



Orientation Administrative Forms - (AO Folder)

Special Volunteer, Collaborators, Guest Researchers Forms:

- Local Contact Information Sheet
- Training Acknowledgement
- Individual Agreement (If not already signed)
- Report of Medical History (SF93) (Required on case-by-case basis)

Health Insurance:

- I HAVE provided a copy of Proof of Health Insurance to my Administrative Officer.
- I HAVE NOT yet provided a copy of Proof of Health Insurance to my Administrative Officer
*Please provide a copy to the Orientation AO/Assistant

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.

Printed Name

Signature

Date

