

**PhysGen**  
**Medical College of Wisconsin**  
**Milwaukee, WI 53226**

**APPLICATION FOR APPOINTMENT AS VISITING SCIENTIST OR GUEST**

To:	Julie Messinger, for the PhysGen Steering Committee
From:	
Date:	
Subject:	Application for Facilities as a Visiting Scientist

**PART I – PERSONAL INFORMATION**

Name:			
Position:			
Institution:			
Mailing Address:			
Telephone Number:			
Email Address:			
Requested Period of Appointment	From:		To:
Attach your CV to this application			
Attach your Research Proposal (500 words maximum) to this application			

**PART II – Sponsorship**

Have you discussed your proposal with any PhysGen faculty?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please identify who:				

**PART III – RESEARCH FACILITIES: I WILL NEED ...**

	Yes	No
1. Office Space		
2. Laboratory Space		
3. Supplies and Equipment (IF “YES” then see Part (V))		

**PART IV –FACILITIES UTILIZATION**

In order to help us anticipate requirements for research space and facilities, please indicate below the approximate percentage of time during the period of your appointment that you expect to be physically present at MCW. *(Check the approximate percentage column)*

	25%	50%	75%	100%	OTHER:
Laboratory Time					
Office Time					

**PART V - EQUIPMENT**

Will you bring equipment to MCW? (Check One)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<i>If Yes</i> , please list equipment items:				
Will you want to use equipment at MCW? (Check One)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<i>If Yes</i> , please list equipment items:				

**PART VI – SAFETY**

All unsafe working conditions must be immediately reported to your supervisor. If you have an on-the-job accident or injury, no matter how minor, report it immediately to your supervisor. You are also required to file an Employee Accident or Injury Report with the Occupational Health Clinic within 24 hours of the incident. Safety policies, procedures and practices are described in the Medical College of Wisconsin’s Safety Manual. See your supervisor or contact the College’s Safety Office.

**Drug Free Workplace, School and Campus**

The Medical College of Wisconsin is committed to maintaining a drug-free work and campus environment in compliance with The Drug-Free Workplace Act of 1988 and The Drug-Free Schools and Communities Act Amendment of 1989. The policy is distributed annually to all MCW employees. A copy of the policy is available at any time through the Office of Human Resources. The unlawful manufacture, distribution, dispensing, possession or use of illicit drugs and alcohol by College employees and students on College property or as part of college activities is prohibited.

**PART VII – GRANTS MANAGEMENT**

Will you be charging items to your own grants while at MCW?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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**PART VIII –SIGNATURE**

*Acknowledgment:* I have read and understand the above statements on Safety and Drug Policy. Information provided is true to the best of my knowledge.

<b>Applicant’s signature</b>	
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**Please send this form to Julie Messinger:** fax to 414-456-6516 or via mail to The Medical College of Wisconsin, 8701 Watertown Plank Rd., Milwaukee, WI 53226. If you have questions please send them to [jmessaging@mcw.edu](mailto:jmessing@mcw.edu)

**PART IX – SPONSOR (For internal use only)**

I agree to provide any items checked yes above.

Sponsor’s signature:	
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**PART X – ROUTING (For internal use only)**

	Julie Messinger/Steering Committee
	Sponsor
	Program Director ( <i>If Yes on Part VII</i> )
	Request Acknowledged