Health & Safety Survey and submit all certificates during processing. <i>Working with the VA IACUC</i> - Everyone complete. <i>Working with (species) in Research Settings</i> - List species <i>Post Procedure care of Mice and Rats</i> - If survival surgery is performed on protocols listed. Humans: Any personnel assigned to a human protocol/project/study must complete and provide certificates for <i>Protections of Human Research Subjects and Good Clinical Practice</i> .		
List specific project(s) with VA#		
a.		
b.		
c.		
Access Needed VA Computer Account Research Building Remote Access/VPN CPRS -- Read/write authorization?		
Investigator Signature		Date

Requirement for Credentialing and Scope of Practice or Functional Statement for All Personnel Conducting VA Research Activities

Department of Veterans Affairs (VA) Veterans Health Administration (VHA) Directives 1200, *Veterans Health Administration Research and Development Program*, 2012-030, *Credentialing of Health Care Professionals*, and VHA Handbook 1100.19, *Credentialing and Privileging*, outline requirements for credentialing, privileging, and scopes of practice and functional statements for VHA personnel conducting VA research activities. Research personnel consist of all personnel appointed officially as paid employees, without compensation employees (WOC), or either appointed or detailed through the authority of the Intergovernmental Personnel Agreement (IPA).

The Associate Chief of Staff for Research and Development (ACOS/R&D) or the Administrative Officer for R&D (AO/R&D) is responsible for the following in the VAAHS Research Service.

1. Ensuring all individuals are appropriately credentialed and privileged (if applicable) before appointment. In any case, a Research Scope of Practice Statement or Functional Statement must be defined for all individuals conducting VA research, including individuals who do not function as health care providers.
2. Ensuring the ethical conduct of research and the adequate protection of human participants in research.
3. Ensuring that all VA employees involved in the R&D program comply with ethics laws, regulations and principles.

The Scope of Practice Statement or Functional Statement must be consistent with the position to which the individual is appointed.

1. Statement must define the duties of the individual.
2. Statement must **NOT** include any duties or procedures for which the individual is not qualified.
3. Clinical privileges may be used in lieu of a Scope of Practice Statement if the individual holds privileges at the facility and the research responsibilities and duties match the clinical privileges.
4. Additional duties and responsibilities should be included in the Statement.
5. A Functional Statement may be used in lieu of the Scope of Practice Statement if applicable to the position the individual holds.
6. Contractor duties, credentialing, privileging and background investigation requirements must be clearly defined in the contract.

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

Staff that **MUST** be credentialed through VetPro include

1. All health care professionals who claim licensure, certification, or registrations as applicable to their position within the VHA.
2. All research staff that hold a degree that may make them eligible for licensure, certification or registration. Such persons include, but are not limited to, nurses, physicians, foreign medical graduates, clinical psychologists and pharmacists that do not have a current active license.
3. 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 patient care delivered.

Definitions

Associate Chief of Staff for Research and Development (ACOS for R&D) (VHAD 1200), 070909 - Individual responsible for the day-to-day management of the research program at facilities with large, active programs.

Clinical Privileging (VHAD 1100.19, 101512) - The process by which a practitioner, licensed for independent practice (i.e., without supervision, direction, required sponsor, preceptor, mandatory collaboration, etc.), is permitted by law and the facility to practice independently, to provide specified medical or other patient care services within the scope of the individual's license, based on the individual's clinical competence as determined by peer references, professional experiences, health status, education, training, and licensure. Clinical privileges must be facility-specific, practitioner-specific, and within available resources. **NOTE:** There may be practitioners who by the nature of their positions, are not involved in patient care (i.e., researchers, administrative physicians, or VHA Central Office staff). These health care professionals must be credentialed, but may not need to be privileged.

Credentialing (VHAD 2012-030, 101112) - The systematic process of screening and evaluating qualifications and other credentials, including licensure, registration, certification, required education, relevant training and experience, and current competence. **NOTE:** *Practitioners who are not directly involved in patient care (i.e., researchers or administrative personnel), but 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, must be credentialed.*

Licensure (VHAD 2012-030, 101112) - The official or legal permission to practice in an occupation, as evidenced by documentation issued by a state, Territory, Commonwealth, or the District of Columbia in the form of a license or registration. **NOTE:** *See attachment B for occupations that require or may claim licensure, registration, or certification. See Attachment C for occupations covered by Title 38 United States Code (U.S.C.) Section 7402 (F).*

Registration or Certification (VHAD 2012-030, 101112) - The official confirmation by a professional organization that one has fulfilled the requirements or met a standard or skill to practice the profession.

Research Scope of Practice Statement (VHAD 1200, 070909) - A written document that defines the parameters and functions of an employee's duties and responsibilities. These duties and responsibilities must be consistent with the occupational category under which they are hired (appointed by the Human Resources Manager to the position), allowed by the license, registration, or certification they hold, consistent with their qualifications (education and training), and be agreed upon by the person's **immediate supervisor** and the **ACOS/R&D**. When the employee is working on specific research protocols, the **Primary Investigator** for each protocol must also agree with the Scope of Practice Statement.

VetPro (VHAD 2012-030, 101112) - Internet enabled data bank for the credentialing of VHA personnel that facilitates completion of a uniform, accurate, complete credentials file.

Research Credentialing Verification

Name (First Middle Last)	Email address
Principal Investigator	Work Phone
SSN	Date of Birth

Home Address: _____

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

2. If yes, list specific degrees that apply (MBBS, MD, RN, MSW, RRT, PhD).

3. Please list all current or past licensures, registrations, or certifications (no matter the State or specialty these were held in).

4. Is an MD or PhD required for your position?

5. Will you be a provider noted on patient records?

6. Will you enter information into patient records?

7. Are you credentialed in VetPro?

8. Will you be touching patients? If so, how?

9. Applicant is

10. Citizenship

11. Work Status

Employee Signature _____

Date

PI Signature _____

Date

Scope of Practice for Research Personnel

NAME OF RESEARCH PERSONNEL	EMAIL ADDRESS
PRIMARY SUPERVISOR <i>(conducts the employee's annual evaluation and initiates this form)</i>	ROLE IN RESEARCH <i>(Investigator, Research Staff, Statistician, Consultant, Etc...)</i>
Please indicate type of Employee: Study Team Member – VA Employee Study Team Member – IPA or WOC Employee	

1. RESEARCH TEAM MEMBERS: The Scope of Practice is specific to the duties and responsibilities of Research Personnel (Employee or WOC) as an agent of the listed Supervisor. As such he/she is specifically authorized to conduct research with the responsibilities outlined below. Only one Research Scope of Practice is required for each Research Staff Member. When Research personnel are involved in multiple studies, this scope of practice should encompass all of the duties that the individual is authorized to perform. All Principal Investigators for whom the staff member will be working (who are not the supervisor), should also review the Scope of Practice Statement to ensure that the duties authorized match those that will be performed as part of the research. Local training may be required to perform some of the duties authorized to conduct a study.

2. PRINCIPAL INVESTIGATORS: A Scope of Practice must be completed for Principal Investigators to delineate their Research duties outside of the Credentialing and Clinical Privileges granted by the Medical Center. This includes all duties performed in addition to the PI oversight responsibility.

