 

Research Protections Office

**Request for University of Vermont (UVM) Net ID for Required Institutional Training and Access to UVMClick**

Please complete this form **only** if you do not already have a UVM NetID.

Complete the form and share via [file transfer](https://filetransfer.uvm.edu/) to [RPO@uvm.edu](mailto:RPO@uvm.edu)

Or send the attachment via email to [RPO@uvm.edu](mailto:rpo@uvm.edu) and phone in your social security number to Nicole Schwartz via Microsoft Teams.

**You have 30 days upon issuance of UVM Net ID to complete training and be added to an active protocol or your Net ID will be revoked.**

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| Date Form Completed |  |  |

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| What is your role in the research? | | | | | | | | | | | | | | | | | |
|  | | Principal Investigator of a research protocol  (must be a UVM/UVMMC/CVPH/Central VT Medical Center employee) | | | | | | | | | | | | | | |
|  | | Key Personnel supporting a research protocol | | | | | | | | | | | | | | |
|  | | External Researcher (non-Network) collaborating with UVM | | | | | | | | | | | | | | |
|  | | UVMMC Health Network Affiliate Researcher | | | | | | | | | | | | | | |
|  | | IRB, IACUC or IBC Community Member | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
| Last Name | | | |  | | | | | First Name, Middle Initial | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| Date of Birth | | | |  | | | | | Social Security Number | | | |  | | | | |
|  | | | | | | | | | | | | | *\*a full SS# is necessary to identify you\** | | | | |
|  | | | | | | | | | | | | | *The number will be protected and destroyed once your UVM NetID has been provided.* | | | | |
| Network Hospital | | | | | |  | UVM Medical Center | | | | | | | | | | |
|  | | | | | |  | Central Vermont Medical Center | | | | | | | | | | |
|  | | | | | |  | Champlain Valley Physicians Hospital | | | | | | | | | | |
|  | | | | | |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
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| Department | | | | | |  | | | | | | | | | | | |
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| Work Email Address | | | | | |  | | | | | | | | | | Phone |  |
|  | | | | |  | | | | | |  | | | |  | | |
| Have you ever been a UVM employee or student? | | | | | | | | | |  | | Yes | |  | No | | |
| If yes, you may have an old UVM NetID that can be reactivated.  Please provide your prior UVM NetID  **or**  Yourname at the time you were an employee or student. | | | | | | | | | | | | | | | |
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