2.6.8 UNCOMPENSATED PARTICIPANTS / OBSERVERS

A. POLICY

All arrangements for uncompensated participation/observation of medical procedures, laboratory research, and other such activities of the Health Sciences Center require the prior written approval of Human Resource Management and Compliance. In cases involving nonimmigrant aliens prior written approval of the Office of Legal Affairs, Human Resource Management, and the Compliance Office is required. Such prior approvals may be granted for periods of up to one month (30 days). An extension of another 30 days may be granted at the discretion of the department and the Office of Legal Affairs but under no circumstances will the observation/participation be extended beyond the 60 days during a 12 month period. Any exception to this policy must be approved, in advance, by Human Resource Management or the Office of Legal Affairs.

B. PROCEDURE

Prior written approval must be requested by completing and submitting a “Request for Approval of Participation and/or Observation” form, #LSUHSC-S 6318, (copy attached). This form should be properly completed and submitted to Human Resource Management at least three weeks prior to the anticipated start date. The individual/Observer/Participant shall present in person to Human Resource Management to complete a Confidentiality Agreement and to receive a HIPAA packet.

If the individual is a nonimmigrant alien who may require a visa petition or other application on his behalf, the requesting department should inquire one month in advance. If the individual is believed to be a nonimmigrant alien, questions and requests should be directed to the Office of Legal Affairs. Otherwise, direct all questions and requests to Human Resource Management.
Individual who will participate/observe Health Sciences Center activities:

Name: ___________________________________________________

Current Address: ____________________________________________

__________________________________________________________________

Telephone Number: __________________ Nationality: __________________ and

Immigration Status: ____________________________________________

(If not a U.S. Citizen or Lawful Permanent Alien - Green Card Holder)

Individual will: □ Observe  □ Participate  □ Both

Approval:

_______________________________________  ____________________________

Office of Legal Affairs  Date

Date of Proposed Activities: From: _____________ to _________________

Specific Description of Proposed Activities:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Faculty Member (Sponsor)  Signature of Department Head / Director

_______________________________________  ____________________________

Date  Date

APPROVAL:

_______________________________________

Human Resource Management  Date

LSUHSC-S 6318  Rev. 11/2004
Name: ____________________________________________

To: Human Resource Management

This is to certify that I am observing as a visitor in the Department of ______________________________ and am not performing any research nor engaging in any type of employment while at the LSU Health Sciences Center - Shreveport. I hereby absolve LSU Health Sciences Center - Shreveport of any/all liability while I am observing in the Department of ______________________________.

____________________________  ______________________________
Signature  Witness

___________________________  ____________________________
Date  Date