

Name: CUNY Hunter College Animal Facility [A144]

FOR OFFICE USE ONLY

Recd  
Code A144

NEW YORK STATE DEPARTMENT OF HEALTH  
WADSWORTH CENTER  
LABORATORY ANIMAL WELFARE PROGRAM  
EMPIRE STATE PLAZA, P.O. BOX 509  
ALBANY, NEW YORK 12201-0509

2019 RENEWAL APPLICATION  
FOR APPROVAL FOR USE OF LIVING ANIMALS

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Laboratory/Institution Name:</b> CUNY Hunter College Animal Facility	
<b>Address 1:</b> 1525 North Building	
<b>Address 2:</b>	
<b>City, State, Zipcode:</b> New York, NY 10065	
<b>County:</b> New York	
<b>Telephone Number:</b> 212-772-5228	
<b>Fax Number:</b> 212-772-5227	
<b>E-mail Address:</b> bwolin@hunter.cuny.edu	

RECEIVED

SEP 24 2018

FACILITIES MANAGEMENT

AW-APP01(10/2007)

RECEIVED

SEP 17 2018

FACILITIES MANAGEMENT

Obtained by Rise for Animals  
Uploaded to Animal Research Laboratory Oversight (ARLO) on 06/29/2021

## SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

### Ownership:

- ☐ Corporation    ☒ Government    ☐ Individual    ☐ Not For Profit    ☐ Partnership  
☐ Other: \_\_\_\_\_

### Facility Type:

- ☐ 2 Year College    ☒ 4 Year College    ☐ Clinical or Environmental Lab  
☐ Hospital    ☐ Medical School    ☐ Product Testing Lab  
☐ Public Health Lab    ☐ Research & Development Lab    ☐ Veterinary School  
☐ Other: \_\_\_\_\_

## SECTION II - PROGRAM INFORMATION

### Animals (Check all that apply):

- |   |   |   |                                      |
|---|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Mice (genus mus)    | <input type="checkbox"/> Hamsters               | <input checked="" type="checkbox"/> Fish    | <input type="checkbox"/> Sheep/Goats |
| <input type="checkbox"/> Mice (wild or other)           | <input type="checkbox"/> Guinea Pigs            | <input type="checkbox"/> Cats               | <input type="checkbox"/> Cattle      |
| <input checked="" type="checkbox"/> Rats (genus rattus) | <input type="checkbox"/> Rabbits                | <input type="checkbox"/> Dogs               | <input type="checkbox"/> Swine       |
| <input type="checkbox"/> Rats (wild or other)           | <input checked="" type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry     |
| <input type="checkbox"/> Other: _____                   |   |   |                                      |

Are you currently housing live animals at your institution? ☒ Yes ☐ No

If you are not currently housing live animals, do you anticipate having live animals in your facility during the next 12 months?\* ☐ Yes ☐ No

\*LAWP permits are issued to those institutions that maintain living animals for teaching and/or research and have the appropriate programs and facilities to properly and humanely care for those animals.

Does your laboratory/institution have an Animal Care Committee? ☒ Yes ☐ No  
(If Yes, attach a copy of the Committee members)

Since your last application, have there been any changes in your animal care and use procedures (i.e. feeding programs, disease control, environmental management, humane care, euthanasia)? ☐ Yes ☒ No  
(If Yes, please explain)

Note: Any procedures that require the withholding of feed and water or exposing the animals to adverse or unusual conditions should be documented in your animal use protocols and approved by your IACUC.

### Living animals are used for (Check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Diagnostic Procedures      | <input type="checkbox"/> Education/Teaching Demonstrations  |
| <input checked="" type="checkbox"/> Experimentation | <input type="checkbox"/> Farm Production                    |
| <input type="checkbox"/> Public Display             | <input type="checkbox"/> Public Health/Disease Surveillance |
| <input type="checkbox"/> Other: _____               |   |

Are animals used in studies with human infectious agents? ☐ Yes ☒ No  
(If Yes, attach a copy of your procedures for processing medical waste generated by the animals)

### Registration/Accreditation Type:

- |   |  |                               |
|---|--|-------------------------------|
| <input checked="" type="checkbox"/> AAALAC Accredited | <input type="checkbox"/> USDA Registered | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____                 |  |                               |

CURRENT DATA				INDICATE CHANGES HERE			
<b>Laboratory/Institution Person In Charge (Name):</b>							
Kaufman, Lon							
<b>Title:</b>							
Acting Provost & VP for Academic Affairs							
<b>Telephone Number:</b>							
212-772-4150							
<b>Work Hours:</b>				<b>Work Hours:</b>			
MON:	9:00 am	to	5:00 pm	Mon:		to	
TUE:	9:00 am	to	5:00 pm	Tue:		to	
WED:	9:00 am	to	5:00 pm	Wed:		to	
THU:	9:00 am	to	5:00 pm	Thu:		to	
FRI:	9:00 am	to	5:00 pm	Fri:		to	
		to		Sat:		to	
		to		Sun:		to	

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### SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
<b>Contact Person (Name):</b> Wolin, Barbara	
<b>Title:</b> Facility Manager	
<b>Telephone Number:</b> 212-772-5228	
<b>Work Hours:</b>  MON: 9:00 am to 5:00 pm TUE: 9:00 am to 5:00 pm WED: 9:00 am to 5:00 pm THU: 9:00 am to 5:00 pm FRI: 9:00 am to 5:00 pm to to	<b>Work Hours:</b>  Mon: to Tue: to Wed: to Thu: to Fri: to Sat: to Sun: to

☒ Attach a list of all full-time and part-time animal care staff which includes the following information:  
Name, Full-Time or Part-Time, Title and Education Level (Highest).


☐ No additional staff.


### SECTION IV - ATTESTATION

I have read the Administrative Rules and Regulations concerning the use of living animals and understand that I am fully responsible for all work involving the use of living animals. I understand that the Certificate of Approval is not transferable and the New York State Department of Health (the Department) shall be advised promptly if the individual, in whose name approval has been granted, ceases to be in charge. The facility(ies) will be operated according to all applicable laws, rules and regulations.

I understand that by signing this application form I agree to cooperate with any investigations conducted by the Department to verify or confirm information given or any other investigation conducted in connection with animal welfare in any facility identified in this application. If additional information is requested, I will provide it.

In signing this application, I hereby certify that the information I have given the Department as a basis for obtaining or retaining a certificate of approval is true and correct. As information changes, I will promptly notify the Department. Further, I understand that filing a false instrument constitutes a crime under the Penal Law of the State of New York.

  
\_\_\_\_\_  
Signature, Laboratory/Institutional Officer

  
\_\_\_\_\_  
Title

9/14/08  
\_\_\_\_\_  
Date

### Institutional Animal Care and Use Committee

Paul Feinstein	PhD	Assoc Professor of Biology	Chairman
Patricia Glennon	VMD	College Veterinarian	Veterinarian
Member 1	BS	Graduate student in Biology	Scientist
Member 2	MS	EHS Officer	Affiliated
Member 3	PhD	Professor of Psychology	Scientist
Member 4	BS	Retired university administrator	Nonaffiliated, Nonscientist
Member 5	MS	Assistant Provost	Nonscientist
Member 6	BS	Animal Facility Manager	Affiliated

## PERSONNEL INFORMATION

### Animal Care Staff, Hunter College

<i>NAME</i>	<i>STATUS</i>	<i>TITLE</i>	<i>EDUCATION</i>
Barbara Wolin	F/T	Facility Manager	B.S., LATg
Sonia Acevedo	F/T	Training Coordinator	B.S., LAT, L.V.T
Sally Sockwell	P/T	Technician, Vet tech	B.S., L.V.T, LAT
Fernando Rodriguez	F/T	Technician	A.A.S., ALAT
Viktoriya Melnikova	F/T	Technician, Vet tech	A.A.S., L.V.T.

*LATg* = Laboratory Animal Technologist

*LAT* = Laboratory Animal Technician

*ALAT* = Assistant Laboratory Animal Technician

*L.V.T.* = New York State Licensed Veterinary Technologist