

<b>General Information for NIST Foreign National Associates (FNAs)</b>			
<b><u>Personal Information</u></b>			
<b>Guide:</b> Attach CV/Resume and Passport ID Page			
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix (Jr. III etc.)</b>
<b>Gender (Select all that apply) (optional)</b>	Female	Male	
	Transgender, non-binary, or another gender	Prefer not to answer	
<b>Phone Number</b>			
<b><u>Place of Birth</u></b>			
<b>Date of Birth (MM/DD/YYYY)</b>			
<b>City</b>		<b>State</b>	
<b>County/Province</b>		<b>Country</b>	
<b>Citizenship(s) (list all if more than one)</b>			
<b>Language(s) Spoken</b>			
<b>Social Security Number</b>			
<b>Are you a Permanent U.S. Resident? (Y/N)</b>		<b>US-CIS #</b>	
<b>Employed by another U.S. federal government agency (Y/N)</b>			
<b>Mother's Maiden Name</b>			
<b>Passport Issuing Country (for U.S. entry)</b>			
<b>Passport Number (for U.S. entry)</b>			
<b>Passport Expiration Date</b>			
<b><u>Contact Information for NIST Associate (prior to arrival)</u></b>			
<b>Guide:</b> An e-mail address is required for security processing in e-App (Electronic Application for Investigations Processing).			
<b>E-mail Address:</b>			
<b><u>Emergency Personal Contact</u></b>			
<b>Guide:</b> A phone number must be provided for the contact.			
<b>First Name</b>		<b>Last Name</b>	
<b>Phone Number</b>			
<b><u>Employer/Home Organization Contact</u></b>			
<b>First Name</b>	<b>Last Name</b>		<b>Phone Number</b>

**Employer/Home Organization**

**Guide:** The NIST associate's employer or home organization is one of the following: (1) the associate's employer, (2) the educational institution (university or college) that the associate attends when not working at NIST, or (3) a business owned by the associate. Street address, City, State and zip code is mandatory for all NIST associates.

<b>Organization Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>			<b>State</b>		
<b>County/Province</b>			<b>Country</b>		<b>Zip</b>

**Sponsor Information**

**Guide:** The sponsor is one of the following: (1) employer/home organization, (2) an organization that has signed a CRADA or IPA agreement with NIST, or (3) other organization that sponsors the NIST Associate. Street address, City, State and zip code is mandatory for all NIST associates.

<b>Sponsor Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>			<b>State</b>		
<b>County/Province</b>			<b>Country</b>		<b>Zip</b>

**Affiliations**

**Guide:** Affiliations include any other organization (U.S. and Foreign Based) with whom the associate has a formal relationship or obligations within the last 5 years. Street address, City, State, Country and zip code (if applicable) is mandatory for all NIST associates.

<b>Affiliate Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>			<b>State</b>		
<b>County/Province</b>			<b>Country</b>		<b>Zip</b>
<b>Dates Attended</b>		<b>From</b>		<b>To</b>	

<b>Affiliate Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>			<b>State</b>		
<b>County/Province</b>			<b>Country</b>		<b>Zip</b>
<b>Dates Attended</b>		<b>From</b>		<b>To</b>	

**Other Funding Sources**

**Guide:** Funding Sources can be any of the following (1) National Scholarships; (2) Foundation scholarships; (3) International scholarships; or (4) any other funding to support the NIST Associate Street address, City, State, Country and zip code (if applicable) is mandatory for all NIST associates.

<b>Funding Organization</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>		<b>State</b>			
<b>County/Province</b>		<b>Country</b>		<b>Zip</b>	
<b>Funding Organization</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>		<b>State</b>			
<b>County/Province</b>		<b>Country</b>		<b>Zip</b>	

**Education Information**

**Tip:** The correct format for entering dates attended is "MM/01/YYYY."

**Educational Institutions (please include all attended)**

<b>Highest Degree(s) Awarded</b>					
<b>School Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>		<b>State</b>			
<b>County/Province</b>		<b>Country</b>		<b>Zip</b>	
<b>Subjects Studied</b>					
<b>Dates Attended</b>			<b>From</b>	<b>To</b>	

<b>Highest Degree(s) Awarded</b>					
<b>School Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>		<b>State</b>			
<b>County/Province</b>		<b>Country</b>		<b>Zip</b>	
<b>Subjects Studied</b>					
<b>Dates Attended</b>	<b>From</b>	<b>To</b>			

<b>Highest Degree(s) Awarded</b>					
<b>School Name</b>					
<b>Street Address</b>					
<b>Address Line 2</b>					
<b>Address Line 3</b>					
<b>City</b>		<b>State</b>			
<b>County/Province</b>		<b>Country</b>		<b>Zip</b>	
<b>Subjects Studied</b>					
<b>Dates Attended</b>	<b>From</b>	<b>To</b>			

