



**Loyola University of Chicago
Health Sciences Campus
Visiting Research Scientist Application**

Purpose:

To provide opportunities for visiting research scientists (“Visiting Research Scientists”) not employed by or affiliated with Loyola University of Chicago (“Loyola”) to collaborate with a full-time Loyola faculty member (“Loyola Faculty Host”) at Loyola Health Sciences Campus (“HSC”) on research and to learn research techniques. Through collaborative research, Visiting Research Scientists enhance the research of Loyola. Visiting Research Scientists differ from other short-term, non-salaried Loyola researchers such as Research Volunteers and Research Observers in that Visiting Research Scientists do not require continual, direct in-person supervision while at the HSC, though the Loyola Faculty Host will provide general oversight of the Visiting Research Scientist. Certain requirements for a Visiting Research Scientist are outlined below:

- Visiting Research Scientists must be engaged in a documented collaborative research project (a “Collaborative Research Project”) with a full-time Loyola Faculty Host.
- Other than the Collaborative Research Project or to learn a technique/procedure, Visiting Research Scientists cannot work on their own independent research projects or any other research projects at Loyola.
- Visiting Research Scientists must hold an advanced degree (e.g. PhD, MD, MS) in a relevant field and be able to document significant research training experience in their CV.
- Visiting Research Scientists must provide Loyola with proof of health insurance.
- Visiting Research Scientists must sign the Assumption of Risk and Release Agreement (the “Release”) attached to this Visiting Research Scientist Application.
- Visiting Research Scientists must take online safety training/compliance modules when applicable.

Required Documents:

- Visiting Research Scientist Application (this “Application”) completed and signed by the Visiting Research Scientist applicant, Loyola Faculty Host and applicable Department chairperson;
- Copy of photo ID showing date of birth;
- CV;
- Proof of the applicant’s current health insurance (if the applicant is not listed on the insurance card, please specify the relationship between the scientist and the cardholder); and
- Release signed by the applicant.

Certain Restrictions:

- Visiting Research Scientists will not have access to patients or protected health information and will not be granted access to EPIC or any other electronic medical records system.
- In addition, Visiting Research Scientists may not have access to (a) any Loyola information technology, computers, networks, programs and equipment; and (b) Comparative Medicine Facility, unless they have obtained necessary institutional approval(s) and training associated with the request.
- Visiting Research Scientists will not work with, use or access: (a) animals; or (b) any biohazardous or radioactive agents, unless they have first obtained proper biosafety training, Loyola Institutional Biosafety Committee approval and satisfied all other requirements of Loyola.

Loyola, in Loyola's sole discretion, will determine whether to accept or reject applicants as Visiting Research Scientists. Applicants are to submit the completed Application forms to Loyola's Office of Research Services at least 10 days in advance of the requested Visiting Research Scientist start date.

LOYOLA UNIVERSITY OF CHICAGO
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This Section is to be completed by the Visiting Research Scientist applicant.

Applicant's Name: _____

Current Address: _____

Date of Birth: _____ SS# xxx-xx-_____ (last 4 digits)

Sex: ☐M ☐F

Telephone: _____ Cell/Other: _____

Email Address: _____

Highest Degree Conferred: _____ Years of Research Experience: _____

Do you have health insurance? ☐Yes ☐No

Name of Health Insurance Company: _____

Group / Member Identification Numbers: _____

Are you a U.S. Citizen? ☐Yes ☐No

If No, do you hold a permanent residence status for the U.S.? ☐Yes ☐No

If Yes, date permanent resident card was issued (attach a copy): _____

If No, in what country do you hold citizenship?: _____

Do you hold a J-1 Exchange Scholar Visa? (attach a copy): ☐Yes ☐No

If Yes, Date issued: _____

Expiration Date: _____ Visa Number: _____

If No, what type of visa do you hold? _____

Have you ever been convicted of a felony? ☐Yes ☐No

Have you ever been subject to a scientific misconduct hearing? ☐Yes ☐No

By signing this Application:

- ✓ I request consideration as a Visiting Research Scientist at Loyola and HSC.
- ✓ I understand that submitting this application does not guarantee or otherwise permit me to be a Visiting Research Scientist and that Loyola, in Loyola's sole discretion, will determine whether to accept or reject me as a Visiting Research Scientist.
- ✓ I agree to all the terms, conditions and provisions of this Application and the Release.

Signature of Visiting Research Scientist Applicant

Date

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This Section is to be completed by the Loyola Faculty Host and/or Department Administrator.

Applicant's Name: _____

Date of Birth: _____

Start Date: _____ End Date: _____

Loyola Faculty Host (please print): _____

Department: _____

Lab Location – Building _____ Room Number: _____

Description of activities while at Loyola (including any exposure to hazardous agents or conditions).

Will the Visiting Research Scientist be in contact or exposed to biohazardous/radioactive materials?

