

June 15, 2023

**GUIDELINES FOR SHORT-TERM  
VISITORS  
IN RESEARCH-RELATED AND  
CLINICAL ACTIVITIES<sup>1</sup>**

**A. Introduction**

Columbia University (**Columbia** or the **University**) benefits from the presence of many visitors who come to the University for limited periods of time to receive research training or observe research activities and, at the Columbia University Irving Medical Center (**CUIMC**), to train or observe in the context of its clinical programs. In many cases, such visitors are appointed as officers of research or instruction or designated as visiting scholars or visiting scientists, as set forth in the Columbia University *Faculty Handbook*<sup>1</sup>. In a few exceptions, short-term visitors have no appointment, formal affiliation, or other designation with the University (**Short-Term Visitors**). Short-Term Visitors may include high school students, post-baccalaureates, and other observers (who observe, but do not practice, research or clinical techniques or processes) or trainees (who receive training in research or clinical techniques or processes, including practice with appropriate supervision).

Visitors who are students enrolled in an undergraduate or graduate program at a university other than Columbia are covered by the University's [Visiting Student Intern](#) policy and are not considered to be Short-Term Visitors subject to these Guidelines.

Short-Term Visitors may not be compensated. For example, high school students may participate in laboratory activities as part of an educational/mentoring program sponsored by their school or other educational organization in conjunction with the University. However, such students may not be compensated. In some special instances, with authorization, Short-Term Visitors may receive a sponsored internship stipend.

Except in unusual circumstances, Short-Term Visitors may not remain at the University for longer than three months without an appointment as an officer of research or the designation of visiting scholar or visiting scientist.

While the presence of visitors promotes the mission of the University, we have an obligation to ensure that their activities are conducted in a safe, professional and responsible manner. All visitors are subject to University policies and procedures, as well as applicable federal, state and local laws that may apply to their activities. See the University's Policy on Compliance and Training

Requirements for Visitors Involved in Research Activities [\[link\]](#) for further information.

Short-Term Visitors may not perform work that would otherwise be performed by University employees and their services may not be considered compensable work. Short-Term Visitors who do work that is of benefit to the University and that would otherwise be performed by employees of the University may be considered entitled to wages by the U.S. or New York State Department of Labor.

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<sup>1</sup> As set forth in the [Faculty Handbook](#), anyone participating in collaborative research with a Columbia researcher must receive an appointment as an officer of research or instruction. By contrast, visitors who come to Columbia to conduct their own research or scholarship are designated visiting scientists or visiting scholars.

## **A. Guidelines:**

The University has well-established procedures for making appointments as officers of research and instruction or designating individuals as visiting scholars and visiting scientists. Questions about whether someone should receive an appointment should be directed to the University's Associate Provost for Academic Appointments or at CUIMC, to the Director of the Office of Faculty Affairs. For CUIMC, the International Affairs Office is responsible for designating visiting scholars and visiting scientists (including both international and U.S. individuals). For the rest of the University, the Associate Provost/Director of the Office of International Students and Scholars is responsible for these designations.

Short-Term Visitors are required to register with the appropriate office of the University prior to their arrival by completing the attached "Visitor Registration Form." The form must clearly state the purpose for which the visitor is coming to the University, the activities in which he or she will be engaged while at the University, and the anticipated length of his or her visit. It must be signed by the visitor, reviewed by the departmental administrator in the relevant department, school, institute or center, and countersigned by the person sponsoring the individual, the applicable department chair, director, and dean or executive vice president.

At the Morningside campus, Lamont-Doherty Earth Observatory and Nevis Laboratories, the registration form requires the approval of the Associate Provost for Academic Appointments, who will submit it to the University's Human Resources Office. Once the applicable Human Resources Office has approved the form, the sponsoring department can arrange for the individual to obtain a temporary identification card from the Office of Public Safety. The identification card must be collected upon the completion of the assignment.

At CUIMC, the form should be submitted to the Director of the Office of Faculty Affairs for approval, who will then submit it to the CUIMC Human Resources Office for confirmation that any necessary or applicable medical clearance and background checks are completed.

It is the responsibility of sponsoring investigators and departmental administrators to ensure that all visitors: (1) have received the necessary training and/or approvals in the following areas; and (2) comply with all relevant University rules and policies during their stay. See the University's Policy on Compliance and Training Requirements for Visitors Involved in Research Activities [[link](#)] for further information.

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## **Miscellaneous**

The University reserves the right to withdraw any visitor privileges and remove a visitor from campus without prior notice.

No Short-Term Visitor will be allowed on any ship owned or operated by the University

COLUMBIA UNIVERSITY  
Office of Human Resources

Visitor Registration Form

Please Indicate:      **Research**      **Clinical**      **Administrative (Non Research/Non Clinical)**

          

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

\_\_\_\_\_ Work Location: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Work Phone No.: \_\_\_\_\_

Affiliation (e.g. school or other entity): \_\_\_\_\_

Are you currently authorized to work in the United States?    \_\_\_ Yes \_\_\_ No

Name(s) and Department(s) of Any Family Members Employed at Columbia University:

\_\_\_\_\_

Emergency Contact:

Check One:

Name: \_\_\_\_\_  Visitor is 14 to 18 Years of Age

Relationship: \_\_\_\_\_  Visitor is over 18 Years of Age

Phone No: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone No: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Describe the Role and Activities to be Performed in Detail (**Please attach Resume to this form**):

\_\_\_\_\_  
\_\_\_\_\_

Estimated Number of Hours per Week: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_ (Not to exceed 3 months)

**Will any of the following Special Indicators be part of the duties of the Visitor?**

\_\_\_ Yes    \_\_\_ No

If Yes, Please check the applicable boxes and schedule the required Medical Surveillance appointment at <http://asp.cpmc.columbia.edu/hrorient/msr/> for your visitor.