3. PROCEDURES: The supervisor(s) must complete this Scope of Practice granting duties/procedures the personnel may be authorized to perform on a regular and ongoing basis. Please check and complete the applicable Sections I and II. Section III is required for all Scopes of Practice.

SECTION I is completed for Human Subject research activities.

SECTION II is completed for Bench and/or Animal research activities.

SECTION III requires signatures of the Research Personnel and PI/VA Supervisor and date. If the individual works for more than one PI, that PI should also review this document.

SECTION IV Documentation of Annual Review will be required annually at the time of Continuation Review.

SECTION I HUMAN SUBJECT RESEARCH

Routine Duties	YES	NO
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 VAAHHS VA IRB, VA R&D committee, sponsor and other regulatory agencies.		
5. Involved in study medication use, administration, storage, side effects and notification of adverse drug reactions to study site.		
6. Provides education to patient, relatives and Medical Center staff regarding study activities.		
7. Maintains complete and accurate data collection in case report forms and source documents.		
8. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval.		
9. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects research visits, documenting progress notes, initiating orders, consults, etc.		
10. Accesses patient medical information while maintaining patient confidentiality.		
11. Is authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process".		
12. Collects and handles various types of human specimens (serum, sputum, urine, tissue, etc.)		
13. Process and ship specimens, chemicals, reagents, etc. (<i>Requires Shipping of Hazardous Materials training, U.S. Department of Transportation, available through the Safety Office – Joe Jurasek</i>)		
14. Enters data into databases.		
15. Initiates intravenous (IV) therapy and administers IV solutions and medications.		
Principal Investigator Duties	YES	NO
Serves as the Principal Investigator/Co-Principal Investigator on human subjects Research; thereby, providing oversight of the study and all study staff.		

MISCELLANEOUS DUTIES (if applicable:

The above individual is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

1. _____
2. _____
3. _____

If Section II Bench and/or Animal research is not applicable, skip to the Signature page (Section III).

SECTION II BENCH and/or ANIMAL SUBJECT RESEARCH

Bench Routine Duties	YES	NO
1. Use and store chemicals (e.g., toxic, carcinogenic, flammable, teratogenic)		
2. Operate routine laboratory equipment including centrifuges, safety cabinets, exhaust hoods, etc.		
3. Use containment equipment (e.g., protective clothing, safety cabinets, etc.)		
4. Use biomaterials, microbial or viral agents, pathogens and/or toxins.		
5. Use molecular biology techniques (e.g., cloning, etc.) and vectors.		
6. Use radioactive materials and/or radiation generating equipment. (<i>Radiation Safety approval required to order/use radioactive materials.</i>)		
7. Collects, records, or analyzes animal/laboratory research data.		
8. Process and ship specimens, chemicals, reagents, etc. (<i>Requires Shipping of Hazardous Materials training, U.S. Department of Transportation, available through the Safety Office – Joe Jurasek</i>)		
Principal Investigator Duties	YES	NO
Serves as the Principal Investigator/Co-Principal Investigator on bench science research; thereby, providing oversight of the study and all study staff.		

Animal Subject Routine Duties	YES	NO
1. Is knowledgeable about the ethical and safe handling of animals and performs procedures involving animals (e.g. tailing, surgery, and/or behavioral interventions). <i>Requires completion of the CITI Species Specific training.</i>		
a. Performs special husbandry and/or practices as required.		
b. Performs surgical procedures on small animals.		
c. Performs surgical procedures on large animals.		
d. Administers euthanasia for animals in approved ACORPs.		
e. Obtains blood specimens from animals.		
f. Administers parenteral injections (IP-intraperitoneal, SQ-subcutaneous, IM-intramuscular, IV-intravenous) I		
g. Administers substances PO (orally).		
h. Works with breeding colony protocols		
2. Uses safe procedures involving animals and uses protective equipment appropriately (e.g. gloves, mask, eye protection, protective clothing).		
3. Orders laboratory animals.		
Principal Investigator Duties	YES	NO
Serves as the Principal Investigator/Co-Principal Investigator on animal subject research; thereby, providing oversight of the study and all study staff.		

MISCELLANEOUS DUTIES (if applicable:

The above individual is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

1. _____
2. _____
3. _____

Complete the Signature Page in Section III.

SECTION III SIGNATURE PAGE *(Submit along with the Section(s) applicable to the individual's Scope of Practice)*

Principal Investigator/Supervisor's Statement:

The Scope of Practice was reviewed and discussed with the personnel on the date shown below. After reviewing his/her education, competency, qualifications, peer reviews, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures.

Both the personnel and I are familiar with all duties/procedures granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice, all applicable facility policies and regulations.

This Scope of Practice will be reviewed annually and amended as necessary to reflect changes in the individual's duties/ responsibilities. A new Scope of Practice will be completed if the employee is assigned a new supervisor.

Research Personnel

Date

Supervisor

Date

The original signed Scope of Practice will be maintained in the Research Business Office. The Supervisor and Research Personnel should maintain a copy of the Scope of Practice in preparation of any change in duties and required annual review. The PI must keep a copy of all SOPs in each study's Regulatory Binder.

OFFICE USE ONLY:

ACOS/Research & Development Service

Date

Assignment of Functional Categories (VA Form 10-0539)

Instructions

This form is required to ensure each employee has the correct VA software and programs assigned to them when they in-process.

If you require access to entire patient medical records, including research records, click the second box 'Department of Veterans Affairs (VA) Researchers'.

If you will not access any patient health information that is protected by the 1974 Privacy Act and/or HIPAA, select the last block on page 1, 'Operations Support'.

Employee's Name:

Job Title:

Department/Service Assigned:

If employee falls into more than one functional category listed below, access should be granted based on the less restrictive category to meet the need of an intended purpose.

This table shows access or non access to PHI in regards to functional category, it does not show if a user needs access to their own System of Records (e.g. 24VA10P2) in order to complete their job functions. For a list of classes of people, please reference VHA Handbook 1605.02, Appendix B.

Immediate Supervisor: Check off functional category, review with employee, obtain signatures, and maintain copy in the *Supervisor's Personnel Files* (RCS 10-1, 05-3) for the individual employee. Review of Functional Category must be done on an annual basis, even if there is not a change.

	Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access	Conditions for Access to Information
<input type="checkbox"/>	Direct Care Providers	Entire Health Record		Treatment of Individuals
<input type="checkbox"/>	Department of Veterans Affairs (VA) Researchers	Entire Health Record including research records		Activities as approved by an Institutional Review Board or Privacy Board
<input type="checkbox"/>	Indirect Care Providers	Entire Health Record		In support of treatment of individuals
<input type="checkbox"/>	Chief Business Office (CBO) Administrative	Entire Health Record		In support of CBO functions such as payment, reimbursement, income verification and eligibility benefits
<input type="checkbox"/>	Health Information Support Services	Entire Health Record		Assign diagnostic codes, transcribe, file, release information, scan, and provide or input registry data
<input type="checkbox"/>	Quality, Oversight and Investigations	Entire Health Record		Address medical inspections, investigations, complaint review and resolution, quality reviews, patient safety reviews, compliance, and provide congressional response
<input type="checkbox"/>	Chief of Police	Limited Health Record	79VA10P2, 24VA10P2	Reviewing Patient Inquiry
<input type="checkbox"/>	Police and Security Service	No Need for access to PHI		Security functions
<input type="checkbox"/>	Information Security, Privacy, Compliance, VISN Staff, Patient Advocate	Entire Health Record including research records		Monitoring and tracking of security privacy and compliance issues
<input type="checkbox"/>	Operations Support	No need for access to PHI		Internal operations.

