

## PENN Irradiator Access Request Form School of Veterinary Medicine

This form must be completed by all individuals requesting access to an irradiator.

**Location of Irradiator Requested:**  
**Your PennCard ID No:**

Name:	Title:
Department:	Phone #
E-Mail:	
<i>By signing this application I attest that all the information I have provided is true and complete. I also agree to follow all the required rules and requirements when accessing and/or using irradiators. I also agree to access and operate the irradiator only for approved activities and will not access or use this device in any unauthorized manner.</i>	
Signature of Applicant:	Date

If you have > 3 years of experience at your current institution, have your supervisor sign below. Submit this form to EHRS.

*I reviewed the applicant's request for irradiator access and confirm their need to use this device. They have been employed by Penn, for more than 3 years. I have reviewed their employment history and believe that this individual is trustworthy and reliable. I have no information that would indicate that access to the device requested should not be approved.*

_____	_____
Supervisor Signature	Date
_____	_____
Print Name	Phone Number

If you have < 3 years of experience at your current institution, submit this form to EHRS along with the required information on the following pages

Submit completed request forms to EHRS by fax at 215-898-0140.

The above individual has met the required elements to be deemed trustworthy and reliable.

_____	_____
EHRS signature	Date



**Section 3: Education Information**

School Name:
School Address:
Degrees:
Dates Attended: From: <span style="margin-left: 150px;">To:</span>

**Section 4: Personal References (preferably work related)**

Name:
Phone:

Name:
Phone:

FAX THIS FORM TO EHRS at 215-898-0140

**Certiphi Screening, Inc. (a Vertical Screen Company) 1105 Industrial Highway, Southampton, PA 18966**

**Authorization and Instructions for Issuance of Consumer Report**

I hereby authorize and instruct Certiphi Screening, Inc. (a Vertical Screen Company) (hereinafter, "Certiphi") to procure a consumer report on me containing the following information:

- 1. Education history
- 2. Employment history
- 3. Social Security number verification
- 4. Professional license verification
- 5. State/federal program exclusion (OIG)
- 6. Address verification

Copies of the report(s) shall be provided to me and the University of Pennsylvania Department of Environmental Health and Radiation Safety. I understand that the purpose of procuring such report is for the University's use in connection with my application for irradiator access. I have been given a written summary of my rights under the Fair Credit Reporting Act, and I understand that in the event the University uses any information contained in the consumer report in any adverse decision, before making such decision I will be so advised and provided with another copy of the report as well as a second written summary of my rights under the Fair Credit Reporting Act.

By signing below I also am authorizing all entities having information about me and consulted for the purpose of preparing this report, including but not limited to present and former employers, schools, and references, to release such information to:

Certiphi Screening, Inc.  
P.O. Box 130  
Southampton, PA 18966

This release and authorization shall remain valid and in effect during the period in which I am employed at the University.

\_\_\_\_\_  
**Date Authorized Signature**

Full Name: \_\_\_\_\_  
**(PRINT LEGIBLY)**

\* Please list other names or aliases including maiden names: \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Current Residence:

\_\_\_\_\_  
Street Address City State Zip

**\* Required for background investigation purposes only and will be used for no other purposes**