

**Occupational Health and Safety Program  
Laboratory Animal Resources**

Binghamton University  
State University of New York  
P.O. Box 6000, IN-204  
Binghamton, NY 13902-6000  
(607) 777-4905, Fax: (607) 777-2881

**History of Prior Educational Training for Visiting Faculty and  
Visiting Students**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Birth Date \_\_\_\_\_  
Phone \_\_\_\_\_ Department \_\_\_\_\_  
Email \_\_\_\_\_ Faculty Affiliation \_\_\_\_\_

**Have you received educational training from your institution within the past five years regarding the following: (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Risk of Allergies to Animals  | <input type="checkbox"/> Bloodborne Pathogens    |
| <input type="checkbox"/> Safe and Humane Care and Handling of Animals  | <input type="checkbox"/> Safe use of Chemicals   |
| <input type="checkbox"/> Safe use radioactive materials (if applicable)<br>(please supply proof of training in writing)          | <input type="checkbox"/> Regulated Medical Waste |
| <input type="checkbox"/> Zoonotic diseases (relevant to the animal species you plan to work with while at Binghamton University) |  |

**\*Please refer to instructions in cover letter if you have not completed all of the components of the necessary educational training as listed above\***

**I attest that the information above is correct to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

DP-1/2007

Date Reviewed \_\_\_\_\_