	Functional Categories (Class of Persons)	Type of Protected Health Information Accessible	Allowable Systems of Records for Limited Access	Conditions for Access to Information
<input type="checkbox"/>	Leadership and Management	Limited access, where necessary to complete assignment	24VA10P2, 79VA10P2, 121VA10P2 and any other system of records with national data.	Operation and management , executive decisions for health care operations.
<input type="checkbox"/>	Non Health Information Administrative Support	Limited Health Record, where necessary to complete assignment	79VA10P2, 24VA10P2	Administrative, public, and employee support
<input type="checkbox"/>	Environmental Support Staff	No need for access to PHI		Maintenance of grounds and buildings
<input type="checkbox"/>	Information Technology	Limited Health Record, where necessary to complete assignment	79VA10P2, 24VA10P2, 121VA10P2 and any other system of records for an IT system.	Maintenance and support of computer systems.
<input type="checkbox"/>	Veterans Canteen Service	No need for access to PHI		Retail and food services for employees and Veterans
<input type="checkbox"/>	Volunteer Services	Limited Health Record	79VA10P2, 24VA10P2	Transportation and other services

By signing this document I acknowledge and understand that I have been assigned the functional categories listed above and given computer access and VistA menu options if applicable to access and use Protected Health Information only in the performance of my official job duties and assigned task.

Employee's Signature:	Date:
Supervisor's Signature:	Date:
<input type="checkbox"/> Interim Review for Position Change	<input type="checkbox"/> Interim Review for Job Assignment Change
The following changes have been made to employees' functional category:	
<input type="checkbox"/> No changes made, functional category and menu options to remain the same for this fiscal year.	
Employee's Signature:	Date:
Supervisor's Signature:	Date:

**VA Ann Arbor Healthcare System Research Service (151)
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 (VAAAHS) Research Service to access and verify my educational background, professional qualifications and suitability for appointment, I hereby authorize the VAAHS 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 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 Research & Development credentialing process, it is necessary to verify my educational and professional credentials. I agree to provide the following information:

EMPLOYEE NAME (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 MM/YY)	DEGREE(S) RECEIVED
	To	
PROFESSIONAL TRAINING/EXPERIENCE		DATES TRAINING RECEIVED
PROFESSIONAL CERTIFICATION (bring original to research office)		ISSUE DATE - EXPIRATION DATE
STATE PROFESSIONAL LICENSE/REGISTRATION		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.



New User Energizer Training Energizer

IRBNet provides the research community with an unmatched set of secure, web-based collaboration tools to support the design, management, review and oversight of research involving human subjects, animal models, recombinant DNA, and more.

This Energizer covers how to register an account in IRBNet and manage your User Profile. It will illustrate how to:

- Create and activate your account in IRBNet
- Manage your affiliations from your User Profile
- Add and submit necessary Training & Credential records
- Maintain your T&C records on an on-going basis





New User Registration

To begin the registration process, go to www.irbnet.org and click the New User Registration link.

The screenshot shows the IRBNet website header with the logo and tagline "Innovative Solutions for Compliance and Research Management". A navigation bar includes links for Home, The IRBNet Difference, Demo, Contact Us, and FAQ. A login section at the top right contains fields for Username and Password, a Login button, and two links: "New User Registration" and "Forgot Your Password?". Both links are circled in red. Two red arrows point from these links to yellow callout boxes. The first callout box, pointing to "New User Registration", contains the text: "✓ Users that are not registered on IRBNet may click here to self-register." The second callout box, pointing to "Forgot Your Password?", contains the text: "✓ If you have forgotten your password, click here." The main content area features a "Comprehensive Solutions" section with a photo of hands, a "Test Drive IRBNet" section with a "Demo" button, and a testimonial from Bruce Day, Director of Research Integrity at Marshall University.

IRBNet Innovative Solutions for Compliance and Research Management

Login: Username Password Login

New User Registration ? Forgot Your Password?

Home | The IRBNet Difference | Demo | Contact Us | FAQ |

Comprehensive Solutions

The Industry's Most Complete Solution

IRBNet's unmatched suite of electronic solution Administrators, Committee Members, Research management and oversight tools support your IRB, IACUC, IBC, COI and other Boards with a unified solution.

Flexible, Intuitive and Easy to Use

Your own forms. Your own processes. Your own standards. Powerful reporting and performance metrics. The data you need. From electronic submissions to form wizards, to agendas, minutes, and more. Our easy to use, web-based tools are rapidly launched and backed by our best practices expertise and the industry's leading support team.

Secure, Reliable and Cost-Effective

IRBNet's secure web-based solution is accessible to your research community anytime, anywhere. Our

Test Drive IRBNet
See for yourself...
Demo

went so smoothly! It was over so fast the members didn't know what to do. They just sat there for a few minutes in disbelief."

- Bruce Day
Director, Office of Research Integrity
Marshall University

Next ▶



Basic Account Information

Fill out your first and last name, and choose a username and password.

- ✓ Always use your proper name, with standard capitalization as this information is used throughout the system.

- ✓ Passwords must contain 8 (eight) characters.

The screenshot shows the IRBNet Registration page. At the top, there is a banner with images of people working and a satellite. Below the banner, the word "Registration" is displayed in the top right corner. The main heading is "Account Information". Below this, a message states: "You must be REGISTERED to access IRBNet. Registration is free." and "The next step is to enter your basic account information and create your IRBNet User Name and Password." The form contains the following fields: "First Name *" with a red asterisk, "Last Name *" with a red asterisk, "User Name *" with a red asterisk, "Password *" with a red asterisk, "Confirm Password *" with a red asterisk, and "Password Hint". Below the fields are "Continue" and "Cancel" buttons. A red asterisk at the bottom left indicates "* required fields". Two red arrows point from the yellow callout boxes to the "First Name" and "Password" fields respectively.

Registration

Account Information

You must be REGISTERED to access IRBNet. Registration is free.

The next step is to enter your basic account information and create your IRBNet User Name and Password.

First Name *

Last Name *

User Name *

Password *

Confirm Password *

Password Hint

* required fields



Individual Terms of Use

All IRBNet users must agree to the Individual Terms of Use in order to register on the system.

IRBNet

IRBNet: Individual User Terms of Use

To register on IRBNet, you must read and agree to these Terms of Use, including any future amendments (collectively, the "Agreement").

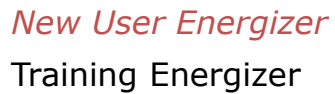
1. Acceptance of Terms.

This Agreement governs your participation as an individual user of IRBNet. IRBNet is a service provided by Research Dataware, LLC and both the company and service name are used interchangeably in this Agreement. In addition, when using particular IRBNet owned or operated services, you shall be subject to any posted guidelines or rules applicable to such services which may be posted from time to time. All such guidelines or rules are hereby incorporated by reference into this Agreement. IRBNet may also offer other services that are governed by different Terms of Use.