- Potential Blood Borne Pathogen Exposure
- Contact with Known Infectious Agents (e.g. Varicella, Polio)
- In Laboratory with exposure to a known carcinogen/mutagen/reproductive toxins/extremely toxic substances \_\_\_\_\_ (Department/Visitor must consult with EH&S when an OSHA regulated substances is used. Also, check lab safety and Chemical Hygiene Plan).
- Class 3b or 4a Lasers (Required only for specific projects)
- Contact with patient or human subjects in an NYPH (New York Presbyterian Hospital) or ACNC (Ambulatory Care Network) space (protocol includes drug testing if not already conducted as part of the pre-employment requirement).
- Contact with patients or human subjects in CUMC space (non-hospital) (protocol does not include drug testing but it may be part of the pre-employment requirement).
- Medical Clearance to wear a full face/half-face respirator.
- Medical Clearance to wear N-95 Face Mask Respirator due to: \*Entering the room of a patient on respiratory isolation. \*Administering aerosolized ribavirin to patients with respiratory syncytial virus (RSV). \*Performing or assisting at a procedure on a patient with influenza.
- Contact with Animals (Research)-medical clearance requirement must be met.

**Animals (Research) additional information visit IACUC website:** <http://www.cumc.columbia.edu/dept/iacuc/> or contact directly at 212-305-2

**Any workplace incidents/exposures please complete an Accident Report Form and take to WHS:**

<http://www.hr.columbia.edu/hr/forms/workers-comp/pdf-ver.pdf> or contact Worker's Compensation directly at 212-851-0645.

**\*Any CUMC Visitors (volunteers, trainees, and observers) over the age of 18, and who is providing service at New York Presbyterian Hospital (NYP) must be compliant with Joint Commission mandates, and therefore are subject to a pre-employment drug screening test.**

**PLEASE NOTE: If Roles and Responsibilities change from the above description, please notify your CUMC HR Client Manager and CUMC's Director of Faculty Affairs or the Associate Provost, as applicable, immediately for reassessment.**

Visitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PI/Sponsor Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Chair/Director/Dept. Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Office Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Vice President for Arts & Sciences Authorization (including Nevis)  
\_\_\_\_\_ Date: \_\_\_\_\_

Associate Provost-Morningside Authorization (Morningside, Lamont and Nevis)  
\_\_\_\_\_ Date: \_\_\_\_\_

CU HR Authorization (Morningside, Lamont and Nevis; other non-CUMC)  
\_\_\_\_\_ Date: \_\_\_\_\_

Office of Faculty Affairs Authorization (CUMC)  
\_\_\_\_\_ Date: \_\_\_\_\_

CUMC HR Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE: This form is used for research, clinical, and administrative short-term visitors. For administrative short-term visitors, not all signatures may be relevant.**

**For Department Use Only:**

- Drug Screening Confirmation Email received from CUMC Human Resources (If applicable)
- Medical Surveillance Appointment Scheduled (If applicable)
- Background Check completed or in progressed (If applicable)
- HIPAA and Security Training
- EH&S Training (If applicable)

**CU/CUMC Human Resources Use Only:**

- Drug Screening Verified
- Background Check Verified
- Medical Surveillance Appointment Verified
- Resume Attached and Reviewed

**COLUMBIA UNIVERSITY**

**Office of Human Resources**

**Minor Visitors Parental Consent Form**

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**Required for Visitors under 18 years of age**

My child, \_\_\_\_\_, has my permission to participate as a visitor in the \_\_\_\_\_ program at Columbia University under the supervision of \_\_\_\_\_. I understand that, depending on the kind of project being conducted, my child may be required to participate in environmental health and safety programs and/or medical surveillance may be required for visitors working in research, clinical and educational programs at the University. PLEASE NOTE: For some Visitors at Columbia University Medical Center, a drug screening may be required under the Joint Commission requirements. To the extent that there is a positive drug screening result, both the minor and the parent will be notified. I understand that there may be risk of injury to my child and I agree that I will not hold the Trustees of Columbia University in the City of New York, and its officers, faculty, students, employees, and agents, responsible for any injury that my child may incur at the University or while traveling to and from the University.

Columbia University is committed to promoting a safe environment for minors who participate in our programs and activities. We have taken a number of important steps to establish safeguards for your child. You can read the University's policy and access other helpful resources at <http://compliance.columbia.edu/minors.html>.

My child is covered by the following health care plan:

_____ Insurance Carrier	_____ Policy/Membership Number
_____ Name of Insured	_____ Name of Employer
_____ Signature of Parent or Guardian	_____ Date
_____ Signature of Witness	_____ Date

Print the full name and address of a person who can be reached between the hours of 9:00 a.m. and 5:00 p.m. in case of emergency.

_____ Name	_____ Relationship
_____ Address	_____ Phone Number