If Yes, please describe: _____

The Loyola Faculty Host's signature verifies that the Visiting Research Scientist is seeking to work on a Collaborative Research Project or learn a technique/procedure with the Loyola Faculty Host.

Department Administrator (please sign and print): _____

Loyola Faculty Host Signature: _____ Date: _____

Chairperson's Signature: _____ Date: _____

Approval

Signature	Title	Date
	Vice Dean for Research, SSOM	

ASSUMPTION OF RISK AND RELEASE AGREEMENT

This Assumption of Risk and Release Agreement (this “Release”) is required for a visiting research scientist not employed by or affiliated with Loyola University of Chicago (“Loyola”) to collaborate with a full-time Loyola faculty member (a “Loyola Faculty Host”) at Loyola’s Health Sciences Campus campus (“HSC”) on performing and conducting research and to learn research techniques (collectively, “Research Activities”) at HSC laboratories and facilities (“Research Facilities”), which may include without limitation physical activity, use and operation of equipment, tools, machines, products, chemicals (including without limitation hazardous, biohazardous and radioactive substances and materials) and other items (“Research Equipment”). **Participation in Research Activities is a privilege, not a right. That privilege can be revoked by Loyola at any time for any reason. I will not be able to participate in any Research Activities without submission of this Release, and this Release must be on file with Loyola’s Office of Research Services at HSC. I desire to participate voluntarily in the Research Activities at Loyola pursuant to the terms of this Release.**

Research Activities. I understand that participating in Research Activities involves a variety of activities. I understand that my participation in any Research Activity will be at my own discretion and judgment, that I may choose the level of participation that I will give to each Research Activity and that I have the right and responsibility to limit my participation in any Research Activity if I have safety or other concerns. I understand that participating in the Research Activities can be physically, mentally and/or emotionally demanding and can carry certain dangers, risks and hazards, which cannot be totally eliminated and which could result in, among other things, bodily injury, including without limitation permanent disability, paralysis or death, loss or damage to personal property, accidents, physical contact with others and the emotional effects of being in perceived risk. I voluntarily assume all risks associated with the Research Activities and participate in the Research Activities at my own risk. I will only participate in Research Activities that are part of a collaborative research project or involve learning a new technique/procedure with the Loyola Faculty Host, and I will not work on my own independent research projects or any other research projects at the Research Facilities and at Loyola.

Research Facilities and Research Equipment. I accept the condition and state of the Research Facilities, and I understand that Loyola makes no representations, warranties or promises regarding the Research Facilities. I understand that the Research Facilities contain Research Equipment to conduct various research and experiments and that I understand that I will be responsible for all damages and losses to persons or property (including without limitation the Research Facilities and Research Equipment) as a result of, arising from or in connection with my acts, errors or omissions, and I will reimburse Loyola for the full repair and/or replacement of any such damages and losses. I voluntarily assume all risks associated with Loyola, the Research Facilities and the Research Equipment.

Physical Condition and Insurance. I represent that I am physically fit and do not have any medical condition or physical limitation that would put me at risk for injury as a result of my participation in the Research Activities. In the event of my injury, illness or other medical condition or situation during my participation in any Research Activities, I hereby authorize Loyola to take whatever steps are reasonably necessary in Loyola’s judgment to attend to my medical needs and, without limitation, specifically give permission to Loyola to supervise on-site first aid as appropriate in Loyola’s judgment. I assume responsibility for my own health, safety, emergency and medical expenses, and I acknowledge that Loyola does not provide personal accident/health insurance to me. I certify that I have personal accident/health insurance that will cover all my medical costs and expenses, and I will immediately cease participation in Research Activities should I become uninsured.

Training and Supervision. I understand that I will be required to complete an applicable orientation and training at HSC and that access to the Research Facilities and Research Equipment and participation in Research Activities is permitted only after the completion of such orientation and training, with such completion being determined and evidenced by Loyola. I understand that I will be required to submit to applicable Research Facility safety training and screening for infectious diseases. I understand that, though while participating in Research Activities I will be under general oversight and supervision from the Loyola Faculty Host, from time to time during Research Activities, I will not be directly supervised by the Loyola Faculty Host or any other authorized Loyola faculty or staff (collectively, “Research Personnel”) at the Research Facilities and at Loyola. I assume full responsibility for all my acts, errors and omissions regardless of whether or not I am supervised. I have all necessary skills, qualifications and abilities necessary to perform and conduct the Research Activities, regardless of whether I am supervised or not by Research Personnel. I understand that Loyola will not provide me with any training certification or any other credential as a result of or in connection with my participation in the Research Activities.