If this Agreement or any future changes are unacceptable to you, your sole remedy is to terminate your use of the Service. If you do not accept and abide by this Agreement, you may not use the services offered by IRBNet. By accessing or using the Service, you confirm your acceptance of, and agree to be bound by, this Agreement and any future changes to this Agreement. You agree to use the Service only in accordance with this Agreement. Nothing in this Agreement shall be deemed to confer any third party rights or benefits.



✓ Click "Accept" to accept the terms of use and continue.

Accept Reject



IRBNet

Search to find your local institution. Contact your local coordinator if you are unclear where you should register.



Registration

Add Affiliation

organization with which you are affiliated. If you are affiliated with more than one organization, you may add organizations after you complete the registration process by logging in to IRBNet and accessing your User Profile.

Search for an organization

metro

Search

Clear

Organization types to display

☒ Research Institutions

☐ Boards

☐ Sponsors

Display

Metropolitan University, Frederick, MD

Select your Organization *

If you do not see your organization listed you may [add a new organization](#).

Continue

Cancel

* required fields

✓ Search to find your local institution. You may search for your institution using any terms, such as “metro”.

✓ Highlight your institution, and click continue.



Contact Information

Fill in your contact information. Be sure to use a valid email address. You will need to be able to receive emails from IRBNet in order to activate your account.

IRBNet **Registration**

Your Contact Information

Specify your contact information at Metropolitan University, Frederick, MD. The email address that you specify will be used for communications related to Metropolitan University projects.

Telephone Number * - - ext.

Fax Number - - ext.

Email *

* required fields

- ✓ Use your institution-approved email to ensure that you receive your activation email and all automatic notifications from the system. Failure to use an appropriate email address may result in your account not being activated.



Finalize Registration

Verify that the information you have entered is correct. If any of the fields need to be edited, you may do so using the yellow "Edit" links.

IRBNet

Registration

Confirm Registration Information

Please review your information and click "Register" to complete the registration. You may update your account information, and add or update affiliations at any time.

[Register](#) [Cancel](#)

User Account Information and Password [\(Edit\)](#)

User Name	jrresearcher
First Name	John
Last Name	Researcher

Affiliations

Affiliation	Researcher at Metropolitan University, Frederick MD (Edit)
Telephone Number	(555) 555-5555
Email	jrresearcher@mailinator.com

✓ Click "Register" and continue. An automated activation email will be sent to your email address.

✓ Take a moment to confirm that the correct email is listed. It can be corrected by clicking "Edit" and re-entering the address.



Registration Complete

Once you finalize your registration, an activation email will be sent to your registered email address. You will need to click the link within that email to activate your account.

IRBNet

Registration

Registration is Complete

An activation email has been sent to your contact email address. You must click on the activation link within the email to activate your account.

Having trouble receiving your activation email from IRBNet? Try the following:

1. Check your spam box to make sure important IRBNet emails aren't getting accidentally filtered.
2. Make sure to whitelist all emails coming from irbnet.org to assure you receive them properly.
3. Generate a new activation email by logging in to IRBNet and clicking on your User Profile. Make a simple update (such as adding a fax number) and a new activation email will automatically be generated for you.
4. Contact the IRBNet Coordinator at your local Research Office who can provide more helpful information and can assist you in registering your account.

✓ Click "Continue" to finalize your registration and send the activation email.

[Continue](#)



Complete Activation

Visit the inbox of your registered email address and click the link within the "IRBNet Activation Required" email to activate your account.

✓ From your email inbox, open the "IRBNet Activation Required" message.

IRBNet Activation Required

☆ activation@irbnet.org to me

Welcome to IRBNet!

Please confirm your affiliation with Metropolitan IRB by clicking on the following link:

<https://www.irbnet.org:443/release/public/act.jsp?i=866946&a=se8pZUXLwz>

If you cannot click on the above link, you may copy and paste the link into your browser to confirm your affiliation.

Thank you,
The IRBNet Support Team

www.irbnet.org

✓ Click the link to complete your activation.

Congratulations, you are now a member of the
National Research Network!



Manage Affiliations

From the User Profile page you can add additional affiliations and trigger additional activation emails, if needed.

User Profile

Your User Profile

You can access this page at any time to update your account information, change your password, manage your affiliations and manage your Training & Credentials records.

When you add or update an affiliation you will be sent an activation email to your contact email address. You must click the link in the activation email to confirm your changes.

Account Information and Password (Edit)

User Name jrresearcher
First Name John
Last Name Researcher

Affiliations

- [Add an Additional Affiliation](#)

Researcher at Metropolitan University, Frederick, MD (Edit) (Deactivate)

Telephone Number (123) 456-7890

Email irbdefault@mailinator.com

[Send me an activation email](#)

Training & Credentials

IRBNet allows you to track and share your training records, certifications, resumes and other documents. When added to your profile, your training and credentials can be easily linked to your projects from the project page by your project teams and can be quickly accessed and tracked by the boards that review your projects. This permit you to directly submit your training and credentials without requiring you to link these documents to your profile.

There are currently no documents in your profile.

[Add New Record](#)

- ✓ Click the “Send me an activation email” link to trigger an additional activation email to your registered email address.



Add Training & Credential Records **IRBNet**

Upload appropriate Training & Credential (T&C) documents to your User Profile, as required by your local institution.

Welcome to IRBNet
John Researcher

My Projects

Create New Project

♥ My Reminders

Other Tools

Forms and Templates

User Profile

Manage Your User Profile

You may access this page at any time to update your account information, change your password, manage your affiliations and manage your Training & Credentials records.

Note that if you add or update an affiliation you will be sent an activation email to your contact email address. You must click on the link in the activation email to confirm your changes.

User Account Information and Password [\(Edit\)](#)

User Name jresearcher

First Name John

Last Name Researcher

Affiliations

- [Add an Additional Affiliation](#)

Researcher at Metropolitan University, Frederick, MD [\(Edit\)](#) [\(Deactivate\)](#)

Telephone Number (123) 456-7890

Email irbdefault@mailinator.com

Training & Credentials

IRBNet allows you to track and share your training records, certifications, resumes and other personal credentials. Once your training and credentials can be easily linked to your projects from the Designer, are accessible and can be quickly accessed and tracked by the boards that review your projects. Some boards also submit your training and credentials without requiring you to link these records to specific projects.

✓ Click here to upload
T&C documents.

There are currently no documents in your profile.

Add New Record



Enter Record Information

Enter the appropriate information and select the correct T&C document. Be sure to enter accurate Credit Hours and Expiration Date if applicable.

USER PROFILE

LOGOUT

Welcome to IRBNet
John Researcher

My Projects

Create New Project

My Reminders

Other Tools

Forms and Templates

Training & Credentials Record

Profile Owner: John Researcher

Attach a document to this Training & Credentials record by clicking the "Browse..." button to locate your document and then by clicking "Attach".

Document Type: *

CV/Resume

Description:

My CV

Credits/Credit Hours (if applicable):

Effective Date: *

05/03/2011

Expiration Date:

File: *

Browse...

Attach

Cancel

* required fields

✓ Click Attach to upload the document.

✓ Click Browse to select the correct T&C document to upload.



Submit T&C Documents

Submit uploaded T&C documents to the correct committee, according to local committee SOPs.

Create New Project

My Reminders

Other Tools

Forms and Templates

and manage your Training & Credentials records.

