

RESEARCH NON-TRADITIONAL PERSONNEL AGREEMENT FORM

Children’s Hospital of Philadelphia is an Equal Opportunity/Affirmative Action employer seeking qualified candidates regardless of race, religion, color, sex, age, marital status, national origin, gender preference, mental handicap or veteran’s status, in conformity with applicable laws.

Please print responses to all questions below:

Last Name:

First:

MI:

Street Address:

City:

State:

Zip Code:

Home Phone:

E-mail Address:

Business/Cell Phone:

Are you eligible to work in the U.S.? Yes No

All foreign nationals (non-US citizens and non-permanent residents), in addition to the mandatory NTP clearances, must also be cleared by the Office of Research Compliance and Regulatory Affairs (ORCRA) and the Office of Immigration and Visa Services (OIVS) before starting at CHOP. Foreign nationals coming to CHOP to strictly observe do not need OIVS clearance.

- If you are a non-US Citizen or non-Permanent resident, what is your country of citizenship?
- If you are a non-US citizen or non-Permanent resident, please attach a copy of your resume and provide, as suggested below, appropriate documentation that permits hands-on research activities at CHOP.

Please NOTE:

If you are in F-1 student status, before starting at CHOP, you must secure and provide to oivs@chop.edu with a copy to ResearchNTP@chop.edu appropriate documentation that permits hands-on research activities at CHOP (i.e. CPT, Rotation at Off Campus Location, On Campus Employment at Off Campus Location). Please consult with your Designated School Official (“DSO”) regarding this to ensure eligibility and compliance with your F-1 student status regulation.

If you are in F-1 student status at the University of Pennsylvania and are joining CHOP to engage in unpaid purely educational activities, you must contact Penn’s ISSS to secure approval for this activity. Once approval is secured, please email a copy of it to oivs@chop.edu with a copy to ResearchNTP@chop.edu

All other nonimmigrants (i.e. H-4, J-2, E-2 dependent, L-2 dependent status holders), before starting at CHOP, must also secure and provide to oivs@chop.edu with a copy to ResearchNTP@chop.edu appropriate documentation that permits hands-on research activities at CHOP. Exceptions apply to nonimmigrants coming to CHOP to strictly observe.

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Is any family member a CHOP employee? Yes No

Name of family member:

Are you under the age of 16? Yes No

Have you entered into any restrictive covenant, such as a non-compete agreement, with any present or past employer, person, or entity, which could interfere with your ability to be employed with, or otherwise provide services for The Children’s Hospital of Philadelphia?

Yes No

If you answered “Yes” to please describe the circumstances giving rise to the restrictive covenant.

Education	High School	College/ University	Graduate/ Professional	Trade or Business
School Name & Address				
No. of Years Completed				
List Major Course of Study				
Did You Graduate?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
List diploma/ degree/highest achievement/ Year awarded				

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Statement of Agreement

As a condition of my services to Children's Hospital of Philadelphia (CHOP) through the Research Non-Traditional Personnel (NTP) Program, I acknowledge and agree that any inventions, software, or other intellectual property that results in whole or in part from my work in CHOP facilities or anywhere using CHOP resources are subject to the terms and conditions of CHOP's *Patent and Intellectual Property Policy*.

CHOP's *Patent and Intellectual Property Policy* can be accessed via CHOP Research Institute's Policy Library, *CHOP – Hospital Policies* page or you may request a copy by contacting the NTP department at the Research Institute.

I agree to maintain the integrity of systems and the confidentiality of materials I come into contact with during my activities at CHOP. I will not disclose any confidential information for any purpose; and will only use that information for purposes of the identified project. I agree to comply with all other applicable CHOP policies and procedures.

I agree to comply with all other applicable CHOP policies and procedures.

I authorize CHOP to verify all information I provide via criminal or other background checks *understanding that any consideration of the background check will be tailored to the requirements of the job.*

By my signature below, I attest that this information is correct, and I agree to the above statements.

Signature of NTP:

Date: