

Information Packet

UIN Request for Visiting Professors and Scholars

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 - UIN Issue Certification Form for Visiting Professors and Scholars
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Departure Process

- On-line Completion of the [Notification of Resignation and Termination form](#) is required at the end of the term.
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Procedures for Applying for a UIN Issue Certification for Visiting Professors/Scholars

All visiting professors/scholars require a Universal Identification Number (UIN) in order to gain access to various HSC facilities and computing information resources must apply through their Host Department. Your Host Department Liaison can assist you with the preparation of the necessary documentation for submission and assignment.

The following information is **REQUIRED**:

1. Completed UIN Processing Checklist
2. Completed and signed Visiting Scholar Approval (VPS) form
3. Confirmation of Completed/Approved Background Check
4. Completed and Signed UIN Issue Certification form including Identity Verification Documents.
(See attached list of acceptable documents)
5. Completed and Signed Waiver/Authorization Forms
 - a. HSC Waiver/Authorization Form *(fill in blanks with information specific to the individuals role and activities)*
 - b. System Volunteer Waiver Form (when applicable)
 - c. System Student/Intern Waiver Form (when applicable)
6. Signed Computer Use/Data and Confidentiality Use Agreement Forms
7. Completed Computer Account Request form (when applicable)
8. Completed TNA form. Note – additional training assignments may be warranted after review by VPR, EHSD or Risk Mgmt. Mandatory Training requirements:
 - a. System Required training(s) Course 2111953
 - b. FERPA 11012 and HIPAA 2112283
 - c. Blood Borne Pathogen-Mandatory for Laboratory/Clinic environments 2111507
 - d. Hazard Communications-Mandatory for laboratory environments
 - e. Orientation in Lab Safety-Mandatory for Laboratory environments
9. Completed [Occupational Health Program](#) when applicable –
Immunization form for Clinical and Biological Exposures included in packet
10. Completed [J-1 Application Checklist](#) when applicable

After further review and approval, a UIN will be granted and then distributed to the host department liaison for further action.

11. Completion of the on-line [Notification of Resignation/Termination form](#) is required at the end of the term.

If you have any questions, please contact HSC Risk Management at HSC-risk-insurance@tamhsc.edu for assistance.

UIN Processing Checklist for Visiting Professors/Scholars



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

Below you will find a check list for all the information needed before we are able to begin to process your request. All documents must be sent as an attachment in one (1) email to Risk Management at HSC-Risk-Insurance@tamhsc.edu.

Please be aware you may be asked to provide additional information during this process. If you have questions, please contact Matt Walton at (979) 436-9248 or mwalton@tamhsc.edu

Component/Department Information

Component: _____ Department/Center _____

Department Contact: _____ Email: _____

Title: _____ Phone: _____

Visiting Scholar/Volunteers Information

Full Name: _____

Requested Start Date: _____ End Date: _____

Mandatory Items

- ☐ VPS Form - Approval of Visiting Professor/Scholar
- ☐ UIN Issue Certificate Form
- ☐ Identity Verification Documents
- ☐ Confirmation of Completed/Approved Background Check
- ☐ HSC Waiver/Authorization Agreement Form
- ☐ Volunteer Waiver Form
- ☐ Computer Use/ Data Use and Confidentiality Agreement Form
- ☐ HSC Training Needs Assessment Form
- ☐ Computing Account Request
- ☐ [Occupational Health Program](#) (*Clinical Immunization form included*) when applicable
- ☐ [J-1 Application Checklist](#) (*when applicable*)

Departure Process

- ☐ On-line Completion of the [Notification of Resignation and Termination form](#) is required at the end of the term.

Texas A&M Health Science Center Guidelines

15.99.99.Z1.01 Guideline: Visiting Professors/Scholars Not Involved in an Employer/Employee Relationship

Approved March 5, 2003

Approved June 26, 2008

Revised June 1, 2011

1. Visiting Professors/Scholars are defined as those visitors to academic units who require use of HSC facilities to conduct their research or scholarship activities. The title of “Visiting Professor” refers to those who will share their knowledge and talents with HSC faculty through extended lectures, demonstrations, or teaching of new research techniques. The title of “Visiting Scholar” refers to those who visit the HSC to advance their own knowledge. The titles are not intended for visitors on short-term visits to present seminars, lectures, or consultations.
2. Host faculty members must be willing to accept responsibility for the Visiting Professor/Scholar and must secure approval from the administration for Visiting Professors/Scholars to access facilities and utilize resources. Form VP/S must be completed for the Visiting Professor/Scholar and submitted by the host faculty member for approval by the appropriate department chair, component head, and Vice President for Academic Affairs (VPAA). The process must be completed before a Visiting Professor/Scholar may access facilities or resources. For international scholars, the approved form must be copied to the HSC Office of International Services.
3. All Visiting Professors/Scholars will be expected to abide by Health Science Center Rules available through the HSC website.
4. In the event that the purpose or duration of the visit changes, the host faculty member shall inform the department chair, component head, and VPAA, and secure approval for the revised program 14 days prior to the expiration of the initial approval deadline. A new Form VP/S must be submitted outlining the revised program and a copy of the previous Form VP/S must be attached.
5. If a Visiting Professor/Scholar’s work involves projects of a proprietary nature that may lead to potential conflicts of interest, the Visiting Professor/Scholar must sign a non-disclosure agreement (HSC Standard Administrative Procedure 17.02.01.Z1.01 Management of Technology Commercialization Through Patents and Licensure of Intellectual Property) regarding information acquired during the visit to the Health Science Center.
6. Upon arrival, International Visiting Professors/Scholars must register with the HSC Office of International Services for verification of their immigration status.

OFFICE OF RESPONSIBILITY:

Vice President for Academic Affairs

VPS Form - Approval of Visiting Professor/Scholars

Complete Sections 1-17, hand-written copies are **not** acceptable.
Attach all required documentation including documentation of legal status.

1. HSC Component		
2. HSC Department/Center		
3. First, Middle and Last Name		
4. Country of Birth		
5. Country of Legal Permanent Residence		
6 Country of Citizenship (<i>attach proof of citizenship</i>) <ul style="list-style-type: none"> ▪ if foreign national, attach (1) foreign passport, (2) copy of visa (if currently in the U.S.) ▪ if Legal Permanent Resident, attach (1) copy of valid residency card and (2) passport from home country ▪ if foreign born U.S. Citizen attach (1) copy of U.S. passport or Naturalization papers ▪ if U.S. Citizen attach copy of U.S. passport or Certificate of Birth 		
7. Title Request		
8. Complete: home address, including country and postal codes		
9. If visitor is US citizen or lawful US Resident: complete name and address of current, or last, institution/company (including country) with which person is affiliated. Work address needs to be different from home address		
10. If visitor is a <u>foreign national</u> : complete name and address of foreign institution/company with which person is currently or previously affiliated.		
11. Proposed start date of visit (MM/DD/YEAR)		
12. Proposed end date of visit (MM/DD/YEAR)		
13. Complete this section if the person has been employed by TAMUS at any time during the 12 month period preceding the effective date of this appointment:	UIN # _____ PIN # _____ Component _____ Job Title _____ Dept./Center: _____	

Visiting Scholar: _____

14. Briefly describe education and background of prospective visitor (or attach resume):	
15. Give a brief, but detailed, description the nature and purpose of the visit to the HSC. (attach copy of offer/invitation letter)	
16. Source and amount of funds required to support the visit (if any).	Source: _____ Amount: _____
17. Was background check completed?	

Please complete this section if the visiting scholar is a foreign national (not a U.S. citizen or lawful U.S. Resident)

The following questions are intended to address export controlled issues. Please check yes or no for all the work contemplated during the scholar's visit, both funded work and unfunded work, with the host or other faculty member or researcher. **Host should review Guideline 15.99.99.Z1.01. "Visiting Scholars, not involved in an Employer/Employee Relationship with Texas A&M Health Science Center", on host responsibilities as outlined in paragraph one and six.**

	YES	NO
a. Can the research be categorized as "Fundamental"? Fundamental research means basic and applied research in science and engineering, the results of distinguished from proprietary research and from industrial development, design, production, and product utilization, the results of which ordinarily are restricted for proprietary or national security reasons. Fundamental Research applies only to the dissemination of technical data and information, not to the transmission of material goods.		
b. Can the research be categorized as Classified? Classified research is usually government funded and can further be defined as national security information at the levels of Top Secret and Confidential, and as being governed by Department of Defense National Industrial Security Program Operating Manual (NISPOM) requirements. Publication of classified research results can be legally withheld or restricted.		
c. Can the research be categorized as Controlled Unclassified Information? Controlled Unclassified Information (CUI) is categorical designation that refers to unclassified information that does not meet the standards for National Security Classification under Executive Order 12958, as amended, but is (i) pertinent to the national interests of the United States or to the important interests of entities outside the Federal Government, and (ii) under law or policy requires protection from unauthorized disclosure, special handling safeguards, or prescribed limits on exchange or dissemination. Henceforth, the designation CUI replaces "Sensitive but Unclassified" (SBU).		
d. Can the research be categorized as Proprietary? Proprietary research, usually privately funded, is defined as research activities undertaken pursuant to a contract between the Health Science Center and an outside sponsor with commercial interests, and carried out under the auspices of the Health Science Center. Publication of proprietary research results can be withheld or restricted, contractually.		
e. Does the project restrict participation to US citizens or permanent residents only?		

