

Processing Checklist to Obtain Without Compensation (WOC) Appointment to Conduct Research

Applicant Name: _____
(PRINTED NAME)

Responsible PI: _____
(PRINTED NAME) (INITIALS)

Telephone: _____

VA Service: _____

E-mail: _____

Type of Research (circle): *Animal* *Human* *Lab*

Required Information for Obtaining VA Research Privileges (Primary Service Use Only):

Training, all	Completed	Verified Date & Initials
Information Security 201 for Research and Development Personnel	<input type="checkbox"/>	
VA Cyber Security Awareness	<input type="checkbox"/>	
VHA Privacy Policy Web Training	<input type="checkbox"/>	
http://www.lms.va.gov		
Human Research Training, if applicable		
VA Human Subjects Protection/Good Clinical Practice	<input type="checkbox"/>	
http://www.citiprogram.org		
Other Documentation		
VA Scope of Practice	<input type="checkbox"/>	
Signed Written Release of Information	<input type="checkbox"/>	
VA Research Financial Conflict of Interest Statement	<input type="checkbox"/>	
http://www.southtexas.va.gov/Research/Personnel.asp		
Animal Research Training, if applicable		
VA IACUC	<input type="checkbox"/>	
VA Species, working with (i.e., mice, rat, hamster, guinea pig)	<input type="checkbox"/>	
if involved in surgery, complete VA Post Procedure	<input type="checkbox"/>	
http://www.citiprogram.org		
Other Documentation		
VA Research Financial Conflict of Interest Statement	<input type="checkbox"/>	
Lab Research Training, if applicable		
VA ORD Biosecurity Training	<input type="checkbox"/>	
http://www.citiprogram.org		
Other Documentation		
VA Research Financial Conflict of Interest Statement	<input type="checkbox"/>	

Date submitted to Research Prog. Support w/Initials: _____

Research Office Use Only (processing time 2 working days):			
LEIE check <input type="checkbox"/>	VA credentialing verified <input type="checkbox"/>	Degree Verification <input type="checkbox"/>	
License Verification <input type="checkbox"/>	Date completed w/initials: _____		

Remarks:

