*\*For additional information please visit* [*www.hr.arizona.edu/dcc*](http://www.hr.arizona.edu/dcc)

*\*A list of* [*DCC types*](http://syscon.arizona.edu/sites/default/files/Designated%20Campus%20Colleagues%20Discounts_Services%20Matrix%20V.4.4.pdf) *is available on the Systems Control Website.*

*\*Non-Enrolled Minors on Campus Program Participation Forms* [*http://www.studentaffairs.arizona.edu/vpsoffice/minors/minor\_policy.pdf*](http://www.studentaffairs.arizona.edu/vpsoffice/minors/minor_policy.pdf)

|  |
| --- |
| DCC Information |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DCC Type: Click here for DCC Type |  | Start Date (MM/DD/YYYY): | | | Expiration Date (MM/DD/YYYY): |
| Person Information | | | | | |
| (Legal) Last Name: |  | First Name: | | | EmplID (if known): |
| Date of Birth (MM/DD/YYYY): | | Other Names Used (if any): | | | |
| Home Phone: ( ) | | Gender: (Check one)  M  F | | | Personal Email: |
| Mailing Address: | | | | | |
| 1. Are you a minor (under age 18)?   (Check one): Yes  No  ***(MINORS ARE DEFINED AS INDIVIDUALS UNDER 18 YEARS OF AGE, IN ACCORDANCE WITH THE STATE OF ARIZONA CHILD LABOR LAWS ARS 23-232)***  \*[Minor and sponsor must attach the appropriate Program Participation form](http://www.studentaffairs.arizona.edu/vpsoffice/minors/minor_policy.pdf). | | | | Have you previously:   1. Worked for the UA? Yes  No 2. Held a UA no-salary or DCC appointment? Yes  No 3. Enrolled as a UA student? Yes  No | |
| Citizenship | | | | | |
| 1. Are you a US Citizen or Permanent Resident? Yes  No | | | | | |
| Visa Permit Data (complete if answer to citizenship question is “No”) | | | | | |
| 1. Citizen/Passport Country:   Visa Status Date (MM/DD/YYYY): | | | Visa type:  Visa Exp. Date (MM/DD/YYYY): | | |
| Duties/Services Performed | | | | | |
| 1. Are you collaborating or performing services in the US? Yes  No | | | | | |
| 1. Are you collaborating on research activities with UA faculty or research scientist? Yes  No | | | | | |
| 1. Brief (under 250 characters) description of duties: | | | | | |
| Sponsor/DCC Building Information | | | | | |
| Sponsor’s Last Name: | | Sponsor’s First Name: | | | Sponsor’s EmplID: |
| [Affiliate Institution](http://www.hr.arizona.edu/dcc/affiliate_institutions): | | Average weekly hours (w*hole numbers only please):* | | | |
| UA title (Affiliate and Associates only): | | | | | |
| [Building:](http://www.space.arizona.edu/buildings/building-info.shtm) | | Room: | | | UA Directory Phone: |

|  |  |  |  |
| --- | --- | --- | --- |
| Security Sensitive Functions - *(For additional information please visit* [*http://policy.arizona.edu/pre-employment-screening*](http://policy.arizona.edu/pre-employment-screening) *)* | | | |
|  | ***Yes*** | ***No*** | ***Comments*** |
| 1. Significant financial oversight responsibilities? |  |  |  |
| 1. Unsupervised contact with minors who are not enrolled students of the University? |  |  |  |
| 1. Unrestricted access to residence hall rooms? |  |  |  |
| 1. Role designated by Dean or Vice President as “security or safety sensitive”? |  |  |  |
| 1. Driving on university business in UA, rented, or personal vehicles? |  |  |  |
| Import/Export - *(For additional information please visit* [*http://orcr.vpr.arizona.edu/export-control*](http://orcr.vpr.arizona.edu/export-control) *)* | | | |
|  | ***Yes*** | ***No*** | ***Comments*** |
| 1. Access to ITAR Controlled data, technology, materials information, software or equipment? |  |  |  |
| 1. Access to EAR Controlled technology or encryption software code? |  |  |  |
| 1. Has restrictions on the release of certain project information? |  |  |  |
| (Import/Export - continued) | ***Yes*** | ***No*** | ***Comments*** |
| 1. Has a publication or access and dissemination restriction? |  |  |  |
| 1. Has a military connotation or end-use? |  |  |  |
| 1. Is sponsored by a defense agency? |  |  |  |
| 1. Is related to space, missile technology, or biological/chemical weapons? |  |  |  |
| 1. Requires foreign national approval by sponsor or no foreign nationals are allowed? |  |  |  |
| 1. Involved in a project that has a technology control plan in place? |  |  |  |
| 1. Do you have a reason to believe the individual will need an export license? |  |  |  |
| Specialized Training Required - *(For additional information please visit* [*http://risk.arizona.edu/training/index.shtml*](http://risk.arizona.edu/training/index.shtml) *)* | | | |
|  | ***Yes*** | ***No*** | ***Comments*** |
| 1. Working in a laboratory setting with any of the following: |  |  |  |
| * 1. Bloodborne pathogens or other biological materials? |  |  |  |
| * 1. Radioactive materials? |  |  |  |
| * 1. Lasers or other non-ionizing radiation? |  |  |  |
| * 1. Hazardous Chemicals |  |  |  |
| 1. Working in a non-laboratory setting with chemical or biological materials? |  |  |  |
| 1. Handling animals (living or deceased), animal tissues, fluids, or waste byproducts in a research setting. |  |  |  |
| 1. Performing work that requires protective equipment including respiratory and hearing protection? |  |  |  |
| College of Medicine - *(For additional information please visit* [*http://ahsc.arizona.edu/contracting*](http://ahsc.arizona.edu/contracting) *)* | | | |
|  | ***Yes*** | ***No*** | ***Comments*** |
| 1. Participating in clinical teaching of medical students or residents?   *If Yes, complete next question* |  |  |  |
| 1. Signed a preceptorship agreement through contracting office or associated with an institution that has an executed preceptor agreement on behalf of clinicians? |  |  |  |
| Required Attachments | | | |
| For Affiliates: CV, [Affiliate Verification Form](file:///C:\Users\jrcorona\AppData\Local\jazmins\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\2L9Z5C44\(http:\www.hr.arizona.edu\files\AffiliateRequestForm51812.pdf)) | | | |
| For Associates: CV | | | |
| For Grad Committee Members: CV or other rationale | | | |
| If Yes to #2: Copy of Visa Documents (do not attach—Please forward to Systems Control) | | | |

Preparer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Completed: \_\_\_/\_\_\_/\_\_\_\_

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