

CERTIFICATION REGARDING THE RELEASE OF CONTROLLED TECHNOLOGY OR TECHNICAL DATA TO FOREIGN PERSONS IN THE UNITED STATES

Prior to filing of any H-1B temporary worker petition, this certification must be completed and signed by the lead investigator/supervisor of the employee and the department Chair. This information is necessary to assure compliance with federal regulations. The transfer or release of controlled information to a national of a foreign country within the United States is "deemed" to be an export to that country and may require a license or other government authorization prior to sharing the information.

PLEASE NOTE:

- (1) This form requests information regarding the research projects, if any, and related equipment and materials to be used by the employee, and the employee's Visa application cannot be approved without this information;
- (2) You must determine whether licensure or other government authorization is required **prior to any change** in the funding source or work assignment of the employee, **or if the answers to any of the questions on this form changes**. In the event of any such changes you must notify the Office of Faculty Affairs and the Office of the General Counsel.
- (3) Completion of this form requires that you have available and refer to the sponsored agreements, grants, Confidentiality or Non-disclosure agreements, material transfer agreements and other documents pertaining to the research projects or collaborations that the employee will be working on. Copies of the relevant provisions of the documents must be provided with this form where indicated. You must maintain copies of these documents for review upon request.

EMPLOYEE		
First Name	Family Name/Surname	Department
Position(s) or Title(s) at the University of Kansas Medical Center		Country of Citizenship / Permanent Residency
LEAD INVESTIGATOR/SUPERVISOR		
First Name	Family Name/Surname	Phone / Email
Position or Title at the University of Kansas Medical Center		
DEPARTMENT CHAIR		
First Name	Family Name/Surname	Phone / Email

PLEASE ANSWER THE FOLLOWING QUESTIONS. ATTACH EXTRA PAGES AS NECESSARY.

1.	Will the employee be exclusively involved in the provision of health care services (patient care), teaching in a classroom setting, or a combination of the two?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Will the employee be involved in research? If "Yes", describe the research projects below. If "No", skip to Question #6.</p> <p><i>Description of research projects (attach additional page(s) if needed):</i></p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

3.	What is/are the source(s) of funds supporting the research? <input type="checkbox"/> University <input type="checkbox"/> Government <input type="checkbox"/> Industry <input type="checkbox"/> Other (describe) _____	
4.	Will the employee's job duties involve projects or collaborations that –	
a.	Restrict participation in the project based on country of origin or citizenship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Allow only US citizens to participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Grant the sponsor the right to review publications in advance of submission? <i>(If "Yes" to 4.a., 4.b., or 4.c., provide exact language or copy of provision on a separate page.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Limit publication or dissemination of the research results in any manner? <i>(If "Yes" to 4.d., provide exact language or copy of provision on a separate page.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Provide that any part of the sponsoring, granting, or resulting documents not be disclosed? <i>(If "Yes" to 4.e., provide exact language or copy of the provision on a separate page.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Limit access to proprietary or export-controlled technology or data – (i) Provided by a sponsor or research collaborator? (ii) Previously developed by the University? (iii) In the University's possession? (iv) Produced as part of the project or collaboration? <i>(If "Yes" to any part of 4(f) above, please answer the following. Otherwise, skip to Question #4(j).)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Is the information clearly identified as proprietary or export-controlled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Can the information be appropriately protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Can controlled information be used in isolated tasks so that the employee can participate in part of the research that is not controlled? <i>(If the answer to (g), (h), or (i) is "No," please contact the Office of General Counsel at 8-7281.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Involve research providing access to source code for encrypted software (other than publicly available software distributed at no charge)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Involve research, information or software that could be used for military applications?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	I. Involve research, information or software that could be used in development of weapons of mass destruction (nuclear, biological, chemical) or their delivery systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	For research funded solely by the University, does the University intend to withhold the research results for proprietary reasons and not share broadly in the scientific community?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Please provide a list of any scientific equipment, including highly specialized computing equipment, that the employee will use in the course of performing his/her duties. Add additional page(s) if needed. _____ _____ _____	
7.	Will the employee have access to information regarding how to install, maintain, repair, refurbish and overhaul a particular piece of equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Will the employee be exposed to equipment that was specifically designed or developed for military or outer space applications? <i>(If "Yes," please describe.)</i> _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIGNATURE OF LEAD INVESTIGATOR/SUPERVISOR

SIGNATURE OF DEPARTMENT CHAIR

FOR INTERNAL USE ONLY	
Received by Office of General Counsel	___/___/___ Reviewed by Office of General Counsel ___/___/___
<input type="checkbox"/>	A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person.
<input type="checkbox"/>	A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the employee and the investigator will prevent access to the controlled technology or technical data by the beneficiary until and unless the investigator has received the required license or other authorization to release it to the employee.