Note that if you add or update an affiliation you will be sent an activation email to your contact email address. You must click on the link in the activation email to confirm your changes.

User Account Information and Password (Edit)

User Name jrresearcher

First Name John

Last Name Researcher

Affiliations

Add an Additional Affiliation

Researcher at Metropolitan University, Frederick, MD (Edit) (Deactivate)

Telephone Number (123) 456-7890

Email irbdefault@mailinator.com

Training & Credentials

IRBNet allows you to track and share your training records, certifications, resume added to your profile, your training and credentials can be easily linked to your pr by your project teams and can be quickly accessed and tracked by the boards th permit you to directly submit your training and credentials without requiring you to

Doc ID

Document Type

Description

Cr

Effective Date

Expiration Date

Last Modified

Status

36.1

CV/Resume

My CV

05/03/2011

05/16/2011 01:44 PM

Not Submitted

Submit

Add New Record

✓ Click to submit the document to your committee.

13



Manage your User Profile

Upload additional T&C documents as needed and keep your existing documents up to date as credentials change.

Other Tools

Forms and Templates

Note that if you add or update an affiliation you will be sent an activation email to your contact email address. You must click on the link in the activation email to confirm your changes.

User Account Information and Password (Edit)

User Name	jrresearcher
First Name	John
Last Name	Researcher

Affiliations

- Add an Additional Affiliation

Researcher at Metropolitan University, Frederick, MD (Edit) (Deactivate)

Telephone Number	(123) 456-7890
Email	irbdefault@mailinator.com

Training & Credentials

IRBNet allow
added to you
by your proje
permit you to

- ✓ Highlighted Expiration Date indicates this document will expire within the next 60 days.

resumes and other pers
our projects from the D
ards that review your pr
you to link these recor

- ✓ To update a document, use the Pencil icon.
- ✓ The bell icon shows Messages and Alerts.
- ✓ Message coordinators using the envelope icon.

Doc ID	Document Type	Description	Cr	Effective Date	Expiration Date	Last Modified	Status	
48.1	CTI 3. Principal or Asso. Investigators Biomedical Research - Basic Course	My CTI Training	15	06/16/2010	06/15/2011	05/18/2011 02:27 PM	Accepted	    Submit
47.1	CV/Resume	My CV		05/03/2011		05/18/2011 02:26 PM	Accepted	    Submit

Add New Record



Your Committee Office can offer you assistance and training on IRBNet as well as advice on how to comply with important policies and standards as you use IRBNet.

Standard Training All Applicants

The VAAHS requires three mandatory training modules (listed below) for every employee to complete annually. Before beginning work as a WOC employee, you must complete all three of these modules. You will be required to complete them annually in order to stay in compliance for any research project in which you participate.

1. *VA Privacy and Information Security Awareness Training and Rules of Behavior*
2. *VHA Privacy and HIPAA*
3. *Infection Control: Bloodborne Pathogens and Tuberculosis*
4. *Chemical Hygiene Plan Training for VAAHS Research*

The first three modules are accessed via the VA Talent Management System (TMS). This system offers web-based training to VA employees and its partners. The Chemical Hygiene Plan can be download here <https://www.annarbor.research.va.gov/ANNARBORRESEARCH/resources.asp> on the bottom of the page.

FOR PERSONS ALREADY REGISTERED IN TMS

If you are already registered in TMS and have taken courses in the past, you do not need to register, again. Please contact Zhoie Bigham at Zhoie.Bigham@va.gov or 734-845-5600) to ensure you have the correct courses assigned to you.

FOR PERSONS NOT REGISTERED IN TMS

You must self-enroll for a profile on the VA TMS site by visiting <https://www.tms.va.gov/plateau/user/login.jsp>. Once there, follow the steps below to create a profile, launch mandatory training and complete content prior to your processing appointment.

*****The *Infection Control* training must be completed on a VA computer due to firewall issues. If you do not have access to a VA computer, you can complete the training at the Research Office on the day of your appointment.*****

1. Step-by-Step Instructions

1. From any computer, launch a web browser and navigate to <https://www.tms.va.gov/secureauth35/>
2. Click the [**Create New User**] link in the menu below the TMS logo and login fields.
3. Select the button for '**WOC**'.
4. Click the [**Next**] button.
5. Enter the appropriate information in the fields below.
 - a. My Account Information:
 - i. **Social Security Number** Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.
 - ii. Re-enter **Social Security Number**
 - iii. **Date of Birth**
 - iv. **Legal First Name**
 - v. **Legal Last Name**
 - vi. **email Address** Enter your work or school address. If you have a VA email address, use this one. Your email address will be your user ID.
 - vii. Re-enter **email Address**
 - viii. **Phone Number** – Enter a number where you can be reached by VA staff if issues arise with the self-enrollment process or in other circumstances.
 - b. My Job Information. Enter the information below **EXACTLY** as presented.
 - i. **VA City** – Enter **Ann Arbor**
 - ii. **VA State** – Select Michigan (MI)
 - iii. **VA Location Code** – Select **ANN**
 - iv. **VA Point of Contact First Name** – Enter **Zhoie**
 - v. **VA Point of Contact Last Name** – Enter **Bigham**
 - vi. **VA Point of Contact eMail Address** – Enter **zhoie.bigham@va.gov**
 - vii. **VA Point of Contact Phone Number** – Enter **734-845-5600**
 - viii. **Check** the **HIPPA Training Required** check box.
6. Click '**Submit**' when complete. Your profile will immediately be created. Check your UserID when it displays on the confirmation page. Click on the '**Continue**' button to load your '**To-Do List**'. This will populate with mandatory training.

2. Launching and Completing the Content

1. Mouse over the title of the available item in the **To-Do List**.
2. Click the [**Go to Content**] button in the pop-up window that appears.
3. Complete the content following the on-screen instructions.
4. Exit the course.
5. To print certificates, click on the '**Completed Work**' pod on the lower right side of your TMS screen.
6. Move your mouse to hover over the title of your courses to print the certificates (DO NOT CLICK ON THE COURSE). Click on '**Print Completion Certificate**' for all the mandatory training required for the WOC application.

3. Trouble-shooting and Assistance

The **Check System** link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one of the components is not in compliance with the requirements, a red '**X**' will appear next to the Check System link. If this happens with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS or move to another computer.

*****If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1-888-501-4917 or via email at VAMSEHelp@gpworldwide.com.**

Laboratory Training & Forms

NEW VA RESEARCH LABORATORY WORKERS

All personnel working in a lab must complete the following training in CITI and complete the Laboratory Employee Safety Checklist on the following page.

Introduction to VA Biosecurity Concepts is accessed via the Collaborative Institutional Training Initiative (CITI) at the University of Miami. This is a **one time** requirement.

