



## GUEST RESEARCHER PROGRAM

**Instructions:**

The CDC Advisor will submit the original CDC 0.410 and Guest Researcher Agreement through Center/Institute/Office channels to the Fellowship Staff. If the proposed Guest Researcher is not a U.S. citizen, attach completed form CDC 0.800 and copy of visa/employment authorization documents.

<b>Applicant's Name:</b> (Last, First, MI)      Male      Female		<b>Address:</b> (Street, City, State/Country, ZIP)	
Date of Birth: _____		Social Security No.: _____	
<b>Type of Appointment:</b> New      Extension	<b>Country Citizenship:</b> <b>USA</b> <b>Other:</b> _____	<b>If not U.S. citizen, does applicant request CDC sponsorship for J-1 Visa?</b> Yes      No	(If Yes, attach English Proficiency Statement from CDC advisor)
<b>Education/Training:</b> <u>Name and Location of College or University</u>	<u>Dates Attended</u> □ <u>From (MM/YYYY) To</u>	<u>Field of Specialization</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
<b>Name of Present University or Employer</b> <i>(CDC is not considered the employer)</i>	<b>Position Title:</b>	<b>Travel Cost to &amp; from CDC</b> <u>To</u> / <u>From</u>	<b>Paid by whom?</b>
_____	_____	_____ / _____	_____
<b>Financial Support and Source(s) while at CDC:</b>	<b>Source Name</b> <i>(specify all)</i>	<b>Amount</b>	<b>Period</b> <i>(wk, mo)</i>
U.S. Government Agency(ies): _____	_____	\$ _____	_____
Guest Researcher's Government: _____	_____	\$ _____	_____
International Organization(s): _____	_____	\$ _____	_____
All other organizations: _____	_____	\$ _____	_____
<b>Duration of Stay at CDC:</b> <u>Beginning</u> <u>Ending</u> Mo. Day Yr.      Mo. Day Yr.	<b>CDC facility address(es) where Guest Researcher will be located:</b> <i>(specify all)</i>		
_____	_____		
<b>Description of Project:</b> If research involves the use of carcinogenic materials, infectious agents, or toxic chemicals, a copy of CDC 0.838 "Notice of intent to Work with a Hazardous Biological Agent or Toxic Chemical" must be completed and submitted to the Biosafety Branch/OHS, m/s F05 for review and approval.			

<b>Certification by CDC Advisor:</b>	
<i>I certify that the prospective research project has general value in a public health field, space facilities are available, equipment and supplies are on hand, and the activity will not interfere with CDC functions. The Agreement on the reverse side of this form has been signed by both the applicant and myself.</i>	
<b>Name:</b> _____ <i>(Please Print)</i>	<b>Title:</b> _____
<b>Div, C/O:</b> _____	<b>DATE:</b> _____
<i>(SIGNATURE)</i>	<i>(MM/DD/YYYY)</i>
<b>Recommendation of: Center / Institute / Office - DIRECTOR</b>	
<b>Approval Recommended</b> <b>Disapproval Recommended</b>	<b>DATE:</b> _____
<i>(SIGNATURE)</i>	<i>(MM/DD/YYYY)</i>
<b>Final action by: DIRECTOR, HRMO</b>	
<b>Approved</b> <b>Disapproved</b>	<b>DATE:</b> _____
<i>(SIGNATURE)</i>	<i>(MM/DD/YYYY)</i>

The information requested on this form is collected under the provisions of 5 U.S.C. 1302 and 20 U.S.C. 91. The information is used to carry out the guest researcher, worksite experience program for Students, and other programs involving non-CDC/ATSDR personnel working on site. Individually identified data may be shared with your sponsoring organization or present educational institution; an accounting of such disclosures will be made available to you upon request. Furnishing the requested information is voluntary. However, should you decline to provide the requested information, further processing of the application may not be possible.

*In consideration of my being granted the privilege of utilizing the research and study facilities of the Centers for Disease Control and Prevention (CDC) or the Agency for Toxic Substances & Disease Registry (ATSDR), I, the undersigned, agree to abide by all rules and regulations of these facilities, as set forth below:*

**I. THE FOLLOWING TERMS AND CONDITIONS SHALL APPLY TO ALL APPLICANTS.**

**A.** Acceptance of applicant will be on the basis of complementary scientific interests, availability of appropriate facilities, and the prospect of mutual benefit. Research studies shall be consistent with the mission and objectives of CDC/ATSDR, shall not interfere with regular functions of CDC/ATSDR, and are subject to applicable policies, reviews, procedures, and practices of CDC/ATSDR.

**B.** CDC/ATSDR reserve the right in all instances to control the character and extent of studies and research by requiring the applicant to comply with established policies and procedures relating to personal safety, public safety, and the public interest of CDC/ATSDR programs. Applicant will receive a copy of the current CDC/ATSDR safety regulations and standard operating procedures for laboratories. The Adviser will assume responsibility for assuring that the applicant has received appropriate safety training which will include attending an orientation session provided by the Office of Health and Safety. The applicant will report all accidents to his/her Adviser. Prior to beginning work, each applicant will:

1. Complete a copy of "Notice of Intent to Work with Infectious Agents, their Toxins or Vectors including Human Blood and Body Fluids" and submit it to Office of Health and Safety for review and
2. Submit a reference serum sample to the CDC Serum Bank for storage.
3. Comply with applicable immunization and health surveillance requirements.

*Note: 2 and 3 require parental permission if less than 18 years of age.*

**C.** Applicant must comply with established policies and procedures relating to research which involves the use of human subjects.

**D.** Applicant waives any and all claims for compensation from the Government of the United States for any services performed incidental to the personal research he/she is doing, and absolves CDC/ATSDR of any responsibility in case of personal injury or death arising out of those research activities, and/or failure or damage to the applicant's experiments or equipment. Furthermore, the Government is not liable in case of personal injury, death, or failure of or damage to experiments or equipment. Applicant is not covered by Federal Employees Compensations Act (worker's compensation).

**E.** CDC/ATSDR funds will not be used to pay for direct support of research by applicant other than replenishment of supplies, materials, and administrative costs related to the maintenance and use of the space and facilities. However, when the research is sufficiently related or useful to CDC/ATSDR, the organizations may elect to bear a portion or all the costs for specialized equipment, supplemental staffing, and other costs incurred in support of the research. No promise of future Federal employment is implied herein; any subsequent Federal employment shall be consistent with authorized positions, employment authority, and personnel ceiling requirements.

## Conditions for Non-CDC/ATSDR Personnel Working on Site (Continued)

- F.** In any publications of the work, applicant shall give appropriate credit for the assistance received at CDC/ATSDR facilities. Publications resulting from work at CDC/ATSDR will be cleared for conformance with CDC/ATSDR publication policies.
- G.** Applicant, while on CDC/ATSDR premises, will conform to all applicable administrative instructions and requirements of the Department of Health and Human Services, including all safety regulations and procedures.
- H.** Proper safeguards for Government property will be instituted, including arrangements for replacement of Government property damaged or lost by applicant.
- I.** Applicant will be expected to use the facilities and equipment with customary care and conduct himself/herself in such a manner as to complete the research project within any time limits prescribed.
- J.** The applicant is not a Government employee, and CDC/ATSDR can neither assume the same responsibility nor extend the same rights and privileges as are available to Government officers and employees. The applicant is not authorized to:
1. Sign requisitions for supplies or equipment.
  2. Sign Government Transportation Requests as Issuing Officer.
  3. Travel at Government expense unless it is determined that the travel is of direct assistance to and an official concern of CDC/ATSDR.
  4. Sign performance ratings, although he/she may be consulted regarding the performance of a Government employee assisting in the research project.
  5. Drive a Government vehicle.
- K.** Applicant must have adequate accident and health insurance coverage. Such coverage can be provided by the applicant or the applicant's sponsor (support source named in application). If no such insurance is in force when the non-CDC/ATSDR applicant begins approved research at a CDC/ATSDR facility, such coverage for Exchange Visitors (J-1 visa) must be obtained through the CDC Office of Global Health. Applicants must obtain adequate accident and health insurance prior to beginning the approved research.
- L.** Non-U.S. citizens under the CDC/ATSDR Exchange Visitor Program with a J-1 visa must obtain health and accident insurance coverage for any accompanying dependents.
- M.** CDC/ATSDR reserve the right to cancel permission to use facilities for such reasons as:
1. Failure to adhere to restrictions noted in this Agreement.
  2. Space, equipment, supplies are no longer available.
  3. Activity interferes with CDC/ATSDR functions.
  4. Applicant exhibits unprofessional behavior which could discredit CDC/ATSDR.

**GO TO SECTION II** →

**II. THIS SECTION MUST BE COMPLETED.**

Indicate whether the work to be performed by applicant could result in the discovery or development of a new technology or invention.

Yes                      No

If the CDC Adviser has checked the box above marked "Yes," the following provisions shall apply to applicant and countersignature by an authorized representative of the university or present employer is required.

- A. Subject to the provisions of 35 U.S.C. 212 dealing with disposition of rights in educational awards, applicant and university or present employer agree that the applicant will be bound as an employee by all provisions of Executive Order 10096 (Uniform Patent Policy for the Government with Respect to Inventions Made by Government Employees and for the Administration of such Policy), and any orders, rules, regulations, or the like issued thereunder when CDC/ATSDR determines the intellectual property rights of the United States Government and the applicant in and to inventions conceived or actually reduced to practice in performance of his/her work at CDC/ATSDR. Where applicant is working in whole or in part under the terms of a Cooperative Research and Development Agreement (CRADA), the terms of this paragraph and paragraph B which follows shall be superseded by the terms of the CRADA where the terms are inconsistent.
- B. Applicant will make written disclosure promptly to the sponsoring Center/Institute/Office of all inventions which are conceived or first reduced to practice during the term of his/her work at CDC/ATSDR, and sign and execute all papers necessary for conveying to the United States Government the right to which the Government is entitled in accordance with the determination made under the provisions of Executive Order 10096.

_____	_____
(Signature of Applicant)	(Date)
_____	_____
(Signature of CDC/ATSDR Adviser)	(Date)

***We understand and agree to the terms and conditions above:***

*NOTE: Authorized signature of the university or present employer is only required where the box in Section II above is marked "Yes."*

_____	_____
(Authorized Signature of Representative of University or Employer)	(Date)

***We understand and agree to the terms and conditions above:***

*NOTE: Signature of the Parent or Guardian is only required when the applicant is less than 18 years of age.*

_____	_____
(Signature of Parent or Guardian)	(Date)