



Oncology Center of Excellence Summer Scholars Program Application Forms

Dear Student:

This packet contains forms that must be completed and returned to us in order for your application to the OCE Summer Scholars Program to be processed.

The first two pages have space for you to enter your Personal Essay and CV or resume.

Some of the forms use yellow highlighting to help identify the fields that you need to fill out.

The forms included in this packet include:

- **One-page Personal Statement:** space for you to describe why you would like to participate in the program and how you became interested in oncology or drug development.
- **Student resume or CV:** space for you to provide at least your date of birth, U.S. citizenship status, name of high school, GPA, and an email address and phone number.
- **Student Volunteer Program Agreement**
- **Non-Employee Data Form**
- **HHS ID Badge Request**
- **E-QIP Initiation Form**
- **Declaration for Federal Employment**
- **Confidential Information Form for Students**
- **Travel Permission Slip**
- **Photo Video Release**

This PDF contains fillable fields to complete on your computer. If you must write by hand, please write clearly and neatly. You may need to print out the packet for signatures, then scan and return to the email below.

If you have any questions about the application or the program that are not answered on the Summer Scholars program [web page](#) or on the [OCE web page](#), please email FDAOncology@fda.hhs.gov.

Application Deadline: April 15

**Send completed application package as an email attachment
(no links to cloud sharing platforms) to:**

FDAOncology@fda.hhs.gov

Student's Personal Essay

Student's Resume or CV

Student Volunteer Employment Program Agreement

Before appointing a SVEP, an agreement with the Educational Institution must be signed.

Department of Health and Human Services and Educational Institution Student Volunteer Employment Program Agreement

This agreement is entered into between _____ (Enter name of Educational Institution) hereinafter known as the "Institution" and the Department of Health and Human Services (HHS), hereinafter known as the "Organization" for the purpose of providing volunteer work experience to the student under the Student Volunteer Employment Program (SVEP).

In compliance with the provisions of 5 USC 3111, volunteer service is with the permission of the institution in which the student is enrolled. Service under this agreement is without compensation by the Organization and students will not be used to displace a Federal Employee. The volunteer must be a student who is enrolled not less than half-time at the Institution. This agreement in no way commits the Department of Health and Human Service to offer a permanent position to the student at the end of the assignment.

During the term of volunteer service, the student will determine a work schedule with their direct supervisor; notify their supervisor when they are unable to attend; perform and complete all work products assigned; complete attendance and performance records and provide them to their program supervisor at the completion of their assignment (as reasonably required in order for the experience to be properly credited).

Students are not considered Federal employees for any purpose other than compensation for injuries sustained during the performance of work assignments and Federal Tort Claims provisions of 28 USC 2671 through 2680.

The Organization will appoint an official to serve as a liaison with the school on matters related to the Student Volunteer Service Program. Further, a supervisor will be appointed during the term of the volunteer assignment and will serve as the student's direct point of contact for all matters as it relates directly to the students assignment. The Organization will ensure that the student volunteer receives specific on-the-job training in the field of their formal curriculum designed for the best development of knowledge and skills. The Organization will maintain records on student performance and other administrative matters and made available to the school upon request and will notify the school if the student volunteer is dropped because of unsatisfactory progress, lack of interest, or failure to meet conduct standards.

The Organization agrees that no student will be denied work or subjected to different treatment under this agreement on the grounds of race, color, disability religion, sex, or national origin, and that it will comply with the provisions of the Civil Rights Act of 1964 (P.L.88-352; 78 Stat. 252) and the regulations of the Department of Education which that act, and Title IX of the Education Amendments of 1972 (P.L. 92-318).

Student hires may be removed from work on a particular assignment at any time.

Name of Educational Institution	Department of Health and Human Services/ Division Food and Drug Administration Oncology Center of Excellence
Printed Name/Title of Educational Institution Representative	Printed Name of HHS Representative Alice Kacuba or Patricia O'Neal
Signature of Educational Representative	Signature of HHS Representative
Date	Date

New Non-FDA Employee Data Sheet

This form is provided as a tool for eArrive users to gather the required information to submit an employee record. eArrive also contains additional tabs and fields not shown here for capturing optional data.

FDA Tab

<i>First Name:</i> (above)		<i>Middle Name:</i> (above)		<i>Last Name:</i> (above)	
Patricia Oneal					
<i>FDA Supervisor:</i>		<i>SSN: Format (000-00-0000)</i>		<i>Verify SSN: Format (000-00-0000)</i>	
OC/OCE		22		2 2124	
<i>Organization:</i>		<i>Building:</i>		<i>Floor:</i> <i>Room #:</i>	
				June 29, 2020	
<i>Type:</i>		<i>Required Sensitivity: Default Sensitive (Moderate Risk)</i>			<i>FDA Start Date:</i>

Contract Tab

<i>Affiliation/Contractor:</i>		<i>Contract Start Date:</i>		<i>Contract NTE Date:</i>	

Address Tab

<i>Address 1:</i>			
<i>Address 2:</i>			
<i>City:</i> (above)	<i>State:</i> (above)	<i>Zip:</i> (above)	
<i>Home E-Mail:</i>			

Privacy Tab

<i>Birth Date:</i>	
<i>Birthplace:</i>	
<i>U.S. Citizen?</i>	
If not a U.S. Citizen, complete information below	
Citizen of:	
Work Authorization:	
Work Authorization #:	
Expiration Date:	

Italicized: Required to Begin Security and Badging Process

Required for Final Submission to EASE

*** Please Certify That All Information is Entered Correctly When Submitted to eArrive. Errors in First Name, Last Name, Organization, and SSN Fields will require you to withdraw the record and re-enter ALL employee information**

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Department of Health and Human Services (HHS)
Identification (ID) Badge Request
*(Other Federal Departments may call this type of ID badge a
 Personal Identity Verification [PIV] card)*

HHS ID BADGE ISSUING FACILITY
 IDENTIFICATION NUMBER

Privacy Act Statement: The information on this form is collected by the Department of Health and Human Services (HHS) to issue you an identification badge called the HHS ID Badge. The purpose of the ID Badge is to help ensure the safety and security of government buildings, the people who work in them, and government computer systems. When you use your ID Badge an ID Badge system will verify that you are authorized to use government facilities. The system also will track and control the ID Badges that are issued. The authority to collect this information is 5 U.S.C. § 301; Presidential Memorandum on Upgrading Security at Federal Facilities, June 28, 1995; and Homeland Security Presidential Directive 12, August 27, 2004. The authority to request your Social Security number is Executive Order 9397. The disclosure of your Social Security number is voluntary, but it will assist in verifying your identity to process this application. The information on this form may be disclosed only with your written consent, except where permitted by the Privacy Act. The disclosures permitted by the Privacy Act include disclosure to: the Department of Justice, a court, or other government officials when the records are relevant and necessary to a law suit; the appropriate public authority (Federal, foreign, State, local, tribal, or otherwise) to enforce, investigate, or prosecute, when a record indicates a violation of law or regulation; a Member of Congress or congressional staff member at your written request; the National Archives and Records Administration for records management inspections; authorized Federal contractors, grantees, or volunteers who need access to the records to do agency work and who have agreed to comply with the Privacy Act; any source that has records an agency needs to decide whether to retain an employee, continue a security clearance, or agree to a contract, grant, license or benefit; Federal, State, or local agencies, entities, individuals, or foreign governments to enable an intelligence agency to carry out its responsibilities; the Office of Management and Budget to evaluate private relief legislation; and to other Federal agencies to notify them when your ID Badge is no longer valid. If you do not provide all of the requested information, we may deny you an ID Badge. Without an ID Badge, you will not have access to certain Federal facilities or systems. If using an ID Badge is a condition of your employment, not providing the information may prevent you from being able to work.