1. Navigate to <https://www.citiprogram.org>
2. Click 'Register' in the 'Create an account' box.
3. Select your Organization Affiliation by typing **VA Ann Arbor, MI-506** and selecting it from the drop down.
4. Click 'Continue to Step 2'.
5. Fill in the Personal Information as requested and then click 'Continue to Step 3'.
6. Create your Username, Password and Security Question following the instructions on the screen. Click 'Continue to Step 4'.
7. Fill in the required information for Country of Residence, Gender, Ethnicity and Race. Click 'Continue to Step 5'.
8. Answer the questions for Continuing Education Units. Click 'Continue to Step 6'.
9. Fill in the required information for Institutional email address (VA or university email), Gender, Department (Research), Role in Research (choose from the drop down menu). Click 'Continue to Step 7'.
10. Human Subjects Research = Click appropriate option for your study (option one or two).
11. Serving on VA IACUC or university IACUC = Click appropriate option for you.
12. Utilize laboratory animals = Click appropriate option for your study.
13. Answer Questions 5 and 6, as required.
14. Biosecurity training = 'I am a new VA or VA foundation employee and have NOT taken required VA training'.
16. Post-Approval Monitoring course = click appropriate button.
17. Click 'Complete Registration'.
18. Click 'Finalize Registration'.
19. Complete required course work and print completion certificates for in-processing appointment.

If you have questions or experience difficulties registering, contact the following people -

1. WOC Coordinator/Program Support Assistant, Zhoie Bigham, 734-845-5600
2. R&D Coordinator, Samuel McVean, 734-845-5602
3. Human Studies Coordinators, Cathy Kaczmarek or Terry Robinson, 734-845-3440
4. Animal Studies & Research Safety Coordinator, Carolyn Slusher, 734-222-7981

VAAHS Research Service (151)

LABORATORY EMPLOYEE SAFETY TRAINING CHECKLIST

Employee Name	Supervisor	WOC VA Employee	Start Date
---------------	------------	--------------------	------------

All Laboratory personnel must complete annual safety training. Complete the items relevant to your lab area with your supervisor.

	1. Location and use of Life Safety Equipment		5. MSDS Sheets (Material Safety Data Sheets) - location and use
	a. Fire Safety 1. Fire Emergency Plan - RACE 2. Pull Stations - location & fire codes 3. Fire Extinguishers - location & use		6. Review the Hazardous Materials Management Plan (S-2)
	b. Minimum Accessibility Requirements 1. Maintain a 48" corridor width 2. Storage at least 18" from sprinkler heads 3. Maintain 36" semi-circle of access to electrical panels		7. Safety Management Program (S-3)
	Showers, Eye Washes (location, use, c. functionality check & monthly update of inspection tags for eye washes)		8. Exposure Control Plan For Bloodborne Pathogens (S-4) a. To work with human blood/body fluids b. Post Exposure Evaluation and Follow-up.
	d. Spill Kits for Acid, Caustic, Flammable, Blood & Body fluids (how to use, fully stocked kits) 1. Replacement supplies		9. Emergency Preparedness Plan & DoD Contingency Plan (S-5)
	e. Safety equipment specific to your lab, including personal protection equipment (PPE) 1. Lab coats 2. Eye, Face, Hand, Foot, Head		10. Operation of equipment (such as sterilizers and centrifuges) a. Location of operation Manual b. Documented User Training
	2. Medical Center Safety Policies Manual (review location & check documentation that each person who works in the lab has reviewed manual)		11. Safety of Personnel Engaged In Research VHA Handbook 1200.08
	3. VA Research Safety Policies On-Line http://www.annarbor.research.va.gov/ANNARBORRESEARCH/policies.asp		12. Specific job related hazards a. Gas cylinder storage and handling b. Moving chemicals to storage c. Glass d. Chemical inventory e. Biohazard
	4. Radiation Safety and ALARA Program (S-1)		<u>NO FOOD OR DRINKS IN LABS</u> No beverage containers of any kind on benches No food in laboratory refrigerators VIOLATORS WILL BE FINED \$500

Employee Signature	Date	Supervisor Signature	Date
--------------------	------	----------------------	------

Human Subjects Research Training & Forms

VA HUMAN SUBJECTS RESEARCH

All personnel assigned to a human subjects protocol/project must complete the following training in the Collaborative Institutional Training Initiative (CITI) at the University of Miami.

VA Human Subjects Training (HST) and **Good Clinical Practices (GCP)** is a required VA research course that must be completed every three years. If you fail to retake the course by your renewal date, you **MUST STOP** all work on all research studies/projects.

To complete this combined course, perform the following steps below.

1. Navigate to <https://www.citiprogram.org>
2. Click 'Register' in the 'Create an account' box.
3. Select your Organization Affiliation by typing **VA Ann Arbor, MI-506** and selecting it from the drop down.
4. Click 'Continue to Step 2'.
5. Fill in the Personal Information as requested and then click 'Continue to Step 3'.
6. Create your Username, Password and Security Question following the instructions on the screen. Click 'Continue to Step 4'.
7. Fill in the required information for Country of Residence, Gender, Ethnicity and Race. Click 'Continue to Step 5'.
8. Answer the questions for Continuing Education Units. Click 'Continue to Step 6'.
9. Fill in the required information for Institutional email address (VA or university email), Gender, Department (Research), Role in Research (choose from the drop down menu). Click 'Continue to Step 7'.
10. Human Subjects Research = Click option two (involved in human subjects, never completed training).
11. Serving on VA IACUC or university IACUC = No
12. Utilize laboratory animals = No
13. Skip Questions 5 and 6.
14. Biosecurity training = 'I am a new VA or VA foundation employee and have NOT taken required VA training' if you are working in a lab.
16. Post-Approval Monitoring course = click appropriate button.
17. Click 'Complete Registration'.
18. Click 'Finalize Registration'.
19. Complete required course work and print completion certificates for in-processing appointment.

If you have questions or experience difficulties registering, contact the following people -

1. WOC Coordinator/Program Support Assistant, Zhoie Bigham, 734-845-5600
2. R&D Coordinator, Samuel McVean, 734-845-5602
3. Human Studies Coordinators, Cathy Kaczmarek or Terry Robinson, 734-845-3440

Animal Subjects Research Training & Forms

VA ANIMAL SUBJECTS RESEARCH

All personnel assigned to animal protocols/projects must complete the following training in the Collaborative Institutional Training Initiative (CITI) at the University of Miami. Additionally, animal research workers must complete the Occupational Health & Safety, Medical Surveillance questionnaire and vaccination record.

Working with the IACUC and ***Working with (species) in Research Settings*** are required VA research courses that must be completed every three (3) years by all animal researchers. If you fail to retake the courses by your renewal date, you **MUST** stop all work on all research studies/projects.

Post Procedure Care of Mice and Rats is required if you will be performing surgery and/or caring for rodents after survival surgery. This course must be completed **every three years**. If you fail to retake the courses by your renewal date, you **MUST STOP** all work on all research studies/projects.

To complete these courses, perform the following steps below.

1. Navigate to <https://www.citiprogram.org>
2. Click 'Register' in the 'Create an account' box.
3. Select your Organization Affiliation by typing **VA Ann Arbor, MI-506** and selecting it from the drop down.
4. Click 'Continue to Step 2'.
5. Fill in the Personal Information as requested and then click 'Continue to Step 3'.
6. Create your Username, Password and Security Question following the instructions on the screen. Click 'Continue to Step 4'.
7. Fill in the required information for Country of Residence, Gender, Ethnicity and Race. Click 'Continue to Step 5'.
8. Answer the questions for Continuing Education Units. Click 'Continue to Step 6'.
9. Fill in the required information for Institutional email address (VA or university email), Gender, Department (Research), Role in Research (choose from the drop down menu). Click 'Continue to Step 7'.
10. Human Subjects Research = No/not involved
11. Serving on VA IACUC or university IACUC = yes if member, no if not member
12. Utilize laboratory animals = Yes
13. Check each species you will work with.
14. Perform or supervise survival surgery in rodent species = Click appropriate button.
15. Biosecurity training = 'I am a new VA or VA foundation employee and have NOT taken required VA training'.
16. Post-Approval Monitoring course = click appropriate button.
17. Click 'Complete Registration'.
18. Click 'Finalize Registration'.
19. Complete required course work and print completion certificates for in-processing appointment.

If you have questions or experience difficulties registering, contact the people below.

1. WOC Coordinator/Program Support Assistant, Zhoie Bigham, 734-845-5600
2. Animal Studies & Research Safety Coordinator, Carolyn Slusher, 734-222-7981
3. R&D Coordinator, Samuel McVean, 734-845-5602

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

Each VA facility with an animal research program must establish an OHSP to protect the personnel who are involved in animal research, or who are otherwise at risk of exposure to animals or their (unfixed) tissues or fluids. 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 work with animals or unfixed tissues in VA research must be given the opportunity to enroll in the OHSP at the VA facility at no charge. Furthermore, individuals who may have intermittent animal exposure must also be given the opportunity to enroll (e.g. IACUC members, housekeeping staff, physical plant, VA police officers) You may choose to decline to receive OHSP services that aren't required to protect the health of personnel and animals. To enroll, contact your VA research administrators or Occupational Health.

What is included? The services you receive will depend on the type and frequency of exposure, and your medical history. A medical surveillance questionnaire is often used to assess your individual risk factors. A health professional will review your responses and determine the frequency and type of interaction (tuberculin testing, immunizations, etc.) with the OHSP.

ANIMAL EXPOSURE RISKS

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

1) Physical Hazards. Examples of such hazards 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.
- Do not recap needles and dispose of sharps in approved containers.
- Employ good ergonomic practices to avoid muscle sprains and repetitive motion injuries.
- Wear recommended personal protective equipment (PPE) such as a lab coat, gloves, eye and hearing protection.

2) Allergies. Allergic reactions to animals are among the most common conditions that affect the health of workers exposed to laboratory animals. Sneezing, itchy eyes, and skin rashes are typical clinical signs, but in serious cases, asthma or anaphylaxis may occur. Allergens include urine, dander, and saliva, especially from rodents. You can limit exposure to allergens by using appropriate PPE and using safe work practices.



Protect Yourself from Allergies!

- Work in a clean, well-ventilated environment.

- Wear appropriate PPE such as a lab coat and disposable gloves, and **never rub your face or eyes** until you have removed your gloves and washed your hands thoroughly.
- It may be helpful to wear a surgical-type mask to reduce airborne exposure in animal rooms. If you need a respirator, you must be medically cleared, fit tested and trained annually.

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

Unfortunately some infections of animals may produce serious disease in humans *even when the animals themselves show few (if any) 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. **If you experience flu-like symptoms or other signs of illness, be sure to tell your doctor that you work with animals, just in case your illness is related to your work with animals.**

Prevention. Common sense steps that can be taken to lessen zoonotic disease risk include:

- Do not eat, drink, or apply cosmetics or contact lenses around animals.
- Wear gloves when handling animals or their tissues.
- Use proper manual and/or anesthetic restraint when working with fractious animals and/or administering hazardous agents.

- Work in pairs whenever possible.



- **Do not recap used needles!** Whenever possible, use safety devices, activate the safety feature as soon as possible and dispose 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 wear specialized PPE as directed.

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

WHAT YOU SHOULD KNOW

About Bites, Scratches, and other Injuries...

Contact your Supervisor and Occupational Health immediately if you are bitten or scratched, if you injure yourself while performing your job, or if you experience unusual disease symptoms.

If you are Pregnant...

Working with hazardous agents and toxic chemicals is discouraged during pregnancy. Consult Employee Health and your personal physician for advice about working safely during pregnancy. Toxoplasma is an infectious agent sometimes shed in cat feces, and it can infect the fetus of pregnant women that do not have acquired immunity. Pregnant women should generally avoid any contact with cat feces or litter boxes.



If you work with Nonhuman Primates...



Diseases of nonhuman primates (NHPs) are often transmissible to humans. Although, several NHP viruses may 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 brain infections 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 may also occur via splashes that come in contact with mucous membranes or via injuries caused by contaminated equipment. Proper work practices are essential to preventing exposure.

- Wear PPE, (i.e. protective outer garments, gloves, face mask, and eye protection).
- Anesthetize monkeys whenever possible before handling.
- In the event of possible exposure, obtain medical attention immediately. Instructions for treating wounds and obtaining medical attention must be posted in each nonhuman primate area.

Tuberculosis may be transmitted both from humans to animals and from animals to humans. NHPs and individuals in contact with them must be screened for tuberculosis annually. *Shigella*, *Campylobacter*, *Salmonella*, and *Entamoeba histolytica* cause diarrhea in NHP species and may cause similar problems in humans exposed to NHP feces. Infection is best

prevented by protection from aerosols, the use of gloves, and careful hand washing.

Simian immunodeficiency virus (SIV) 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. Sometimes scratches or bites can result in infections. Cat bites can result in particularly severe infections. Cat scratch fever (Bartonellosis) is caused by a rickettsial organism and is characterized by flu-like symptoms and swollen lymph nodes.

Rabies

The likelihood of contracting rabies as a result of a bite is now very low because research dogs and cats are typically vaccinated for rabies. 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.



Human exposure can result in pneumonia and other symptoms. Sheep used in research should be assumed to be infected, and careful measures taken to prevent transmission to humans. All individuals working with pregnant laboratory 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 these symptoms immediately to Occupational 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 have a low risk of transmitting zoonotic diseases. However, animals caught in the wild can harbor a variety of bacterial, viral, fungal, and parasitic infections that can constitute a significant hazard to personnel.



If you work with Hazardous Agents...

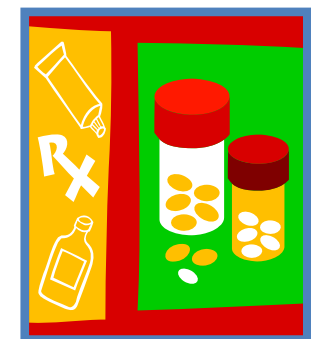
The proper use of hazardous biological, chemical, and physical agents in animals depends on careful planning, proper training, and careful attention to prescribed work practices. Signs should be posted indicating the

nature of the hazard, necessary precautions, and emergency contact information. The 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. The measures must be appropriate for the specific hazard, as determined by the Safety/Biosafety Officer in consultation with the investigator, the Subcommittee on Research Safety, and the veterinarian.



FOR FURTHER INFORMATION

The services offered in your program may differ somewhat from those described in this pamphlet. For further information, contact your research administrators or Occupational Health. More guidance in this area can be found in VHA Handbook 1200.07, "Use of Animals in Research."



Occupational Health and Safety Program (OHSP)

As a researcher assigned to an animal study, you must be enrolled in either the VA OHSP or the University of Michigan OHSP.

In order to be enrolled in the UofM OHSP, you must have completed their medical questionnaire, be enrolled in eRAM and completed the training in ULAM. If you have not done all of these, you will be enrolled in the VA OHSP.