Visiting Scholar: _____

f. Can the research be categorized as Restricted? Restricted research is research where publication may require advance review by, or permission of the funding entity. Restricted research may have constraints imposed by the funding entity, whether it be the state, a federal agency, or a private sponsor with or without commercial interests.			
g. Will visitor have access to technical specifications of equipment where such specifications are not available through published materials such as commercially available manuals, documentation in libraries or the World Wide Web, information from teaching laboratories or information available to interested communities for either free or where the price does not exceed the cost of production?			
Restricted Party and Denied Embargo Screenings: This section to be completed by TAMU International Faculty & Scholar Services (IFSS) and results attached to VPS Form.			
Date screening was conducted			
Passed Restricted Party Screening on date conducted		yes	no
Passed Denied Embargos Screening on date conducted.		yes	no
If "no" please explain:			
Certification: I Certify that the information provided herein is true and correct to the best of my knowledge and on the date conducted.	Name		
	Signature		
	Date		
REQUESTED BY			
Printed Name of Host Faculty Member/PI		Phone Number	
Signature		Date	
Completion Date for Export Control Training by Faculty Member/ PI		Date	
APPROVAL ROUTING			
Printed Name	Signature of Department Chair	Date	
Printed Name	Signature of Component Head	Date	
Printed Name	Signature of International Faculty & Scholar Services	Date	
Printed Name	Signature of Vice President for Research	Date	
Printed Name	Signature of VP of Academic Affairs	Date	

Instructions for Completing UIN Issue Certification Form for Visiting Professors and Scholars



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

This form is to be used when requesting a Universal Identification Number (UIN) for visiting professors and scholars. Each individual must provide some type of identity verification. Examples are listed in the list of acceptable documents used.

Important: Please take note of the following information when completing this form. After completion, please email as an attachment along with supporting documentation to hsc-risk-insurance@tamhsc.edu.

Instructions for each item in the supplemental form are provided below:

1. Enter full name of the individual as it appears on the identification card.
2. Enter other name if applicable
3. Enter gender (female or male).
4. Enter birth date (00/00/0000).
5. Enter existing UIN, if applicable.
6. Enter social security number (SSN). Please indicate if not applicable. *(a copy must be attached when applicable)*
7. Enter passport number or government issued number. *(a copy must be attached when applicable)*
8. If the individual is a foreign national, enter the Country of Nationality.
9. Enter email address.
10. Enter the HSC Component and department/location.
11. Mark the appropriate box describing the reason for request. Please explain if you mark Other.
12. Enter the dates for activation (start and end date). Access is granted for a 12 month period. *(you must re-apply each year.)*
13. Describe the scope of work to be performed.
14. Mark the appropriate boxes for the type of access needed. Please explain if you mark Other.
 - 1) Physical refers to access to a building, clinic, laboratory, etc.
 - a. Building Facilities
 - b. Clinical Facilities
 - c. Research Facilities

BL1 (Biosafety Level 1) – agents that do not ordinarily cause human disease.

BL2 (Biosafety Level 2) – agents that can cause human disease, but whose potential for transmission is limited.

BL3 (Biosafety Level 3) – agents that may be transmitted by the respiratory route which can cause serious infection.

Animal
 - 2) Logical refers to access to computer systems and resources
 - a. Computer System
 - b. Email Account
 - c. iRIS Account
 - d. Library Resources
 - 3) Other, please explain.
15. Enter the names, titles, phone numbers and appropriate signatures and dates when applicable.

Note: [Notification of Resignation/Termination form](#) must be completed at the end of the term.

HSC Risk Management

NEED HELP?
(979) 436-9250

HSC-Risk-Insurance@tamhsc.edu

**VISITING SCHOLARS/VOLUNTEERS/NON-EMPLOYEES
UIN ISSUE CERTIFICATION FORM**



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

Instructions: This form is to be used when requesting/verifying a **Temporary Universal Identification Number (UIN)** for Visiting Scholars or Volunteers or Non-Employees. Please complete and submit to HSC Risk Management at hsc-risk-insurance@tamhsc.edu for further review and action.

