

Export Control Screening Questions **New International Employees**

Questions the ***Departmental Sponsor (Faculty/Chair/Dean)*** will need to answer for the authorization: **“Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States”**

Please forward questions and completed forms to Michael Sadler, Export Control Officer at Michael.p.sadler@research.und.edu.

1. Information at UND where the individual will work:

Department: _____

Office Address: _____

City and State: _____

Postcode: _____

Phone: _____

Email: _____

2. Information at UND of Sponsor(Faculty/Chair/Dean):

Department: _____

Office Address: _____

City and State: _____

Postcode: _____

Phone: _____

Email: _____

3. Is this a full-time position? YES___ NO___

○ If NO, Hours per week: _____

4. Describe the type of work/research being performed by the prospective Exchange Visitor:

Administrative

Research

If Research, Basic Applied

Product Development

Testing

Clinical Medicine/Patient Care

Teaching

Other _____

5. Describe the prospective Exchange Visitor's duties including project identification numbers, if applicable:

(attach additional pages if necessary)

6. Please list any scientific equipment/instruments, including specialized computing equipment, that the Exchange Visitor will be using in the performance of his/her job duties.

Include the following information for each item: equipment name, manufacturer, serial number, the Export Control Classification Number (ECCN) and where the equipment is located. (attach additional pages if necessary)

7. If the Exchange Visitor is involved in research, what are the source(s) of funds supporting the research?

UND

Federal or State Government

External Sponsor/Industry/Corporation

Other (describe)

8. Will the Exchange Visitor have access to controlled technical data, technology, materials, information, software, or equipment controlled under the [International Traffic in Arms Regulations](#) (ITAR)? YES ___ NO ___

○ If YES, please identify by name and category:

9. Will the Exchange Visitor have access to controlled technology or encryption software source code or be otherwise involved in the design, development, or production of encryption software controlled under the [Export Administration Regulations](#) (EAR)? YES ___ NO ___

○ If yes, please provide ECCN(s):

10. Will the Exchange Visitor's duties involve projects that:

a) Impose restrictions on publication, dissemination or the release of project information? YES ___ NO ___

○ If YES, and the Exchange Visitor is providing clinical services involving medical treatment, are the restrictions based on prohibitions related to patient information regulated by the Health Insurance Portability and Accountability Act (HIPPA)? YES ___ NO ___

- b) Impose access restrictions on foreign nationals, prohibit foreign national involvement or allows the sponsor to approve foreign national involvement?
YES ___ NO___
- c) Have a military application or end-use? YES ___ NO___
- d) Are related to space, satellites, high performance computers, military systems, missile technology, weapons, pathogens, select agents, or biological/chemical weapons or their delivery systems? YES ___ NO___
- e) Are sponsored by a defense agency? YES ___ NO___
- f) Provide access to any UND-owned technical data or technology that is considered proprietary or confidential to UND? YES ___ NO___
- g) Provide access to any third party-owned technical data or technology that is considered proprietary or confidential to the third party owner (This includes U.S. government furnished technical data with dissemination controls or other restrictive markings, as well as ITAR-controlled software)? YES ___ NO___
- h) Provide access to technical information marked "export controlled"?
YES ___ NO___
11. Will the Exchange Visitor be involved in a project that has an existing export control technology control plan? YES ___ NO___
12. Will the Exchange Visitor be working with materials obtained through a Material Transfer Agreement? YES ___ NO___
- If YES, please attach the agreement to this form
13. Do you have reason to believe the Exchange Visitor will need an export license or other government authorization in the course of their research, project or employment duties? YES ___ NO___