A. Applicant Information *(To be completed by Applicant, Sponsor, or Authorized Official)*

1. REASON FOR ISSUANCE			
<input checked="" type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Lost	<input type="checkbox"/> Stolen
<input type="checkbox"/> Damaged	<input type="checkbox"/> Expired	<input type="checkbox"/> Other (specify): _____	
2. NAME (Last, First, Middle)		OTHER NAME(S) USED	
3. DATE OF BIRTH (mm/dd/yyyy)	4. PLACE OF BIRTH	State or Province	Country
	City		
5. SOCIAL SECURITY NUMBER (xxx-xx-xxxx)	6. U.S. CITIZEN		
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (specify citizenship): _____		
7. POSITION TITLE		8. AGENCY/DIVISION	
Student Volunteer		FDA/CDER/OHOP	
9. BUILDING/OFFICE ADDRESS		10. WORK PHONE	
10903 New Hampshire Avenue		301-796-2821	
White Oak Building 22		11. EMAIL	
Silver Spring, MD 20993			

For Contractors, complete lines 12 through 14

12. ORGANIZATION/COMPANY NAME	13. ADDRESS OF ORGANIZATION/COMPANY
14. TELEPHONE OF ORGANIZATION/COMPANY	

To be completed by Applicant

I hereby authorize the release of information in this application to appropriate Federal agencies for the purposes of processing this application and verifying my identity. I also acknowledge that if I knowingly provide or assist in the provision of false information or non-verifiable information, and/or I purposely omit information, it could result in loss of access to HHS facilities and IT systems and in disciplinary action including removal from Federal service or a Federal contract, and I may be subject to prosecution under applicable Federal criminal and civil statutes.

15. APPLICANT SIGNATURE	16. DATE (mm/dd/yyyy)
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E-QIP Initiation Form

In line with new regulations mandated by the U.S. Office of Personnel Management Investigative Services and the Department of Health and Human Services, the FDA Personnel Security Branch is implementing the Electronic Questionnaires for Investigations Processing (E-QIP) System. As a result, electronic submission of the standard form 85, for suitability background investigations (NACI) or the Standard Form 85P, for Public Trust, is now required. The FDA requires all applicants to be processed for a suitability background investigation, in accordance with Executive Order 10450 and the Homeland Security Presidential Directive (HSPD-12), in order to obtain employment, gain access to FDA property and/or receive an FDA badge.

The following information is required in order to initiate the applicant into the Electronic Questionnaires for Investigations Processing (E-QIP) system. After the applicant is initiated into E-QIP, they will receive an email containing the website including instructions and additional forms needed for the suitability background investigation.

The below contact information is pertaining to the applicant only.

First Name	Middle Name (if none, write NMN)	Last Name

Position Title or Name of Contractor	FDA Center
Student	OC/OCE

Social Security Number	Date of Birth (mm/dd/yyyy)

Place of Birth: City	State or Foreign Country

Phone Number	Email address

Have you ever been investigated by another FEDERAL AGENCY? (If yes, complete name of agency)

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Are you a member of the USPHS commissioned corps?

Are you a foreign national? If yes, how long have you been in the US?

****All SF-85 for contractor requests also require submission of OF-306 (Declaration of Federal Employment), which should accompany this form as well.****

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OSO/PERSONNEL SECURITY OFFICE USE ONLY:

e-QIP Initiation Date: _____ ID#: _____

FP Date: _____ Results: _____ Date FP Results Recd: _____

Release to OPM/HHS Date: _____ EASE Entry Date: _____

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO (If "NO", proceed to 8.)
- 7b. Have you registered with the Selective Service System? YES (If "YES", proceed to 8.) NO (If "NO", proceed to 7c.)
- 7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military? YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO
10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO
11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO
12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____ DATE: _____
MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

**Commitment to Protect Confidential and/or Privileged Information –
Summer Students
Food and Drug Administration (FDA)**

During your summer internship with the FDA, we are limiting the confidential information that you will have access to.

I understand that as a participant in FDA's OCE Summer Scholars Program in the Center of Oncology Excellence (OCE), Office of Hematology and Oncology Products (OHOP), I may be provided with, have access to, or become knowledgeable of, confidential and/or privileged information while attending or participating in meetings at the FDA or working on assigned projects. This confidential and/or privileged information may come from a number of sources, including FDA, other governmental instrumentalities, regulated industry and/or private citizens and organizations. You will spend time at the FDA White Oak campus and participate in site tours to visit: AstraZeneca (AZ)/MedImmune Pharmaceutical Company, Howard University, National Institutes of Health (NIH)/National Cancer Institute (NCI), American Society for Clinical Oncology (ASCO), Cancer Therapy Evaluation Program (CTEP), and Kids v Cancer.

I understand that I am given access to such information for official use only, to be used exclusively for FDA official business related to my summer internship.

I understand that use of confidential and/or privileged information for any use other than work related to FDA official business is expressly prohibited. "FDA official business" means work or other activity that is directly related to the authorized mission and functions of FDA or any of its component centers or offices.

For purposes of this agreement, I understand "confidential information" to mean any information that is described or referenced in 21 USC 331(j) or 18 USC 1905, or any other predecisional or nonpublic information related to FDA work or activities and includes, but is not limited to, the following: proprietary data (including information or data that would be considered trade secrets within the meaning of 18 USC 1839 or 21 CFR 20.61), confidential commercial information (including the existence of an application that has not previously been publicly disclosed or acknowledged), information derived from and communicated during Agency deliberative processes, information relating to enforcement actions, and information relating to the development of regulations, guidance documents, citizen petition responses or responses to regulatory consults. I further understand "privileged information" includes, but is not limited to, all information that would fall under the scope of Article V of the Federal Rules of Evidence.

Therefore, I, _____, agree that I shall use confidential and/or privileged information for FDA official business only and will not disclose or reproduce any confidential and/or privileged information without express written authorization. I further agree that I shall not use confidential and/or privileged

information except for the limited purpose of participation in meetings and completing work assignments for FDA. I understand that I have an affirmative duty to protect this information from intentional or inadvertent unauthorized disclosure. I will take reasonable precautions to prevent access by any unauthorized personnel to any confidential and/or privileged information obtained during my rotation at FDA.

I will ask my Program Coordinator, Program Supervisor, or Program Mentor for guidance and direction should I have any questions regarding the above rules or if I am at any time not certain as to the confidentiality of any type of information. If I believe there may have been an unauthorized release of confidential and/or privileged information, I will report such breach immediately to my preceptor.

I have read and understand the content of this document and accept the responsibilities as outlined above. I understand that any unauthorized disclosure (whether intentional or inadvertent) of confidential and/or privileged information may lead to civil or criminal action. Further, I understand that FDA may report any such unauthorized disclosure of confidential and/or privileged information to my school.

I also understand that my obligations under this agreement do not end with the completion of my rotation.

I enter into this agreement willingly and with full knowledge of its scope and application.

Student Name: _____

Signature of student: _____ Date: _____

Name of parent/legal guardian (if under 18 years of age): _____

Date: _____

Signature of parent/legal guardian (if under 18 years of age):

_____ Date: _____

===== FDA Only Below =====

Received/archived (duration of Program): FDA Program Coordinator

Signature of Program Coordinator: _____ Date: _____

Permission Slip Form for Minors
for Travel While at FDA White Oak Campus for OCE Summer Scholars Program

Title of Program or Project: FDA, Oncology Center for Excellence Summer Scholars Program

Name of Minor Participant: _____

Production Date: June 29, 2020, through August 7, 2020

Locations:

FDA White Oak campus and during site tours while visiting: AstraZeneca (AZ)/MedImmune Pharmaceutical Company, Howard University, National Institutes of Health (NIH)/National Cancer Institute (NCI), American Society for Clinical Oncology (ASCO), Cancer Therapy Evaluation Program (CTEP), and Kids v Cancer at US Capitol Buildings.

For the purpose of this release form, “minor” shall be defined as a person under the age of 18. As the above named minor participant’s parent/legal guardian, I, the undersigned, grant to the U.S. Food and Drug Administration (FDA) or its authorized representatives and contractors, for my minor child to travel from FDA White Oak Campus on 10903 New Hampshire Ave, Silver Spring, MD 20903 to the listed sites and back to FDA White Oak Campus on 10903 New Hampshire Ave, Silver Spring, MD 20903.