If you are enrolled in the UofM OHSP, please complete the first two pages of OHSP paperwork and bring them to your WOC processing appointment.

If you are attached to an animal study, but do not interact with animals or any animal material, complete the first two pages and return them to the Research Program Support Assistant.

If you are going to enroll in the VA OHSP, complete all five pages and bring them to your WOC processing appointment.

Occupational Health and Safety Program (OHSP) Explanation and Acknowledgement of Program

1. What does the VA require for an OHSP in an animal research program?

The VA requires each VA facility with an animal research program to develop a written policy establishing an OHSP to protect the personnel who are involved in animal research or who are otherwise at risk of exposure to animals or their (unfixed tissues or fluids. This includes protection from risks related to the use of hazardous agents specifically used in research animals. The program should be tailored to individuals according to the risks they will encounter and their medical history (VHA Handbook 1200.07, *Use of Animals in Research*, paragraph 10 and Appendix C, 23 November 2011, and *Occupational Health and Safety in the Care and Use of Research Animals*, The National Academies Press, 1997).

2. Who must be allowed to participate in the VA OHSP?

All Federal paid employees, without compensation (WOC) employees and other non-Federal personnel who work with animals or unfixed tissues used in VA research **MUST** be given the opportunity to participate equally in the OHSP at the VA facility at no charge, unless the IACUC determines that such personnel are enrolled in an alternate program (e.g., an affiliate's program) that complies with Public Health Service (PHS) policy. In addition, the following individuals who have intermittent contact with animals or the animal facility must also have the opportunity to enroll at no charge:

- a. IACUC voting members (including the non-affiliated and non-scientist member) and non-voting participants who enter the animal facility as part of the IACUC semi-annual evaluation of the animal care and use program and facilities.
- b. Maintenance, engineering, and housekeeping perosnnel who enter the VMU intermittently.
- c. Other personnel, such as the VA Police or security personnel, who could have need to enter the VMU in an emergency. Such personnel should be identified in consultation with occupational health medical professionals.
- d. Employees whose duties require significant contact with dogs, cats, bats, or wild carnivores must be provided the opportunity of receiving pre-exposure rabies immunization in accordance with current CDC recommendations. The medical facility must procure and administer the vaccine at no cost to employees requesting immunization.

3. Who may decline participation?

Personnel working in VA animal research facilities MUST participate in the VAMC medical surveillance program or an approved affiliated program (e.g., University of Michigan), but may decline optional services. Personnel may decline to receive services not required by the VA facility to protect the health of the animals or other personnel (e.g., TB testing or chest radiography). Personnel who decline optional services are considered to be enrolled in the OHSP as long as the VA facility documents that they were given the opportunity to receive these services.

I have read and understand the 'Occupational Health and Safety Program (OHSP) for Personnel with Laboratory Animal Contact' brochure and the VA's OHSP information. I understand that I am automatically enrolled in the OHSP. In the unlikely event that I should require any medical services, I reserve the right to decline or 'Opt out' of on-site medical care and see my own medical provider. I understand that I will be required to annually complete an OHSP Medical Questionnaire distributed by VAAHS Employee Health personnel.

I participate in the University of Michigan Occupational Health and Safety Program for Personnel Working with Animals.

Name _____

Date _____

Signature _____

Name of Principal Investigator _____

Experience Working with Animals

Name _____

Email _____

PI _____

Lab Phone _____

Lab Location _____

Animal Contact

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

Mice Rats Rabbits Guinea Pigs Dogs Cats Frogs Other (specify) _____

2. What kind of contact will you have? (Check all that apply)

Direct contact with animals F Fixed tissue No contact at all
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. I will be involved with: Surgical Preparation Surgical Procedures Post Surgery Care

Routine Care (special feeding, observations) Other (specify) _____

4. I have experience working with animals as a result of

Attending animal workshops (dates attended) _____

Undergraduate/Graduate School Conducted previous research (# of years) _____

5. Do you or will you handle animals that have been given infectious biohazards?

If yes, please provide the following information Infectious agent _____

CDC Class of agent _____

Date of infectious biosafety training _____

6. Do you or will you handle animals that have been given chemical hazards?

If YES, please describe the hazard. _____

7. Do you or will you handle animals that have been exposed to or given radiation hazards?

If yes, please describe the type of radiation hazard. _____

Radiation Training Date _____

8. Do you/will you work with species of or biological material from non-human primates?

9. Do you/will you work with recombinant DNA technology?

If yes, does the research involve techniques in which viable recombinant DNA-containing micro-organisms are used to infect animals that then require Biosafety Level 3 containment? _____

Signature _____

Date _____

PI Signature _____

Date _____

Confidential Medical Information (when filled in)

**Significant Biological Agent or Animal Contact Health Surveillance
Questionnaire**

Name _____ SSN _____
Service _____ Date of Birth _____
Gender _____ Phone _____
Email _____ Preferred Language _____

Projected Duration of Duties _____

Previous Evaluation at Employee Health?

Status (Check all that apply)

VA Staff	Veterinarian
UM Faculty	Research Technician
WOC	Research Assistant
Animal Handler	Other (specify) _____

Do you have contact with animals outside of work?

If 'Yes', please list all species _____

Allergy History

List any allergies to medications _____

List reactions to medications _____

Do you have any of the following? (Check all that apply)

Chronic cough Hay fever Skin rash Asthma
Allergic rhinitis (runny nose) Allergic conjunctivitis (itchy, water eyes)
Chronic allergies (food, pollen, dust)
Natural parent and/or sibling with allergies to animals or their substances

Are you allergic to any of the following? (Check all that apply)

Dogs	Rats or Mice	Birds (feathers)	Primates	Grasses
Cats	Rabbits	Farm Animals	Latex	Wood
Swine	Guinea Pigs	Sheep (wool)	Chemicals	
Alfalfa	Trees	Weeds	Other	_____

Do you have any of the following symptoms that you feel are caused by, or made worse, because of your work with laboratory animals?

Cough	Wheezing	Chest tightness
Hives	Sneezing	Shorness of breath
Rash	Runny nose	Watery, burning, or itchy eyes

Other Health Information

Have you been told by a physician that you have an immune compromising medical condition or are taking medications that impair your immune system (steroids, immunosuppressive drugs, chemotherapy)?

If yes, list medications/conditions. _____

Are you currently pregnant or plan to become pregnant within the next year?

List any other conditions, medications, or concerns the provider should know about.

I verify that all information is accurate and that I have referred to and read all pertinent information related to the animals that I come in contact with.

Signature

Date

Name _____

Immunization Record

Enter the date of most recent vaccination/booster/blood test. Enter 'ND' for never done if the vaccination or test was never performed. Enter '?' if you have had the vaccination/test but cannot recall the date.

Measles _____	Hepatitis A _____
Mumps _____	Hepatitis B _____
Rubella _____	Smallpox (Vaccinia) _____
Tetanus _____	Yellow Fever _____
Rabies _____	Toxoplasmosis _____
Q Fever _____	BCG _____
CMV _____	Varicella (chickenpox) _____

Tuberculosis / PPD Skin Testing _____

If positive, date of last chest x-ray _____

If positive in the past, are you having any of the following symptoms? (Check all that apply)

Fever Chronic Cough Bloody Sputum Shortness of Breath Weight Loss