

**Vanderbilt University School of Medicine  
Non-Vanderbilt Interns and Observers  
Registration Form**

**Applicant Information**

First Name _____	Last Name _____
Date of Birth _____	Email _____
Current Institution _____	

**Sponsor Information**

First Name _____	Last Name _____
Department _____	E-mail _____
Designated Supervisor (if different than Sponsor) _____	
Department _____	E-mail _____

**Proposed Experience**

Project Title (if applicable) _____
Start Date of Experience _____ End Date _____
Location of Experience _____
Anticipated Time Commitment _____
Fellowship/Compensation Amount _____

**Intern or Observer**

Position Requested\*:

- Research Intern, Salary  
 Research Intern, Hourly

Observer

\*If a faculty sponsor decides to accept a foreign national, it is the responsibility of the sponsor and his/her department to verify that all legal visa requirements are satisfied prior to requesting appointment. Please note, student visas (F-1s) usually do not allow for employment outside the student's educational institution. Interns and observers who are not U.S. citizens or permanent residents may face different requirements, depending on their visa status. It is important to consult with International Tax before bringing someone to campus, to be sure they are eligible for payment. For additional information, contact the [International Tax Office](#) at (615) 343-7102.

Briefly describe the educational objective of this experience (to be filled out by the sponsor or supervisor):  
*300-word limit.*

Please complete the attached **Potential Hazard Information Sheet**, listing any potentially hazardous materials used in your laboratory or studio.

# Potential Hazard Information Sheet

Participant Initial Here \_\_\_\_\_  
 Parent (if Minor) Initial Here \_\_\_\_\_

## MATERIALS AND EQUIPMENT TO BE USED – CHECK ALL THAT APPLY:

CHEMICALS	BIOLOGICAL MATERIAL	EQUIPMENT
<input type="checkbox"/> <b>Flammable</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Recombinant DNA including viral vectors</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Fume Hood</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Reactive</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Risk Group 2 infectious agent</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Biosafety Cabinet</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Carcinogenic</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Risk Group 3 infectious agents</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Autoclave</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Toxic</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Nonhuman primate-derived body fluids, tissues, or cells</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Centrifuge</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Corrosive</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Human-derived body fluids, tissue or cells</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Power Supply</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Oxidizer</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Animal or plant pathogens</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Analytical Instruments</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Pharmaceuticals</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Animals</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Industrial Machinery</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<input type="checkbox"/> <b>Gases</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment		<input type="checkbox"/> <b>Noise Producing Equip</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
<b>Other Chemical</b> _____ <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<b>Other Biological Material</b> _____ <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment	<input type="checkbox"/> <b>Sharps</b> <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment <input type="checkbox"/> <b>Other</b> _____ <input type="radio"/> Handling/Direct Contact <input type="radio"/> Present in Environment
Potential Hazard Control Plan (Training or other mitigation process to lessen potential risk).    		