



## Oncology Center of Excellence Summer Scholars Program

### Application Forms

Dear Student:

This packet contains forms that must be completed and returned to us 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 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 and your GPA
  - Email address, home address, and phone number.
- **Student Volunteer Program Agreement**
- **Confidential Information Form for Students**
- **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 type signatures into the forms where indicated.

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

Student's Personal Essay (or attach separate document)

Student's Resume or CV (or attach separate document)

## 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 the name of your school here) 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  Laura Wisch or Patricia O'Neal
Signature of Educational Representative	Signature of HHS Representative
Date	Date

**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. Please sign below:**

I understand that as a participant in the FDA Oncology Center of Excellence Summer Scholars Program, 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.

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:

**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:** July 2021

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: