



*Orientation Administrative Forms - (AO Folder)*

**FTE:**

- Local Contact Information Sheet
- Training Acknowledgement
- Report of Medical History (SF93) (Required on case-by-case basis)

**Confirmation of Receipt:**

I have received the NICHD Orientation Package and an Explanation of the included content.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Local Contact Information Sheet

Date Reported: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Position Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Branch/Building/Room #: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Are you a U.S. Citizen or Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No – Visa Type: \_\_\_\_\_

Date of Visa expiration: \_\_\_\_\_



# Training Acknowledgment Agreement

I understand that I received the training requirement information and am required to provide proof of completion of these requirements to my Administrative Officer within two weeks of my start date. Failure to do so may result in the loss of NIH privileges.

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Printed Name

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Signature

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Date

