

# Non-Employee Associate Form

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

<input type="checkbox"/> Affiliate/Volunteer Faculty	<input type="checkbox"/> DUCOM Resident	<input type="checkbox"/> Affiliated Resident	<input type="checkbox"/> Affiliated Staff
<input type="checkbox"/> Staff Volunteer/Temporary Agency Staff	<input type="checkbox"/> Independent Contractor	<input type="checkbox"/> Research Volunteer	<input type="checkbox"/> Other: _____

## Section 1 (all fields must be completed to obtain access; please visit the Drexel University College of Medicine confidentiality policy at: [http://www.drexel.edu/admin/hr\\_hs/policies/DU-HR50.htm](http://www.drexel.edu/admin/hr_hs/policies/DU-HR50.htm))

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Preferred Email: \_\_\_\_\_

### Work Address (where you physically work each day)

Institution Name: \_\_\_\_\_ Work Location Phone: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Section 2

Academic Campus: \_\_\_\_\_ Non-Employee Department Org Name: \_\_\_\_\_  
Proposed Academic Rank (Faculty): \_\_\_\_\_ Non-Employee Department Org Number: \_\_\_\_\_  
Division: \_\_\_\_\_ Non-Employee Position Number: \_\_\_\_\_

I understand that I am not an employee of Drexel University College of Medicine 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: [http://www.drexel.edu/admin/hr\\_hs/policies/DU-IT-2.htm](http://www.drexel.edu/admin/hr_hs/policies/DU-IT-2.htm); <http://www.drexel.edu/IRT/policies/> and <http://www.library.drexel.edu/services/default.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 remain in force for a one year period and will be reviewed on an annual basis.

\_\_\_\_\_  
Non-Employee Associate Signature Date

## Section 3 (to be completed by DUCOM Administrator or GME)

Approver Name (Print): \_\_\_\_\_ Title \_\_\_\_\_  
Primary Location: \_\_\_\_\_ Office Phone #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
DME Signature (Volunteer Faculty): \_\_\_\_\_ Date: \_\_\_\_\_  
DUCOM Chair Signature (Volunteer Faculty): \_\_\_\_\_ Date: \_\_\_\_\_  
DUCOM Associate Dean: \_\_\_\_\_ Date: \_\_\_\_\_