TRAINEEs

It is essential residents understand the effect of change in status on their benefits, and the status before accepting the appointment to a training grant. Residents must be provided with a "Letter of Understanding" that outlines the effect of the appointment on benefits and tax status. A copy of the "Letter of Understanding" signed by the resident and the program coordinator, and the federal "Statement of Appointment" must be forwarded to Karen Brooks.
U.S. Department of Health and Human Services
Public Health Service

Information and Instructions for Completing
Statement of Appointment (Form PHS 2271)

The PHS estimates that it will take 15 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0001). Do not return the completed form to this address.

I. INTRODUCTION

Please read carefully the following instructions, including the Privacy Act statement at the end of these instructions, for use and submission of Form PHS 2271.

All items on the form must be completed unless otherwise indicated in these instructions. Items not found in these instructions are considered self-explanatory.

II. GENERAL INSTRUCTIONS

A. Application
A “Statement of Appointment” form covers the support of an individual from a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a PHS institutional training grant or salary as an appointee under a career development program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs.

For new postdoctoral trainees appointed under National Research Service Award Institutional Grants, a signed and dated paycheck agreement must be submitted with this appointment form before a stipend or other allowance may be paid.

B. Submission
The original should be sent to the awarding component. A copy should also be given to the trainee, the Program Director, and Business Official.

III. ITEM-BY-ITEM INSTRUCTIONS

Item 1. PHS Grant Number. Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03.

(Type: 5; Activity Code: T32; ID Serial Number: GM12453-03).

Item 2. Trainee’s Name. Include maiden name or other names in parentheses where applicable.

Item 4. Type of Action. Reappointment: When an individual was supported during a previous budget period under this grant, the appointment covered by this form is a reappointment. Skip the shaded items if they have not changed from the information provided in the form submitted during the earlier budget period. Always complete the non-shaded items.

Amendment: “Amendment” pertains only to a change of item 2 (Name); 9 (Permanent Mailing Address); 13 (Appointment Period); or 18 (Support from this Grant) during a period of appointment for which a “Statement of Appointment” form has already been submitted. Amendments must be submitted as soon as the change occurs.

Complete only items 1, 2, 4, 6, 20, 21, and the item(s) to be amended.

Item 5. Prior Support. Individuals being appointed under a National Research Service Award (NRSA) Institutional Grant for the first time or being reappointed after a break in support must indicate if they have received prior NRSA support from either an individual award or institutional grant. If yes, specify on the form the dates of support, the level (pre- or post-), the mechanism (individual award or institutional grant), and the grant number, if known. (See the Program Guidelines for limitations on total period of support.)

Individuals being appointed under other authorities are requested to supply similar information for PHS program evaluation purposes.

Item 6. Social Security Number. Provide only the last four digits of your Social Security Number. See Privacy Act Statement at the end of these instructions concerning this request.


Item 8. Citizenship. The named individual must be a citizen or noncitizen national of the United States or have been lawfully admitted for permanent residence at the time of appointment. A noncitizen national is a person who, although not a citizen of the United States, owes permanent allegiance to the United States. They are generally persons born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa). Individuals on temporary or student visas are not eligible.

Permanent Resident: A notary’s signed statement must be submitted with this appointment form certifying that (1) the appointee has an Alien Registration Receipt Card (1-151 or 1-551, see line 26, page 4) or (2) the appointee is in possession of other legal verification of such status. No statement is required for citizens or noncitizen nationals.

Item 9. Permanent Mailing Address. Give an address where the appointed individual can be reached by mail after completion of the program. (Do not give present address unless it is considered permanent as defined above.)

Item 10-11. Race/Ethnicity. The Federal Government has a continuing commitment to monitor appointments made to training grants and other awards. This information will be used to identify inequities in terms of recruitment and retention based on race and/or ethnicity.

This information will also be used to provide statistical information on the participation of individuals from the indicated racial/ethnic groups in PHS programs. Racial/ethnic data is encrypted and all analyses conducted on the data will report aggregate statistical findings only and will not identify individuals.

Information from this form will be retained by the PHS as an integral part of its Privacy Act Systems of Records in accordance with and protected by the Privacy Act of 1974. These are confidential files accessible only to appropriate PHS personnel and will be treated as confidential to the extent permitted by law. (See Privacy Act Statement at the end of these instructions concerning this request.)

If you decline to provide this information, it will in no way affect your appointment.
10. Are you Hispanic (or Latino)? Mark (X) 

Definition: Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".

11. What is your racial background? Mark (X) one or more.

Definitions:

American Indian or Alaska Native. A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Item 12. Field of Training (FOT). In the blank for item 12 write a numeric FOT code (one only please) from the list below that best fits the training appointment. Use the subcode (nonbold lowercase) unless the broader category (bold uppercase) fits best.

1000 I. Predominantly Non-Clinical or Lab-Based Research Training
1100 BIOCHEMISTRY
1110 Biological Chemistry
1120 Bioenergetics
1130 Enzymology
1140 Metabolism
1200 BIOENGINEERING
1210 Bioelectric/Biomagnetic
1220 Biomaterials
1230 Biomechanical Engineering
1240 Imaging
1250 Instrumentation and Devices
1260 Mathematical Modeling
1270 Medical Implant Science
1280 Nanotechnology
1290 Rehabilitation Engineering
1310 Tissue Engineering
1400 BIOPHYSICS
1410 Kinetics
1420 Spectroscopy
1430 Structural Biology
1440 Theoretical Biophysics
1500 BIOTECHNOLOGY
1510 Applied Molecular Biology
1520 Bioprocessing and Fermentation
1530 Metabolic Engineering
1600 CELL AND DEVELOPMENTAL BIOLOGY
1610 Cell Biology
1620 Developmental Biology
1700 CHEMISTRY
1710 Analytical Chemistry
1720 Bioinorganic Chemistry
1730 Bioorganic Chemistry
1740 Biophysical Chemistry
1750 Medicinal Chemistry
1760 Physical Chemistry
1770 Synthetic Chemistry
1900 ENVIRONMENTAL SCIENCES
2000 GENETICS
2010 Behavioral Genetics
2020 Developmental Genetics
2030 Genetic Epidemiology
2040 Genetics of Aging
2050 Genomics
2060 Human Genetics
2070 Molecular Genetics
2080 Population Genetics
2200 IMMUNOLOGY
2210 Asthma and Allergic Mechanisms
2220 Autoimmunity
2230 Immunodeficiency
2240 Immunogenetics
2250 Immunopathology
2260 Immunoregulation
2270 Inflammation
2280 Structural Immunology
2290 Transplantation Biology
2310 Vaccine Development
2400 MICROBIOLOGY AND 

INFECTIONOUS DISEASES
2410 Bacteriology
2420 Etiology
2430 HIV/AIDS
2440 Mycology
2450 Parasitology
2460 Pathogenesis of Infectious Diseases
2470 Virology
2600 MOLECULAR BIOLOGY
2800 NEUROSCIENCE
2810 Behavioral Neuroscience
2820 Cellular neuroscience
2830 Cognitive neuroscience
2840 Communication Neuroscience
2850 Computational Neuroscience
2860 Developmental Neuroscience
2870 Molecular Neuroscience
2880 Neurochemistry
2890 Neurodegeneration
2910 Neuropharmacology
2920 Systems Integrative Neuroscience
3100 NUTRITIONAL SCIENCES
3200 PHARMACOLOGY
3210 Molecular Pharmacology
3220 Pharmacodynamics
3230 Pharmacogenetics
3240 Toxicology
3300 PHYSIOLOGY
3310 Aging
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<td>Exercise Physiology (basic science)</td>
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<td>4440</td>
<td>Information Science</td>
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<td>Developmental and Child Psychology</td>
<td>4450</td>
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<td>Audiology</td>
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<td>Psychology of Aging</td>
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<td>VETERINARY MEDICINE</td>
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</tr>
</tbody>
</table>

Item 13. Period of this Appointment. The period shown in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS. The amount of the stipend/salary and tuition for each full period of appointment must be obligated from funds available at the time the appointment begins, unless other arrangements have been made with PHS.

Other instructions should be requested where institutional accounting practice precludes obligations of stipend/salary and tuition in the amount required for the full appointment period.


Item 15. Specialty Boards. If not applicable, indicate N/A.

Items 16-17. Provide the degree sought under the NRSA award. Indicate whether you are in a double degree program (e.g., M.D./Ph.D.). Include the date that all degree requirements will be completed.

Item 18. Support for Period of Appointment. Indicate the total amounts you expect to receive from the grant during the appointment period.
Item 19. Statement of Nondelinquency on Federal Debt. A "Statement of Nondelinquency on Federal Debt" is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a Public Health Service (PHS) institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the "Yes" box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

• For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)

• For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

• For grants, organizations in receipt of a "Notice of Grants Cost Disallowance" which have not repaid the disallowed amount or which have not resolved the disallowance. (This definition excludes disallowance in an "appeal" status.)