**ENTER FULL NAME EXACTLY AS IT APPEARS ON SOCIAL SECURITY CARD
OR OTHER GOVERNMENT ISSUED IDENTIFICATION**

Last Name First Name Middle Name

Other Named Used Gender Birth Date Existing UIN

SS#: _____ Passport #/Visa #: _____

Country of Nationality _____ Email _____

HSC Component and Location/Department: _____

Reason for Request: ☐ Visiting Scholar ☐ Volunteer ☐ Non-Employee
☐ Other _____

Date(s) of Activity: From _____ To _____

Describe the scope of work to be performed:

Type of Access Needed:

Physical Access

☐ Building ☐ Clinical Facilities
☐ Research Facilities
☐ BL1 ☐ BL2 ☐ BL3
☐ Animal ☐ Human Subjects
☐ Other _____

Logical Access

☐ Computer System
☐ Email Account
☐ iRIS Account
☐ Library Resources

Person Coordinating/Completing the UIN Form

Signature Name & Title Phone

Departmental Supervisor of UIN Recipient

Signature Name & Title Phone

Dean/Vice President or Designee Authorizing Issuance of UIN

Signature Name & Title Date

INTERNAL USE ONLY ☐ UIN ☐ BPP ☐ Temporary ID

Assigned UIN _____ Temporary ID _____ Date Issued _____

Criminal Background Checks
New Process Effective January 1, 2015

The hiring department completes the top section of the Background Check Request Form and provides the Notice to the prospective employee, current employee or volunteer.

When the Background Check Request Form is received by HSC Human Resources the name and email address of the prospective employee, current employee or volunteer will be entered in the criminal history vendor website hosted by First Advantage. This entry will trigger an email to the prospective employee, current employee or volunteer.

The prospective employee, current employee or volunteer will receive an email from HSC Human Resources with the subject title of "Request for Information". The email will contain a link and ID specific to their situation. Using the link provided in the email, they will log into a secure server and enter the information required to perform the criminal history check.

The prospective employee, current employee or volunteer must give their consent to complete the background check via the website and they will receive copies of all documents they complete. They must complete ALL of the requirements before the criminal history can be conducted. The link provided in the email will expire in a short time frame so it is critical they respond immediately upon receipt.

Once the background check results have been completed and reviewed by HSC Human Resources the department will be notified of the results and can proceed accordingly.



INSTRUCTIONS TO HIRING DEPARTMENT: Complete page one of the Background Check Authorization Form and scan into the HR Inbox (9.0) in the DMS system. Give the attachment (page 2) to your candidate.

Job Title of Applicant/Employee

NOV #, if applicable

Hiring Department

☐ YES ☐ NO
Internal Promotion and/or Transfer?

Department Contact Name

Phone or Email Address

Name for Criminal History Check (Print)

Applicant/Employee/Volunteer Email Address
for Criminal History Check

GIVE ATTACHED NOTICE TO PROSPECTIVE EMPLOYEE, CURRENT EMPLOYEE OR VOLUNTEER

If the person for whom the criminal history check will be done does not currently have an email, one can be created at Google by going to the following the link below and filling out the form:

<https://accounts.google.com/signup?service=mail>

Submit From To
HR Inbox (9.0) in DMS System

Need Help?
HR Services
PH. (979) 436-9210
hr@tamhsc.edu



NOTICE TO PROSPECTIVE EMPLOYEE, CURRENT EMPLOYEE OR VOLUNTEER

You are being given this notice because any prospective employee, current employee (in specific instances) or volunteer is required to have a criminal history check. If you do not currently have an email, one can be created at Google by following the link below and filling out the form.

<https://accounts.google.com/signup?service=mail>

It is important you read, understand and comply with the following information:

Texas A&M Health Science Center (TAMHSC) Human Resources will receive a form completed by the appropriate department liaison. Using this information, they will enter your name and email address in the criminal history vendor website. That entry will trigger an email to you for background check purposes.

You will receive an email from TAMHSC HR. Please check your junk or spam folder if you do not see this in your inbox. The email will contain a link and ID specific to your situation.

Using the link provided, you will be logging into a secure server. You will enter the information required to perform the criminal history check.

You will be giving your consent to this check on the website, and you will receive copies of all documents you complete. You must complete ALL the requirements before the criminal history can be conducted. **The link you are being sent will expire in a short time frame, so it is critical you respond immediately upon receipt.**

Failure to consent and complete the required information will make you ineligible for employment or volunteer purposes.

If you have any questions **before** you begin the process, please consult with the appropriate Texas A&M Health Science Center staff member helping you through this process or contact Human Resources at 979-436-9210.

Once you begin the process, you are provided with contact information on the website for any questions.

Thank you in advance for your prompt attention to the requirements of this process.



1. EXCULPATORY CLAUSE. In consideration for receiving permission for my participation in any and all activities of _____ (herein referred to as "activity"), which is sponsored by _____ (herein referred to as "sponsor"), a member of The Texas A&M University System, I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and Texas A&M Health Science Center, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to _____, and I choose to voluntarily participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. NO INSURANCE. I understand that RELEASEES, may or may not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities may be available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Volunteer Waiver

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

I certify that I am offering my services to The Texas A&M University System and/or one of its universities or agencies on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am (check one):

Not employed by the State of Texas, The Texas A&M University System or any other public entity, and I am performing the proposed volunteer work for civic, charitable or humanitarian reasons.

An employee of the State of Texas or The Texas A&M University System. The proposed volunteer work is in a different occupational capacity from that in which I am employed, and I am performing the volunteer work for civic, charitable or humanitarian reasons.

Volunteer name (please print)

Volunteer signature

Date

Witness signature

Date

Intern/Volunteer Waiver

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

I certify that I am offering my services to The Texas A&M University System and/or one of its universities or agencies on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I further understand that I am not eligible for worker's compensation benefits if I am injured or become ill as a result of my volunteer work, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work.

I certify that I am a student at _____ (institution) and that I intend that the proposed volunteer work be counted as academic course credit toward a recognized degree plan at this institution. However, I understand I must complete the work in a satisfactory manner and meet all requirements of the course to receive credit.

Volunteer name (please print)

Volunteer signature

Date

Witness signature

Date



Data Use and Confidentiality Agreement

Access to Technology and Information Resources

Access to Texas A&M Health Science Center data and information, and access to IT accounts, systems, and applications, is based on your need for access and your assent to use that access appropriately. These services are integral to the operation of the university, and security and privacy laws and other institutional policies protect much of the information.

Therefore, before you can be granted access, you must read and agree to follow these acceptable usage standards, and must accept responsibility to preserve the security and confidentiality of information that you access, in any form, including oral, print, or electronic formats.

Although these general provisions apply to all Health Science Center information and IT accounts, systems, and applications, please be aware that managers of certain services or information types may require you to complete additional agreements and/or training.

Usage responsibilities:

The following points detail your responsibilities as you access, use, or handle information or information technology (IT) at Texas A&M Health Science Center.

Secure Usage

You agree to:

- **Never share your account password(s) or passphrase(s) with anyone.**
- Select strong password(s) and passphrase(s).
- Be mindful that different computer systems and applications provide different levels of protection for information, and seek advice on supplemental security measures, if necessary. For example, a mobile laptop provides inherently less protection than a desktop computer in a locked office. Therefore, the level of protection provided to information accessed or stored using a laptop is to be supplemented by using additional safeguards such as encryption technology, enhancing physical security, restricting file permissions, etc.
- Respect the university's information and system security procedures (i.e., never attempt to circumvent or "go around" security processes).
- Maintain information in a secure manner to prevent access, viewing, or printing by unauthorized individuals.
- Secure unattended devices (e.g., log off, lock, or otherwise make inaccessible), even if you will only be away from the computer or device for a moment.
- Store Restricted and Critical data securely (e.g., on secure servers, in locked file cabinets, etc.).
- Securely dispose of Restricted and Critical information (e.g., by shredding, disk wiping, physical destruction, etc.).
- Never copy and/or store Restricted or Critical data outside of institutional systems (e.g., on desktop workstations, laptops, USB drives, personally owned computers, etc.) without proper approval from the senior executive officer of the department and only in cases where it is absolutely necessary for the operation of the department.
- Take appropriate steps to secure information (e.g., password protection, encryption, etc.) on mobile storage devices (e.g., laptops, USB drives, cell phones, etc.).
- Ensure, in the rare cases where Critical data has been approved for use and storage outside of institutional systems, that the data are appropriately encrypted, especially on mobile storage devices (e.g., laptops, cell phones, USB drives, CD-ROMs).
- Ensure, in the rare cases where it is necessary to email Critical or Confidential data, that the data are sent to the correct recipient and only via encrypted email methods.
- All PHI stored on electronic devices will be de-identified where applicable.

