

VAWNYHS Research & Development Without Compensation Application

Welcome to Research at VA Western New York Healthcare System! This package includes all of the requirements for obtaining a Without Compensation appointment. Please complete the package and return, with all additional forms and documentation, to the VAWNYHS Research Office.

Upon review of your completed package, the Research Office will contact you for an appointment to verify your documents and have fingerprints done. At this time an appointment letter will be generated, and the complete package will be forwarded to Human Resources for processing.

At this time you will also be provided the education requirements specific to the work you will be doing. These should be completed as soon as possible to ensure that once your signed appointment letter is received from HR you can be added to a research study as soon as possible.

This process can take time as there are a series of steps required during the review and processing. Your point of contact in the Research Office will keep you updated as necessary throughout the process.

It is important to remember that NO RESEARCH ACTIVITIES CAN BEGIN UNTIL FINAL APPROVAL IS PROVIDED FROM THE RESEARCH OFFICE.

Name:		Degrees/Licenses:	
Occupation:			
Address:			
City:		State:	Zip:
Phone:		Email:	
Alternate Number:		Emergency Contact/Phone:	
US Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what country:	
UB Medical Student or Resident in Training?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>**If yes, please STOP and see Glenda Wood in Room 803 core**</i>	
Is the research part of course curriculum?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Type of research:	<input type="checkbox"/> Animal <input type="checkbox"/> Human <input type="checkbox"/> Laboratory <input type="checkbox"/> Administrative Duties Only		
VA Principal Investigator(s): Name the PI(s) you will be working with			

VA – WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT

This agreement is made between WOC Applicant Name and the Department of Veterans Affairs (VA) in consideration of my Without Compensation (WOC) appointment by the VA Western New York Healthcare System (VAMC) and performing VA-approved research (as defined below) utilizing VA resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA-approved research), at that VAMC.
2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.
3. I have read and understand the VHA Intellectual Property Handbook 1200.18. Available at https://www.research.va.gov/programs/tech_transfer/policies.cfm, which provides guidance and instruction regarding invention disclosures, patenting and the transfer of new scientific discoveries.
4. Notwithstanding that I am an employee or appointee at Current Employer Name, I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-approved research utilizing VA resources at the VAMC or in VA-approved space.
5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.
6. If VA asserts an ownership interest based on my inventive contribution, then, subject to Paragraph 7 below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with VA, when requested, in drafting the patent applications(s) for such invention and will thereafter sign any documents, recognizing VA's ownership, as required by the U.S. Patent and Trademark Office at the time the patent application is filed.
7. VA recognizes that I am employed or appointed at the entity named in paragraph 4 and have obligations to disclose and assign certain invention rights to it. If that entity asserts an ownership interest, VA will cooperate with it to manage the development of the invention as appropriate.
8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the mentioned entity in paragraph 4, this Agreement will be implemented in accordance with the provisions of that CTAA.

WOC Signature

ACOS/R&D Signature

Click on the paperclip
to the left for an
attachment with
instructions on how to
create a digital ID.
Attachment #1

VA Western New York Healthcare System Orientation Handbook

Date:

Subject: Orientation Handbook

**Click on the paperclip to the left
to find a link to the VAWNYHS
Orientation Handbook.
Attachment #2**

Name:

Please review the attached VAWNYHS Orientation Handbook and sign the acknowledgment below.

I acknowledge that I have received and read the VA Western New York Healthcare System Orientation Handbook.

As a representative of the VA Western New York Healthcare System, I understand that I am responsible for complying with the rules and regulations as set forth in this handbook.

Signature

Date

Additional Forms / Documents

Please complete the attached additional forms and submit them to the Research Office with your package. The attachments can be found by clicking the paperclip on the left hand side of the screen.

OF-306 Attachment #3	Declaration of Federal Employment
Fingerprint Record Prep Sheet Attachment #4	This form is used to submit your fingerprints for your background check
Appointment Affidavits Attachment #5	Complete the Date, Name, and Signature. There is NO NEED to have this form notarized.
I-9 Attachment #6	Employment Eligibility Verification You will have to bring your U.S. Passport OR 2 forms of ID to the Research Office for Verification. Please see page 3 for acceptable forms of ID.
VA Form 10-2850 Attachment #7	ONLY REQUIRED FOR LICENSED PROFESSIONALS (MD, RN, PharmD, etc.)
Research Functional Statement Attachment #8	Please ensure this form is reviewed and signed by your immediate supervisor/principal investigator prior to returning to the Research Office.
CV or Resume	Please submit a copy of your CV/Resume with the completed package.
Professional License	Please provide a copy of your recent license if applicable.
VISA	Non-US citizens must also submit a copy of their VISA or naturalization papers.