

**FAU College of Medicine**  
**Student-Volunteer Access/Training Form**  
**To be filled out by Laboratory PI.**

All students/volunteers requiring access to College of Medicine facilities must meet all training and regulatory requirements relevant to their use of facilities and this information must be on file prior to their work. This form serves to document what training and access is required. The information on this form is for internal-College purposes only. For questions please contact Melanie Weiss at [mweiss@health.fau.edu](mailto:mweiss@health.fau.edu) or 561-297-4557. Registration for student status must be completed before building access is approved.

Name of Primary Investigator or Faculty: \_\_\_\_\_

Title of PI's Project: \_\_\_\_\_

Name of Student or Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Student/Volunteer Email & Phone: \_\_\_\_\_ Z number \_\_\_\_\_

MD Student

Ph.D.

Master's Thesis

DIS Graduate # of credits \_\_\_\_\_

DIS Undergraduate # of credits \_\_\_\_\_ Minor? Yes or No (Circle) Dual Enrolled? Yes or No (Circle)

\*FAU Volunteer Minor? Yes or No (Circle) Dual Enrolled? Yes or No (Circle)

\*Non-FAU Volunteer Minor? Yes or No (Circle) Dual Enrolled? Yes or No (Circle)

\*Please see requirements for volunteers below.

\*All volunteers must undergo a background check that will be processed once forms are received.

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**Minor Required Information - Are you a minor?** Yes or No (Circle)

- For Minor (under age 18) volunteers complete the forms below:
  - <https://www.fau.edu/leadandserve/pdf/treatment-minors.pdf>
  - [http://www.fau.edu/ouri/Minors in Labs Policy and Procedures Final.pdf.pdf](http://www.fau.edu/ouri/Minors_in_Labs_Policy_and_Procedures_Final.pdf.pdf)
  - <http://www.fau.edu/leadandserve/pdf/volunteer-risk-waiver.pdf>
  - <http://www.fau.edu/leadandserve/pdf/volunteer-registration.pdf>
  
- NON-Minors - For FAU Volunteer and Non-FAU **Volunteers** complete these forms below:
  - <http://www.fau.edu/leadandserve/pdf/volunteer-risk-waiver.pdf>
  - <http://www.fau.edu/leadandserve/pdf/volunteer-registration.pdf>

**Section 1: Regulatory and Compliance Requirements**

Please submit all appropriate documentation and attach to this form.

Name of PI: \_\_\_\_\_

Grant # supporting research or activities (describe below): \_\_\_\_\_

Animal use? – Yes or No (Circle) (describe below): \_\_\_\_\_

IACUC Protocol addition and approval – Yes or No (Circle) If yes, IACUC #: \_\_\_\_\_

Human Subjects? – Yes or No (Circle) If yes (describe below), IRB #: \_\_\_\_\_

Blood Borne Pathogen training? – Yes or No (Circle) (describe below)

Radiation Safety? – Yes or No (Circle) (describe below)

IBC approval? – Yes or No (Circle) (describe below)

If yes, IBC#: \_\_\_\_\_

**Description:**

**All students/volunteers in the College are required to complete the following trainings.**

FAU HIPAA Training (via Blackboard)

- Module 1 - HIPAA - Security Rule for Covered Entities
- Module 2 - HIPAA Privacy Essentials

Date completed: \_\_\_\_\_

To initiate HIPAA training, please contact Dr. Lisa Ann Brennan at [lbrenna6@health.fau.edu](mailto:lbrenna6@health.fau.edu).

Lab Safety and Hazardous Waste Course (required for students/volunteers working in labs).

Date completed: \_\_\_\_\_

<http://www.fau.edu/facilities/ehs/training/selfenroll.php>

Note: it says refresher course but this online course is sufficient even if you have not taken the in-person course

CITI Responsible Research Conduct (RCR) training.

Date completed: \_\_\_\_\_

To access the CITI RCR Training course, follow these steps:

1. Go to [www.citiprogram.org](http://www.citiprogram.org).
2. As a new user, you will need to click Register Here to register for the training course.
3. Select "Florida Atlantic University" from the Participating Institutions and click submit.
4. Create a unique username and password and click "submit".
5. Enter your personal information (first name, last name, e-mail) and click submit.
6. Continue entering additional information (gender, degree, etc.) and click submit.
7. Choose RCR module to complete.

