



# Human Resources Non-Employee Associate Form (College of Medicine Only)

**Instructions:** To expedite processing, please type all information electronically. Please see email recipients at the signature section for the appropriate person to send the completed document.

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I, a Non-Employee Associate of Drexel University College of Medicine (DUCOM), require account access to DUCOM services ("Account Privileges") because I am a(n):

- Affiliated Faculty
- Affiliated Resident/Fellow
- Affiliated Staff
  
- Non-Drexel Student
- Other, please describe:

Department: \_\_\_\_\_ Division/Speciality: \_\_\_\_\_

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## Demographic Information

Prefix: \_\_\_\_\_ Suffix: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ \*Last 4 Digits of SSN: \_\_\_\_\_

Personal Pronouns: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ **\*Note:** Upon processing of this request, Drexel HR will outreach to obtain the full SSN

Legal Sex:    Female    Male                      Citizenship: \_\_\_\_\_

**The following questions are optional but assist in reports that we are required to provide to various agencies.**

Gender Identity: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Race: (Multiple choices can be selected)

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## Contact and Work Information

Primary professional email address: \_\_\_\_\_  
Personal Email (this will not be used for formal communications): \_\_\_\_\_

**Current Employers (list all and include if it is a Full Time or Part Time Position:**

### Primary Work Address:

Institution: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Home Address**

Address:

City:

State:

Zip Code:

Home/Cell Phone:

Are you legally eligible to work in the US for the duration of your assignment?      Yes      No

Have you been associated in anyway (ie. applicant, student, paid engagement, prior NEA) with Drexel University or an affiliate such as Drexel University Online, ANS, etc.      Yes      No

I understand that I am not an employee of Drexel University and therefore I am not entitled to compensation or benefits of any kind, including, but not limited to, workers' compensation, unemployment compensation or health insurance. I understand that in receiving Account Privileges, I agree to abide by all Drexel University policies and procedures relating to the Services as may be in effect from time to time. Such policies and procedures can be found at <https://drexel.edu/hr/resources/policies/> and [www.library.drexel.edu/about/librarypolicies.html](http://www.library.drexel.edu/about/librarypolicies.html). I further agree that any violations of Drexel University's policies or procedures shall result in the immediate revocation of my Account Privileges. I understand that my Account Privileges shall be reviewed on an annual basis.

Non-Employee Associate Signature:

Date:

**Department Chair contacts for reference to forward your completed form:**

Chair	Department	Staff contact	E-mail
Jane Clifford, PhD	Biochemistry & Molecular Biology	Luci Boyer	<a href="mailto:lb32@drexel.edu">lb32@drexel.edu</a>
Brian Wigdahl, PhD	Microbiology & Immunology	Christine Kinsinger	<a href="mailto:ck53@drexel.edu">ck53@drexel.edu</a>
Itzhak Fischer, PhD	Neurobiology & Anatomy	Kathleen Golden	<a href="mailto:kg35@drexel.edu">kg35@drexel.edu</a>
Olimpia Meucci, MD, PhD	Pharmacology & Physiology	Liz Kopen	<a href="mailto:ek33@drexel.edu">ek33@drexel.edu</a>
Richard Hamilton, MD	Emergency Medicine		<a href="mailto:COM.FAFD@drexel.edu">COM.FAFD@drexel.edu</a>
Susanna Evans, MD	Family, Community and Preventive Medicine	Jim Bergey	<a href="mailto:jwb53@drexel.edu">jwb53@drexel.edu</a>
Cecilia M. Smith, DO	Medicine	Tara Brown	<a href="mailto:tara.brown@towerhealth.org">tara.brown@towerhealth.org</a>
G. Peter Gliebus, MD	Neurology	Beth Thwaites	<a href="mailto:bthwaites@gnineuro.org">bthwaites@gnineuro.org</a>
Erol Veznedaroglu, MD	Neurosurgery	Kelly Esposito	<a href="mailto:kesposito@gnineuro.org">kesposito@gnineuro.org</a>
Mark B. Woodland, MD	Obstetrics & Gynecology	Carolyn Hoffman	<a href="mailto:carolyn.hoffman@towerhealth.org">carolyn.hoffman@towerhealth.org</a>
Robert Sataloff, MD	Otolaryngology	Debbie Westergen	<a href="mailto:office@phillyent.com">office@phillyent.com</a>
Cheryl Hanau, MD	Pathology		<a href="mailto:COM.FAFD@drexel.edu">COM.FAFD@drexel.edu</a>
Renee Turchi, MD, MPH	Pediatrics	Elisa Williams	<a href="mailto:elisa.williams@towerhealth.org">elisa.williams@towerhealth.org</a>
		Javier Mulet	<a href="mailto:javier.mulet@towerhealth.org">javier.mulet@towerhealth.org</a>
Wei Du, MD	Psychiatry	Grace Dillard	<a href="mailto:grace.dillard@towerhealth.org">grace.dillard@towerhealth.org</a>
David Tichansky, MD	Surgery, Academic Chair	Tina Figueroa	<a href="mailto:tina.figueroa@towerhealth.org">tina.figueroa@towerhealth.org</a>



**SECTION 2:** Please complete if you are located or affiliated with an academic or regional campus

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Proposed Effective Date:

End Date:

Academic or Regional campus:

Proposed Academic Rank:

Department Name:

DME/Regional Dean Name:

DME/Regional Dean Signature:

Date:

**SECTION 3:** For Research NEAs, to be completed by the Senior Vice Dean of Research

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Senior Vice Dean of Research  
(print name):

Senior Vice Dean of Research  
(signature):

Date:

**SECTION 4:** DUCOM Approval

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DUCOM Academic Chair or DUCOM  
designated supervisor(print name):

DUCOM Academic Chair or DUCOM  
designated supervisor(siganture):

Date:

DUCOM Department:

Department Code:

DUCOM Approver (print name):

DUCOM Approver (signature):

Date: