



# Non-Employee Associate Form (College of Medicine Only)

I, a Non-Employee Associate of Drexel University College of Medicine (DUCOM), require account access to DUCOM services ("Account Privileges") because I am a(n):

- Affiliate/Volunteer Faculty     
  DUCOM Resident     
  Affiliated Resident     
  Affiliated Staff  
 Staff Volunteer/Temporary Agency Staff     
  Independent Contractor     
  Research Volunteer     
 Other

**SECTION 1 (To be completed by Non-Employee Associate)**

Prefix  Suffix

First Name  Middle Initial  Last Name

Social Security Number  Gender  Citizenship

Date of Birth  Marital Status  Race

Home Address

City  State  Zip Code

Home Phone  Preferred Email

**Work Address (where you physically work each day)**

Institution Name  Street Address

City  State  Zip Code

Work Phone

Are you legally eligible to work in the US for the duration of your assignment?     Yes     No

I understand that I am not an employee of Drexel University College of Medicine and therefore I am not entitled to compensation or benefits of any kind, including, but not limited to, workers' compensation, unemployment compensation or health insurance. I understand that in receiving Account Privileges, I agree to abide by all Drexel University College of Medicine policies and procedures relating to the Services as may be in effect from time to time. Such policies and procedures can be found at <http://www.drexel.edu/hr/resources/policies/ducompolicies/> and [www.library.drexel.edu/about/librarypolicies.html](http://www.library.drexel.edu/about/librarypolicies.html). I further agree that any violations of Drexel University College of Medicine's policies or procedures shall result in the immediate revocation of my Account Privileges. I understand that my Account Privileges shall remain in force for a one year period and will be reviewed on an annual basis.

Non-Employee Associate Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2 (To be completed by DUCOM Administrator)**

Academic Campus  Department Orgn Name

Proposed Academic Rank (Faculty)  Department Orgn Number

Division  Position Number

Approver Name (Print)  Title

Approver Signature \_\_\_\_\_ Office Phone

DME Signature (Volunteer Faculty) \_\_\_\_\_ Date \_\_\_\_\_

DUCOM Chair Signature (Volunteer Faculty) \_\_\_\_\_ Date \_\_\_\_\_

DUCOM Associate Dean Signature \_\_\_\_\_ Date \_\_\_\_\_

Does this NEA require a Dragon Card?     Yes     No

If yes, please indicate cost center fund:

For more information on the Dragon Card, visit:  
[www.drexel.edu/dragoncard](http://www.drexel.edu/dragoncard)