Item 21. Certification, Signature, and Address of Program Director. Self-explanatory.
**Statement of Training Appointment**

(Please Type)

1. PHS Grant Number
   - Type
   - Activity
   - ID Serial No.

2. Trainee's Name (Last, first, initial)

3. Sex
   - M
   - F

4. Type of Action (Mark X for only one type)
   - NEW Appointment (Not previously supported by this grant)
   - REAPPOINTMENT (Previously supported by this grant)
   - AMENDMENT of items checked: 2 9 13 18

5. Prior Support (Individual or institutional)
   - NO
   - YES (If "Yes," see instructions)


7. Birthdate (Month, day, year)

8. Citizenship (See instructions)
   - U.S. Citizen or U.S. Noncitizen National
   - Permanent Resident of U.S.

9. Permanent mailing address

10. Are you Hispanic (or Latino)? Mark X

11. What is your racial background? Mark X one or more
   - American Indian or Alaska Native
   - Native Hawaiian or other Pacific Islander
   - Asian
   - Black or African American
   - White
   - Intentionally Withheld

12. Field of Training
   Enter a 4 digit code from instructions:

13. Period of Appointment (Month, day, year)

14. Education - After High School (Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)

<table>
<thead>
<tr>
<th>(a) Name of Institution, Department and Location</th>
<th>(b) Month and Year Attended</th>
<th>(c) Degree(s)</th>
<th>(d) Major Field</th>
<th>(e) Minor Field</th>
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<tr>
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<td>From</td>
<td>To</td>
<td>Degree Mc./Yr.</td>
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</tbody>
</table>

15. Name of Specialty Boards

16. Degree(s) Sought
   - Are you in a double degree program (e.g., M.D./Ph.D.)? Yes ☐ No ☐

17. Completion Date

18. Support for Period of Appointment
   - Type
   - Total for this Grant (Omit cents)
   - Stipend
   - Tuition/fees (estimated)
   - Travel (estimated)
   - TOTAL

19. Statement of Nondelinquency on Federal Debt. Is the trainee delinquent on the repayment of any Federal debt(s)?
   - No ☐ Yes ☐ (If "Yes," please explain below. Use additional pages if necessary.)

20. Certification and Acceptance: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

21. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual.

22. Typing Name of Program Director

23. School
   - (f) Department

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PHS 2271 (Rev. 9/2004)
Privacy Act Statement

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, Grants and Cooperative Agreements: Research, Research Training, Fellowship, and Construction Applications and Related Awards." The Privacy Act of 1974 (5 USC 522a) allows disclosures for "routine uses" and permissible disclosures.

Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party to such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party:
   a. the DHHS, or any component thereof;
   b. any DHHS employee in his or her official capacity;
   c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
   d. the United States or any agency thereof; where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
   a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
   b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
   c. has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions; and
   d. has required the recipient to:
      (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
      (2) destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
      (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under the same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974 (5 USC 552) and the associated DHHS regulations (45 CFR Part 5).
Letter of Understanding

RESIDENT MUST SIGN BEFORE BEING APPOINTED TO TRAINING GRANT. A COPY OF THE COMPLETED LETTER MUST BE ATTACHED TO TRAINEE AWARD FORM.

Re: Appointment to Training Grant and Change in Employee Status

Effective Date:

Dear Dr. __________,

You have been offered an appointment in the Department of Pediatrics Division of __________ that will be funded by a training grant. This appointment will require that your employment status be changed from Status 07, Job Group M (resident/intern) to status 07, Job Group N (resident trainee). This change in employment status will affect your benefits and tax status as outlined below.

- **UAB Employee Benefits:** Due to IRS restrictions placed on training stipends, company-paid fringe benefits are not allowed for status code 07, Job Group N, resident trainees. Therefore, you will be ineligible for UAB benefits and will lose benefits to which you currently subscribe on the effective date of your change in status.

- **Health Insurance Coverage:** As a resident trainee, you are eligible for health insurance through Viva Health with the full premium for single or family coverage paid by UAB. However, the premium paid by UAB is reported as taxable income and you will be responsible for taxes on this amount. At present, the premium paid by UAB is $180.00 per month for single coverage and $432.00 per month for family coverage. This plan differs from the Viva UAB plan for employees, and enrollment is not automatic. You must take a copy of this letter or a completed “Certification of Resident Status” form to the Benefits Office (Administration Building, Room 270) to enroll for coverage within 31 days of the effective date of your appointment.

- **Dental Coverage:** You are eligible for the same coverage offered to all employees under the UAB dental plan and will be responsible for the full premium for either single or family coverage. You must go by the Benefits Office (Administration Building, Room 270) to enroll for coverage within 31 days of the effective date of your appointment.

- **Taxes:** In accordance with regulations, federal and state income taxes will not be withheld from your stipend if you are a citizen of the United States. You may be required to file federal quarterly estimated income tax returns and pay quarterly taxes to comply with the individual income tax regulations. It is important that you consult an Income Tax professional or the IRS for advice on this matter.
Sincerely,

_________________________________________  Date

Program Director

Your signature below indicates that you have been informed of, and understand, the
effect this change in employee status will have on your benefits and tax status.

_________________________________________  Date

Resident Trainee

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