Legal Usage



You agree to:

- Use information and resources for legal purposes only.
- Respect and comply with all copyrights and license agreements.
- Never use your access to information or devices to harass, libel, or defame others.
- Never damage equipment, software, or data belonging to others.
- Never make unauthorized use of computer accounts, access codes, or devices.
- Never monitor or disrupt the communications of others, except in the legitimate scope of your assigned duties.
- Abide by applicable laws and policies with respect to access to, use, disclosure, and/or disposal of information.

Applicable laws and policies include but are not limited to:

- Health Insurance Portability and Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- TAMHSC rules and policies (<http://www.tamhsc.edu/facultystaff/rules/>)

Ethical Usage

You agree to:

- Access institutional information only in the conduct of business and in ways consistent with furthering the mission of education, research, and public service.
- Use only the information needed to perform assigned or authorized duties.
- Never access any institutional information to satisfy your personal curiosity.
- Use information and IT in ways that foster the high ethical standards of the university.
- Never use information or IT to engage in academic, personal, or research misconduct.
- Never access or use institutional information (including public directory information) for your own personal gain or profit, or the personal gain or profit of others, without appropriate authorization.
- Respect the confidentiality and privacy of individuals whose records you may access.
- Preserve and protect the confidentiality of all internal, restricted, or Critical information as a matter of ongoing responsibility.
- Never disclose internal, Restricted, or Critical data (as defined by policy; see above) or distribute such data to a third party in any medium (including oral, paper, or electronic) without proper approval, and in the case of Restricted or Critical data, without a contract processed through or waived by the Health Science Center Purchasing Department.

To be entrusted with access to Texas A&M Health Science Center data and information, and access to IT accounts, systems, and applications, new or continuing faculty, staff, students, visiting scholars, volunteers and all other authorized individuals must accept these responsibilities and standards of acceptable use. By accepting these terms, you agree to follow these rules in all of your interactions.

I have read, understand, and agree to abide by the practices outlined in this agreement.

Signature _____ Date _____

Completed by supervisor at the time of hire and annually thereafter for every supervised position. Forward completed form to departmental liaison or HR staff.

Position Information:

JOB TITLE	TITLE CODE	HSC COMPONENT	ADLOC OR DEPARTMENT NAME
OCCUPANT/EMPLOYEE NAME	PIN, if any	UIN	TITLE CODE

Indicate below the job-specific training to be assigned to the occupant of this position. Click on the course number for additional information on these courses, including the intended audience.

Bloodborne Pathogen (Online)

- ☐ 2111503: Non-Healthcare Workers
☐ 2111507: Healthcare Facilities

Fire Safety (Online)

- ☐ 2111501: Fire Safety in the Office
☐ 2111508: Fire Prevention in a Healthcare Facility

Driving a Vehicle on State Business (Online)

- ☐ 2111447: Defensive Driving
☐ 2111509: Safe Operation and Use of ATVs

Laboratory Safety (Online)

- ☐ 2111512: Showers and Eye Washes
☐ 2111587: Flammable and Explosives
☐ 2111513: Planning for Laboratory Emergencies
☐ 2111518: Orientation to Lab Safety

Hazard Communication (Online)

- ☐ 2111951: Hazard Communication

Environmental (Online)

- ☐ 2111515: Indoor Air Quality
☐ 2111514: Asbestos Awareness
☐ 2111517: Universal Waste: Bulbs, Batteries, etc.

General Safety (Online)

- ☐ 2111516: Dealing with Hazardous Spills
☐ 2111449: Working Safely with Compressed Gas Cylinders
☐ 2111446: Electrical Safety: Non-Electricians
☐ 2111448: Introduction: Workplace Safety
☐ 2111445: Working in Confined Spaces
☐ 2111500: Respiratory Protection Training

Other Job-Specific Training (Online):

- ☐ 11014: Open Records Training (for public information officers and their backups)
☐ 11013: Payment Card Industry Data Security Standard (employees accepting debit/credit card payments)
☐ 11015: Retention of State Records (for records officers and departmental employees responsible for records retention).
☐ 2111249: Red Flags Rule (to protect consumers from identity theft)
☐ 2111844: Clery Act Training (for those employees who are considered campus security authorities under the Clery Act).
☐ 2111652: Child Protection Training (for employees of certain programs for minors held on educational campuses).

☒ **REQUIRED** All Visiting Scholars/Volunteers/Non-Employees Training Course # 2111935 Special Edition -11012 FERPA -2112283 HIPAA

Departmental Liaison Training (Classroom) — Contact Finance and Administration, College Station, 979-436-9201

- ☐ Intro to FAMIS training (required for employees with no previous FAMIS experience)
☐ Disbursement/PIP Training (required for all employees with FAMIS access)
☐ Limited and Exempt training (suggested for employees who process invoices)
☐ Travel training (suggested for employees who process travel vouchers)
☐ Jobsite training (required for employees who post staff positions on TAMHSC employment site)
☐ Payroll training (suggested for employees working with EPAs, BVDs and TimeTraq)
☐

Certification by Supervisor: Check one: ☐ I have indicated above the job-specific training required for this position, or
☐ I have determined that no job-specific training is required for this position.

Date Printed Name of Supervisor Signature of Supervisor

Certification by Employee/Occupant: I understand that this training has been assigned to me because of specific job exposures. I accept the obligation and responsibility to complete all assigned training in a timely manner.

Date Printed Name of Employee/Occupant Signature of Employee/Occupant

Certification by Departmental Liaison: I have assigned or verified timely completion of the courses checked above.

Date Printed Name of Departmental Liaison or HR staff Signature of Departmental Liaison or HR staff

Computing Account Request



HEALTH SCIENCE CENTER
TEXAS A & M UNIVERSITY

HSC Affiliation *

Role *

First Name *

Last Name *

UIN *

E-mail

Title *

City *

Building

Room Number

Office Phone *

Just numbers please. ex: 9791234567

Email of HR or Registrar
representative, or E-mail
of sponsor if external User † *

ex: username@tamhsc.edu

† Only approved HR or Registrar representatives can request a new account.

A Help Desk work order will be created for your account request. For additional information or assistance please contact IT Support Services at (800) 799-7472 or it-support@tamhsc.edu.

Account Justification *

Special Instructions

ex: access to shares, creation start or termination dates.



Health Care Worker Certification of Immunization

Please have your health care provider fully complete and sign this certificate of immunization. Return this form to OHP@tamhsc.edu.

Name (Last, First)_____ Date of Birth: _____

UIN_____ Campus Location_____

Telephone_____ Email _____

Job Title _____ Department _____

Vaccination Proof Requirements:

- Tetanus diphtheria and Pertussis vaccine (Tdap) once as an adult and Tetanus diphtheria (Td) or Tdap within past 10 years
- Two doses of MMR vaccine or documentation of immunity to Measles, Mumps and Rubella
- One or two complete series of Hepatitis B and a protective titer (nonresponders with negative titer, should have documentation of two series and a negative HepBSag to prove you are not a hepatitis carrier)
- Two doses of Varicella vaccine, or written documentation of Chicken pox, or positive Varicella titer
- Annual negative Tuberculin skin test (less than 10 mm) or negative IGRA blood test (Quantiferon or TSpot). If positive TB test, a negative symptom questionnaire and negative Chest X-Ray within 12 months.



Health Care Worker Certification of Immunization Con't

Required Immunizations	Date (Month/Day/Year)
1. Tdap (Tetanus diphtheria and Pertussis vaccine) once as adult	
2. Td (Tetanus diphtheria) within 10 years	
or may substitute Tdap if within 10 years	
3. Measles (Rubeola) vaccine #1	#1
Measles (Rubeola) vaccine #2	#2
or positive Rubeola titer (attach lab report)	or titer
4. Mumps vaccine #1	#1
Mumps vaccine #2	#2
or positive Mumps titer (attach lab report)	or titer
5. Rubella vaccine #1	
or positive Rubella titer (attach lab report)	or titer
6. Hepatitis B vaccine series (3 injections)	#1
	#2
	#3
with protective Hepatitis B titer (attach lab report)	and titer
* Note: Non-responders must have completed two documented series and have a negative HepBSag to prove they are not carriers, attach explanation and lab report containing HepBSab and HepBSag.	
7. Varicella vaccine #1	#1
Varicella vaccine #2	#2
or Chicken pox disease (attach documentation from doctor)	
or positive Varicella titer (attach lab report)	
8. Annual negative Tuberculin skin test PPD: Result ____ mm	Date
or Annual negative TB blood test (IGRA: Quantiferon QGold/Tspot) (attach laboratory report)	Date
or prior positive TB skin or blood test: city: _____	Dates _____
____ negative annual symptom questionnaire (attach questionnaire)	and _____
____ negative chest xray, last 12 months (attach radiology report)	and _____
____ treatment for latent TB infection if completed	opt. _____

Health Care Provider Name _____ Phone number _____

Address _____

Signature _____ Date _____



Documentation Checklist For J-1 Scholars

Immigration Services for Faculty & Scholars

Exchange Visitor Documents

	Non-Immigrant Questionnaire
	Curriculum Vitae/Resume
	Statement explaining the scope of activities you intend to engage in with the host faculty at Texas A&M
	Passport
	Proof of Insurance (translated to English)
	Certification of Insurance
	<p>Proof of English language proficiency. Unless you are an English native speaker or live in an English speaking country, you need to submit ONE of the following:</p> <ol style="list-style-type: none"> Test score or result from a recognized English test (TOEFL or IELTS for example). The TOEFL score should be at least 80 TOEFL iBT (550 paper-based) and the IELTS score should be at least 6.0. ISFS will also accept GRE or GMAT verbal scores; Official certification from an English academic institution or school or language training center that you have successfully completed English classes or training within the past two years; note that ISFS will accept only certificates from a school, institution or training center that we find legitimate. <p>If you don't have a test score or English classes completion certification, ISFS will contact you by email to schedule a time for a videoconference interview (via Skype or Zoom).</p>
	Proof of financial support
	Request for DS-2019 for Dependents and TAMU Marketplace receipt showing payment of dependent fees – to be completed if your family will need to apply for J-2 visas
	Transfer-In Form – to be completed only if you are already in the U.S. in J-1 status

Sponsor Documents

	Department Questionnaire for J-1 Sponsorship
	Invitation Letter
	Net ID request form (not needed for Health Science Center). Note that our office will issue a UIN and Net ID only after your visitor has checked in with our office.

ONE of the following:

For TAMU <u>employee</u> visitors	Export Control Screening
For TAMU <u>non-employee</u> visitors	Form 5VS - TAMU Office of Research & Graduate Studies
For Engineering <u>employees</u> and <u>visitors</u>	Form 5VS – Texas A&M Engineering
For AgriLife <u>employees</u> and <u>visitors</u>	AG-713
For HSC <u>employees</u> and <u>visitors</u>	VPS Form

Document Mailing (select 1 option)

	Department's FedEx account # _____ & FAMIS account # _____
	<p>eShip Global</p> <p>(The Exchange Visitor pays for shipping costs through this service. If you choose this method to deliver the DS-2019 to the Exchange Visitor allow ISFS to make the arrangements.)</p>



Documentation Checklist For J-1 Student Interns

Immigration Services for Faculty & Scholars

Student Intern Documents

	Non-Immigrant Questionnaire
	Curriculum Vitae/Resume
	Passport
	Proof of Insurance (translated to English)
	Certification of Insurance
	Proof of financial support
	Certification of academic standing from student's academic institution
	<p>Proof of English language proficiency. Unless you are an English native speaker or live in an English speaking country, you need to submit ONE of the following:</p> <ul style="list-style-type: none">a. Test score or result from a recognized English test (TOEFL or IELTS for example). The TOEFL score should be at least 80 TOEFL iBT (550 paper-based) and the IELTS score should be at least 6.0. ISFS will also accept GRE or GMAT verbal scores;b. Official certification from an English academic institution or school or language training center that you have successfully completed English classes or training within the past two years; note that ISFS will accept only certificates from a school, institution or training center that we find legitimate. <p>If you don't have a test score or English classes completion certification, ISFS will contact you by email to schedule a time for a videoconference interview (via Skype or Zoom).</p>
	Request for DS-2019 for Dependents and TAMU Marketplace receipt showing payment of dependent fees (to be completed if your family will need to apply for J-2 visas)

Sponsor Documents

	Department Sponsorship of J-1 Exchange Visitor Student Intern
	Invitation Letter
	Form DS-7002 Training/Internship Placement Plan
	If internship is in the field of agriculture, certification that internship meets all requirements of Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act
	Net ID request form (not needed for Health Science Center). Note that our office will issue a UIN and Net ID only after your visitor has checked in with our office.

ONE of the following:

For TAMU <u>employee</u> visitors	Export Control Screening
For TAMU <u>non-employee</u> visitors	Form 5VS - TAMU Office of Research & Graduate Studies
For Engineering <u>employees</u> and <u>visitors</u>	Form 5VS – Texas A&M Engineering
For AgriLife <u>employees</u> and <u>visitors</u>	AG-713
For HSC <u>employees</u> and <u>visitors</u>	VPS Form

Document Mailing (select 1 option)

	Department's FedEx account # _____ & FAMIS account # _____
	eShip Global (The Exchange Visitor pays for shipping costs through this service. If you choose this method to deliver the DS-2019 to the Exchange Visitor allow ISFS to make the arrangements.)