**Additional Trainings**

Below are additional trainings that might be required based on your research activities (you need to complete these if PI circled yes in the Section above)

- Blood Borne Pathogens Training Date Completed: \_\_\_\_\_
- Radiation Safety Training Date Completed: \_\_\_\_\_
- Vivarium Training

Please visit the EH&S website to complete the trainings: <http://www.fau.edu/facilities/ehs/>

You will have the opportunity to print a Training Certificate upon completion of the trainings. Please print the certificates and keep copies for your records.

### **Training Contacts**

**Vivarium training:** Carrie List at [clist@fau.edu](mailto:clist@fau.edu)

**IACUC** – Dana Mulvaney at [dmulvane@fau.edu](mailto:dmulvane@fau.edu) PI needs to add student/volunteer to the protocol if working with animals

**IRB** – Donna Simonovitch at [dsimonovitch@fau.edu](mailto:dsimonovitch@fau.edu)

**Blood Borne Pathogens/Radiation Safety/Lab Safety and Hazardous Waste:**

<http://www.fau.edu/facilities/ehs/training/selfenroll.php> Contact Darlene Ward [dward@fau.edu](mailto:dward@fau.edu) if any questions or issues self-enrolling. Note: it says refresher but the online course is sufficient even if you haven't taken the in-person course

**RCR**-Judith Martinez [martinezj2012@fau.edu](mailto:martinezj2012@fau.edu)

### **Section 2: Personal Management Plan**

Name of PI: _____
Requested times of College Usage (Days, Hours): _____ <i>(Please note that business hours are weekdays 8 a.m. - 5 p.m.)</i>
Direct Supervisor when using College Facilities <i>(If PI, please restate)</i> : _____
Predicted Start Date: _____ Predicted End Date: _____ # of Credit Hours: _____
Will this person be under constant supervision? – Yes or No (Circle)
Is a secondary supervisor involved? – Yes or No (Circle) If Yes, List Name(s), Position(s), Supervisory Roles and times needed for building access: _____ _____

### **Section 3: Academic Management Plan**

For the PHD, MS thesis, and DIS student (DIS limited to one semester); new DIS requires new form to be filled out and any changes require revision of form.

Title of thesis or students' DIS Project: _____
Source of Grant Support: _____ Amount of Support: _____
Begin Date: _____ End Date: _____ # of Credit Hours: _____
Propose time of completion, if Thesis student: _____
Proposed Date of Research Proposal: _____ Proposed Date of Defense: _____

### **Office Use Only Section**

Check boxes of training needed and completed:

- HIPAA – Date Completed: \_\_\_\_\_
- Lab Safety and Waste Hazardous Course – Date Completed: \_\_\_\_\_
- CITI Responsible Research Conduct (RCR) – Date Completed: \_\_\_\_\_
- Blood Borne Pathogen – Date Completed: \_\_\_\_\_
- Radiation Safety – Date Completed: \_\_\_\_\_
- IACUC Protocol Addition and Approval – Date Completed: \_\_\_\_\_

All information has been filed and documented with the Graduate Programs Office

**Card/Key Access**

FAU Volunteers & Non-FAU volunteers are only permitted to receive 8am-5pm weekday access. MD, PhD, Master Thesis, DIS Undergraduate and Graduate are permitted to receive 24/7 access.

*(Check one):*

- Weekday Work Hours (8 a.m. - 5 p.m.)  24/7

**Check requested card/key access:**

- Common Labs  Approved  
 Building Entrances  Approved  
 PI Lab  Approved

**Card/Key Access Approvals**

Signature of PI: \_\_\_\_\_

Signature of Student/Volunteer: \_\_\_\_\_

Signature of Asst. Dean of Graduate Programs: \_\_\_\_\_

Signature of Attending Veterinarian: \_\_\_\_\_

Signature of Senior Assoc. Dean for Research: \_\_\_\_\_