**Application for Exempt Status Instructions**

Research and/or teaching activities on free-living, wild vertebrate or cephalopod animals that are studied in their natural habitat are exempt from IACUC protocol review and oversight provided the activities are observational in nature, **do not** involve any invasive procedures, and **do not** harm or materially alter the behavior of a vertebrate or cephalopod animal. For more information regarding exempt animal studies, please refer to [IACUC Policy 10.4.2](http://www.fau.edu/research-admin/research-integrity/animal-subjects-iacuc/iacuc-policies-and-procedures/).

All personnel listed on the exempt application must attend the mandatory IACUC training, “Ethical Use of Animals, IAUC Function and 3R’s”. For more information regarding the training requirements, please click [here](https://www.fau.edu/research-admin/research-integrity/animal-research-mandatory-training/).

To apply for exempt status, complete all sections of the application and submit the completed application with the corresponding permits/authorizations *(if applicable)* to the [IACUC Office](mailto:beckerd@fau.edu). **Hard copies will not be accepted.**

**Exempt Status Number:** Click or tap here to enter text.

***Previous Exempt Status Number:*** *Renewals Only*

**Principal Investigator:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Campus:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Office Phone:** Click or tap here to enter text.

**Project Title:** Click or tap here to enter text.

**Funding Source *(if applicable)*:** Click or tap here to enter text.

**Nature of Work:** Research Teaching

**Type of Application:** New  5-year renewal

**Project Personnel:** List all individuals that will be working on this study. *Click on the* ***blue + tab*** *at the bottom right corner of the table to include additional personnel.*

|  |  |
| --- | --- |
| **Name** | **Email** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Permits/Authorizations:** List all local, regional, national permits and/or other authorizations required for the proposed study. *Click on the* ***blue + tab*** *at the bottom right corner of the table to include additional permits.*

|  |  |
| --- | --- |
| **Agency** | Click or tap here to enter text. |
| **Permit number** | Click or tap here to enter text. |
| **Date of approval** | Click or tap here to enter text. |
| **Duration of approval** | Click or tap here to enter text. |

**Project Summary:** Provide an overview of the purpose of the study and describe the proposed use of animals and location(s) where the study will take place.

|  |
| --- |
| Click or tap here to enter text. |

# **Assurance by Investigator:**

# I certify that the proposed activities and procedures do not involve the capture, handling, housing, transportation, treatment, euthanasia, or disposal of any vertebrate and/or cephalopod animals. All animals will be studied in their natural environment and will be free from excessive disturbance due to research activity. Should these procedures become necessary during the course of my study I will submit an application for IACUC approval prior to initiating any change in protocol.

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Department Chair/Dean Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.