

IPA INFORMATION SHEET

IPAs can only be done in 2 Year increments, with a 4 Year limit

Applicant's Information

Name *

First Name

Last Name

SSN *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Date of Birth: *



Month

Day

Year

Email *

example@example.com

New IPA Start Date *



Month Day Year

New IPA End Date *



Month Day Year

Does the research project involve human contact? *

YES

NO

Does the research project involve animal contact? *

YES

NO

Have you every been on an IPA? *

YES

NO

If Yes, provide dates

University/Organization Information

Please provide the administrative contact information for who will route the IPA through your university/organization (include name, phone, and email): *

Name of University/Organization: *

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Applicant's Position Title *

Applicant's Office Phone Number *

Please enter a valid phone number.

Immediate Supervisor (cannot be same as VA) *

Supervisor's Title *

Original Date Employed by the University/Organization *



Month Day Year

Employee's Annual Salary (without benefits) *

University/Organization Fringe Benefit Rate (%) *

VA Research Service Information

Applicant's VA Position Title *

Applicant's VA Phone Number

Area Code

Phone Number

Immediate VA Supervisor's Name *

VA Supervisor's Title *

VA Job Duties *

Project Name(s) *

Percent of time (Effort, %) *

Site where work will be performed *

Type a question *

Full-Time

Part-Time

Intermittent

IPA Justification *

Principal Investigator Signature