Compliance. I understand that while participating in Research Activities, I must follow, and I will abide by, all applicable Loyola policies, procedures, rules, regulations, guidelines and contracts, whether oral or written (“Loyola Policies”) and all applicable laws, rules and regulations (“Applicable Laws”). I understand that if I fail to follow such Loyola Policies and Applicable Laws (as determined by Loyola in Loyola’s sole discretion) I will be asked to immediately end my participation in the Research Activities, and I will end my participation in the Research Activities. I understand that, as applicable, if I breach, violate or do not comply with, or provide any untrue or inaccurate information in connection with, this Release, my Visiting Research Scientist application, any Loyola Policies or any Applicable Law (as determined by Loyola in Loyola’s sole discretion), I will be asked to leave the Research Facilities and Loyola immediately, and I will leave the Research Facilities and Loyola immediately.

Safety and Removal. I agree to act in a responsible and safe manner while participating in all Research Activities, and I will use all Research Facilities and Research Equipment for their intended purposes only. I am also aware and understand that misuse of Research Facilities and Research Equipment could endanger myself and/or others. I understand that Loyola may, in Loyola's sole discretion, end my participation in Research Activities: (i) if I do not use the Research Facilities and/or the Research Equipment for their intended purposes; (ii) if I engage in activities that risk potential damage to the Research Facilities and the Research Equipment; (iii) if my actions or behavior impede or obstruct the activities of the Research Facilities or Loyola or of others in the Research Facilities or at Loyola; (iv) if I engage in activities that pose unacceptable safety risks; (v) if any of my other actions or behavior endanger me, other participants or Research Personnel; or (vi) for any other reason (all as determined by Loyola in Loyola's sole discretion).

Alcohol and Drugs. I understand and agree that I may not be under the influence of alcohol or consciousness-altering drugs, whether obtained or taken legally or not, and acknowledge that I will not use or be under the influence of any such substance while participating in any Research Activities. I understand that participating in Research Activities while under the influence of such substances could endanger myself and/or others and if I fail to abide by this rule I will be required to end, and I will end, my participation in the Research Activities.

Not a Loyola Employee and Prohibited Access. I understand that I will not be paid or compensated in any way for my participation in the Research Activities and that I participate in the Research Activities solely as a volunteer visiting research scientist. I understand that I am not an employee, joint employee or agent of or otherwise under the control or direction of Loyola. I will in no way indicate, suggest, state or otherwise imply that I am an employee, joint employee or agent of or otherwise under the control or direction of Loyola. I understand that I will not be permitted to: (i) engage in any patient care of any kind; (ii) access patients or any protected health information; (iii) access EPIC or any other electronic medical records system. I understand that I will not (i) have access to any Loyola information technology computers, networks, programs and equipment; (ii) have access to the Comparative Medicine Facility; (iii) work with animals; and (iv) work with, use or access any biohazardous or radioactive agents, unless I have first obtained institutional approval(s) and completed all requisite training and requirements of Loyola related to such activity. I will not engage in, access, work with or use, as applicable, any of the foregoing.

Release. I am aware and understand that: (i) signing this Release and participating in the Research Activities is completely voluntary and of my own free will; (ii) I participate in the Research Activities at my own risk and assume responsibility for my own health, safety, emergency and medical expenses; (iii) Loyola is not liable for injuries sustained during participation in Research Activities or at the Research Facilities or at Loyola; and (iv) Loyola does not provide personal accident/health insurance to me. In consideration for my voluntary participation in Research Activities: (a) I hereby assume all risks of injury which may result from my participation in the Research Activities and my use of the Research Facilities, the Research Equipment and any other Loyola facilities and equipment, regardless of whether I am supervised or not; and (b) I agree to waive, indemnify, hold harmless, release and discharge Loyola, its affiliates, Research Personnel and their respective trustees, officers, employees, representatives, agents, volunteers, successors and assigns (collectively, "Releasees") from any and all actions, causes of action, rights of action, suits, claims, damages and expenses whatsoever, for any injury, loss, damage, accident, inconvenience or expense, present or future, known or unknown, anticipated or unanticipated, relating to, resulting from or arising out of my participation in Research Activities and my use of the Research Facilities, the Research Equipment and any other Loyola facilities and equipment. It is my express intent that this Release shall bind myself, members of my family and my heirs, executors, administrators, assigns and personal representatives and shall be governed by the laws of the State of Illinois.

Photo Release. I authorize any and all Releasees to record my participation and/or appearance in any Research Activities on video tape, audio tape, any computer or digital format, film, photograph or any other medium of any kind and to use such recordings, and my name and voice in all mediums, including without limitation magazines, newspapers, periodicals, radio, television, the Internet, other news and educational media and all means of communication now and in the future. I waive and release Releasees from any claim, action, suit or damage whatsoever by reason of anything contained in the recording or in connection with or arising out of the use, reuse, duplication, distribution, broadcast, publication, republication, and marketing of the recording.

Certification. By signing below, I certify and agree that: (i) the information provided by me in this Release is true and accurate in all respects; (ii) I have read, understood, and intend to be bound by this Release; (iii) I retain the right and responsibility to choose and direct my own level of participation in Research Activities; and (iv) I am age 18 or older.

Printed Name

Date

Signature