VA GRECC WOC Request Process

Please note that all personnel (students, faculty, and staff) who need to visit or have access regularly for work within the VA GRECC space, will need to have approved WOC status in order to be allowed access into the VA GRECC.....AND......also have approval to work within the VA GRECC through the formal OVCGRE/SMPH/VA/DOM restart research process. This process may take up to 4 weeks to obtain approval from all parties, so please plan accordingly, since there are no exceptions to the formal approval process.

1. Email Toni Hofhine (thofhine@medicine.wisc.edu) and Charity Frey (Charity.Frey@va.gov) with the name and justification of who will be needing WOC status by completing the appropriate restart research form located online here: https://www.medicine.wisc.edu/geriatrics-and-gerontology/internal-resources. Your request will be reviewed, and if approved, you can continue to step 2.

2. Complete and email VHAMDGRECCAdmin@va.gov the WOC Information Sheet on page 2 in order to start the WOC status process.
3. After your WOC Information Sheet is reviewed, you will be contacted if there are any questions.
4. If you are approved to proceed with the standard WOC status process, you will be contacted with additional forms to complete and a request to make an appointment at the William S. Middleton Memorial Hospital for fingerprinting, etc.
WOC INFORMATION SHEET

FULL NAME: ____________________________________________________________________________

START DATE: ___________________________  ___ New appointment      ___Renewal

END DATE:  _____________________________ [not to exceed 2 years (renewable)]

*You must have a social security number to work at the VA. If you do not, use this link to find out how to get one; www.socialsecurity.gov/pubs/EN-05-10096.pdf*

PRESENT ADDRESS: _________________________________________________________________
_________________________________________________________________

YOUR E-MAIL ADDRESS: _____________________________________________________________

CITIZEN OF THE UNITED STATES:                  Yes                No

IN CASE OF EMERGENCY, NOTIFY:

Name _______________________________________________________________________________
Address _____________________________________________________________________________
Telephone No. _____________________________________________________
Relationship _______________________________________________________

INVESTIGATOR'S NAME: ____________________________________________________________

SCAPE OF WORK:    HUMAN                             ANIMAL

RESEARCH

GRECC RESEARCH  ☐
Requesting VA Workspace outside of the already established wet lab space  ☐Yes  ☐No

YOUR JOB TITLE/ROLE IN LAB: ______________________________________________________

VA PHONE EXT: ___________________________    ROOM #: ________________________

WILL YOU NEED VA COMPUTER ACCESS:  ☐ Yes      ☐ No

WILL YOU NEED CREDENTIALING:           ☐ Yes  ☐ No