1. AstraZeneca (AZ)/MedImmune Pharmaceutical Company at 1 MedImmune Way, Gaithersburg, MD 20878 and at a Fredrick, MD facility. Transportation provided by federal government fleet vehicle at no expense to the student. Program chaperones (FDA employees) will accompany the students at all times.
2. Howard University at 2041 Georgia Avenue, Washington DC 20060. Students will take Metro and Program chaperones (FDA employees) will meet the students at Howard University Hospital lobby and accompany the students at all times. Or students can meet at FDA WO campus and transportation provided by federal government fleet vehicle at no expense to the student.
3. National Institutes of Health Clinical Center (NIH)/National Cancer Institute (NCI) at 10 Center Drive, Bethesda, MD 20892. Transportation provided by federal government fleet vehicle at no expense to the student. Or students can meet Program chaperones at the Medical Center Metro stop. Program chaperones (FDA employees) will accompany the students at all times.
4. American Society for Clinical Oncology (ASCO) at 2318 Mill Road, Alexandria, VA 22314. Transportation provided by federal government fleet vehicle at no expense to the student. Program chaperones (FDA employees) will accompany the students at all times.
5. Cancer Therapy Evaluation Program (CTEP) at 9609 Medical Center Drive, Bethesda 20892. Transportation provided by federal government fleet vehicle at no expense to the student. Program chaperones (FDA employees) will accompany the students at all times.
6. Kids v Cancer. We will meet Program chaperones (FDA employees) at Capitol South Station Metro at a designated location and walk to the US Capitol Building

and/or the House of Representatives and/or Senate Buildings. Program chaperones (FDA employees) will accompany the students at all times.

I am the participant's parent/legal guardian and have every right to contract on his/her behalf. I have read the above release prior to its execution and I am fully familiar with the contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Agreed to and Accepted:

By: _____ Date: _____
(Signature of minor participant's parent/legal guardian)

Name: _____ Date: _____
(Printed name of minor participant's parent/legal guardian)

Address: _____

Phone: _____

FDA Photo, Audio, and Video Privacy Release Form for Minors

Title of Program or Project: FDA, Oncology Center for Excellence, Summer Scholars Program

Name of Minor Participant: _____

Production Date: June 29, 2020, through August 7, 2020

Locations: FDA White Oak Campus, AstraZeneca (AZ)/MedImmune Pharmaceutical Company, Howard University, National Institutes of Health (NIH)/National Cancer Institute (NCI), American Society for Clinical Oncology (ASCO), Cancer Therapy Evaluation Program (CTEP), and Kids v Cancer at the US Capitol Buildings.

For the purpose of this release form, “minor” shall be defined as a person under the age of 18. As the above named minor participant’s parent/legal guardian, I, the undersigned, grant to the U.S. Food and Drug Administration (FDA) or its authorized representatives and contractors the right and license to record, film, photograph, tape and otherwise capture and reproduce in any manner the participant’s appearance, name, stage name, voice, likeness and performance; furthermore, FDA shall have the right and license to use any biographical material about the participant that I might furnish. All images and sound captured on tape or otherwise shall be referred to in this Appearance Release as “the Recordings”.

I agree that FDA shall (i) own all rights in the Recordings, including, but not limited to, the right to reproduce, prepare derivative works of, distribute, display or perform the Recordings (ii) have the right to use the Recordings, in whole or in part, in any manner or media (whether now existing or created in the future), in perpetuity, and in all languages, throughout the world, and (iii) be entitled to use the Recordings as FDA deems appropriate, including, without limitation, for promotion and publicity purposes. “Media” for purposes of this Appearance Release shall include by way of illustration only: television broadcasts and rebroadcasts, newspapers, magazines, books (paper, audio, and electronic), Internet, videotapes, CDs, DVDs and electronic databases.

FDA is under no obligation to use or exhibit the Recording in any manner. I waive (i) the right to inspect or approve of any use of the Recordings, (ii) any rights to injunctive relief I may have in connection with this Appearance Release, and (iii) the right to revoke this Appearance Release, and (iv) any moral rights I have in the Recordings.

I relinquish all monetary, invasion of privacy, libel, intellectual property, and other claims against FDA and its authorized representatives, including, but not limited to, any claim to photographs, audio, videotape, or video footage produced for these programs. To the extent the participant’s appearance is considered a service, I authorize such service gratuitously and without expectation for any future payment or remuneration.

I am the participant's parent/legal guardian and have every right to contract on his/her behalf. I have read the above release prior to its execution and I am fully familiar with the contents. This release shall be binding upon me and my heirs, legal representatives, and assigns.

Agreed to and Accepted:

By: _____ Date: _____
(Signature of minor participant's parent/legal guardian)

Name: _____
(Printed name of minor participant's parent/legal guardian)

Address:

Phone: _____