

FAU College of Medicine
Student-Volunteer Registration 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 College facilities and this information must be on file prior to their work. This form serves to inform PI's of what documentation is required and to facilitate their ability to provide this information. The information on this form is for internal-College purposes only. For questions please contact the College Graduate Programs office anytime who can help. Registration must be completed before building access is approved.

Name of Primary Investigator or Faculty: _____
Title of PI's Project: _____
Name of Student/volunteer or Lab Personnel: _____
Student/Volunteer Email & Phone: _____
Student Z-number: _____
Date: _____

- Ph.D.**
 Master's Thesis
- DIS Graduate**
 DIS Undergraduate 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.*

Minor Required Information - Is the student/volunteer 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>
- For **adult Volunteers** complete these forms below:
 - <http://www.fau.edu/leadandserve/pdf/volunteer-risk-waiver.pdf>
 - <http://www.fau.edu/leadandserve/pdf/volunteer-registration.pdf>

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

Section 1: Regulatory and Compliance Requirements

Please submit all appropriate documentation and attach to this form.

Name of PI: _____

Grant supporting student/volunteer research or activities (describe below): _____

Animal use by student/volunteer? – Yes or No (Circle) (describe below): _____

IACUC Protocol addition and approval – Yes or No (Circle) IACUC #: _____

Human Studies by student/volunteer? – 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.)

Description of activities to be carried out by the student/volunteer:

All individuals in the College must complete the following training.

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.

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

Date completed: _____

CITI Responsible Research Conduct (RCR) training please see below.

Date completed: _____

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

1. Go to 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. Chose RCR module to complete.

You will have the opportunity to print a Training Certificate upon completion of the training course and exam. You are advised to print this certificate and keep an original for your records.

Training Contacts

IACUC – Dana Mulvaney at dmulvane@fau.edu

IRB – Donna Simonovitch at dsimonovitch@fau.edu

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 2 & 3

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

Information and Supervising Plan Approvals

Signature of PI: _____ Date: _____
Signature of Student/Volunteer: _____ Date: _____
Signature of Asst. Dean of Graduate Programs: _____ Date: _____
Signature of Vice Dean for Research & Innovation: _____ Date: _____

Card/Key Access

When will the student/volunteer spend most of their time in the lab? (*Check all that apply*):

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

Check requested card/key access:

Common Labs Approved
 Disapproved

 Building Entrances Approved
 Disapproved

 PI Lab Approved
 Disapproved

Card/Key Access Approvals

Signature of PI: _____
Signature of Student/Volunteer: _____
Signature of Asst. Dean of Graduate Programs: _____
Signature of Vice Dean for Research & Innovation: _____