**Home Address**

**Guide:** If non-PR, must provide the last 3 years of residence history.

**Tip:** If additional space is needed, please attach a continuation sheet to this form.

<b>Month/Year to Present</b>			
<b>Street</b>		<b>City</b>	
<b>County/Province</b>		<b>State</b>	
<b>Country</b>		<b>Zip/Postal Code</b>	
<b>Month/Year to Month/Year</b>			
<b>Street</b>		<b>City</b>	
<b>County/Province</b>		<b>State</b>	
<b>Country</b>		<b>Zip/Postal Code</b>	
<b>Month/Year to Month/Year</b>			
<b>Street</b>		<b>City</b>	
<b>County/Province</b>		<b>State</b>	
<b>Country</b>		<b>Zip/Postal Code</b>	

**Last 3 U.S. Entries in the Past 5 Years**

<b>Month/Day/Year to Month/Day/Year</b>	
<b>Month/Day/Year to Month/Day/Year</b>	
<b>Month/Day/Year to Month/Day/Year</b>	

**Other Names Used and Dates Used**

**Guide:** Give other names you used and the period of time you used them (for example: your maiden name, name[s] by a former marriage, former name[s], alias[es], or nickname[s]). If the other name is your maiden name, put "nee" in front of it. Only required for security forms.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>

<b>Dates Used</b>	<b>From</b>	<b>To</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Dates Used</b>	<b>From</b>	<b>To</b>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Dates Used</b>	<b>From</b>	<b>To</b>
<b><u>Security</u></b>		
<b>Has the United States Government ever investigated your background and/or granted a security clearance?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, provide Agency Security Officer name &amp; phone number.</b>		
<b>Have you worked at NIST in the past?</b>	<b>Yes</b>	<b>No</b>
<b><u>This Section is Collected Upon Arrival to NIST</u></b>		
<b><u>Visa for U.S. Entry</u></b>		
✓ I-94		
✓ Visa stamp		
<b><u>Health Insurance</u></b>		
<b>Guide:</b> Required for Associates with NIST sponsored J1 Visa and their dependents.		
✓ Health Insurance Company Name		
✓ Policy Start Date		
✓ Policy End Date		

**CERTIFICATE OF INSURANCE**

**This form is required only for Guest Researchers on a J-1 visa sponsored by NIST.**

GUEST RESEARCHER’S NAME:

Home Organization:

J-2 dependents who accompanied you to the United States (if applicable):

Name: \_\_\_\_\_ Relationship

I certify that I, and my dependents (listed above), have insurance which meets or exceeds the following coverage:

- (1) Medical benefits of at least \$100,000 per accident or illness;
- (2) Repatriation of remains in the amount of \$25,000
- (3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
- (4) A deductible not to exceed \$500 per accident or illness.

Coverage period from \_\_\_\_\_ to \_\_\_\_\_

For dependents (if applicable)

Coverage period from \_\_\_\_\_ to \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

I have enrolled in the above insurance program. I will continue to maintain this coverage and will notify the International and Academic Affairs Office (IAAO) of any changes and provide appropriate documentation of any changes. I will also provide documentation of continuation of the required coverage if J-1 status is extended.

Signature & Date of Guest Researcher

# Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

## **AUTHORITY:**

The collection of this information is authorized under the NIST Organic Act, Title 15 U.S.C. § 272 (b)(10) and (b)(11) and the Paperwork Reduction Act (PRA), 44 U.S.C. § 3501 et seq., Information collected for facility access determinations and is authorized by Executive Order 10450 and/or Section 231 of the Crime Control Act of 1990, and Executive Order 9397.

## **PURPOSE:**

The National Institute of Standards and Technology (NIST) allows access to its campuses and resources for non-NIST employees for the purposes of furthering the NIST mission. These NIST Associates (NAs) include guest researchers, research associates, contractors, and other non-NIST employees. The information collected through this instrument will be input into the NIST Associates Information System (NAIS) and sent to the appropriate personnel for approval processing and to allow the NA preliminary access to the NIST campuses and resources. The information collected may also be the basis for further security investigations, as necessary.

## **ROUTINE USES:**

The information solicited on this form may be made available as a “routine use” pursuant to 5 U.S.C. § 552a(a)(7) and (b)(3). The information may be made available to other federal agencies to assist the Department in connection with NIST’s management of the purposes stated above; or for other authorized routine uses. A complete list of the routine uses can be found in the system of records notice associated with this form:

NIST-1: NIST Associates [https://www.osec.doc.gov/opog/privacyact/privacyact\\_sorns.html](https://www.osec.doc.gov/opog/privacyact/privacyact_sorns.html)

## **CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:**

Providing this information is voluntary. However, failure to provide the requested information may result in an inability for NIST to process, review, and/or act on such requests. In limited circumstances, NIST may authorize the submission of the requested information via paper forms pursuant to the requirements in 15 CFR 748.1(d).

## **Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0067. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Institute of Standards and Technology at: 100 Bureau Drive, MS 2200, Gaithersburg, MD 20899 Attn: Technology Partnerships Office.