Name: York College of CUNY [A167]

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Recd Code	A167	

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
Laboratory/Institution Name: York College of CUNY	
Address 1: 94-20 Guy R. Brewer Blvd.	
Address 2:	
City, State, Zipcode: Jamaica, NY 11451	
County: Queens	
Telephone Number: 718-262-2713	· · · · · · · · · · · · · · · · · · ·
Fax Number: 718-262-2369	
E-mail Address: iarsov@york.cuny.edu	

e 5018 DEC FACILITIES

SECTION I - GENERAL LABORATORY/INSTITUTION INFORMATION

Ownership:				•
Corporation Other:	Government	Individual	Not For Profit	Partnership
Facility Type:		· · · · · · · · · · · · · · · · · · ·		
2 Year College Hospital Public Health L Other:		Year College ledical School Research & Developn	Product 1	or Environmental Lab Testing Lab ry School

a service and a service service of the service of t	t apply):				
Mice (genus mus) Mice (wild or other) Rats (genus rattus) Rats (wild or other)	Hamsters Guinea Pigs Rabbits X Small Birds	☐ Fish ⊖ Cats ⊡ Dogs ⊡ Non-Human	134 (134	Sheep/Goats Cattle Swine Poultry	random da Sara Angel - Sara
Other:		· · · · · · · · · · · · · · · · · · ·	• •		
Are you currently housin	ng live animals at you	ir institution? XY	es No	с	
If you are not curren having live animals i	itly housing live anim in your facility during	als, do you anticipate the next 12 months?	* Yes	No	
animals for teaching and	d to those institutions tha /or research and have the and humanely care for the	appropriate programs			
Does your laboratory/in	stitution have an Ani		? X Yes	No	
Since your last applicat animal care and use pro control, environmental ((If Yes, please explain)	ocedures (i.e. feedin management, humar	g programs, disease ne care, euthanasia)?		XNo	
Note: Any procedures t water or exposin	that require the withh g the animals to adv d be documented in	erse or unusual			
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SECTION III - PERSONNEL INFORMATION

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	one Number:				
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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	
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	narian In Charge	CURRENT DATA (Name):		INDICATE CHAN	
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SECTION III - PERSONNEL INFORMATION

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Title:					
Associa	te Professor of E	liology			
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718-262					
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WED:	11:00 am to	7:00 pm	Wed:	to	
THU:	11:00 am to	7:00 pm	Thu:	to	
FRI:	10:00 am to	5:00 pm	Fri:	to	
	to	-	Sat:	to	
	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

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SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

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Site Name:		
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Address 2:	and a set of the set o	
City, State, Zipcode:		
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Contact Person (Name):		
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YORKCollege

December 5, 2018

York College IACUC Members

Dr. Ivica Arsov	Ph.D.	Associate Professor of Biology	Scientist/IACUC Chair
Dr. Thomas Donnelly	D.V.M.	Attending Veterinarian	Veterinarian
Dr. Margaret McNeil	Ph.D.	Professor of Biology	Scientist
Dr. Francisco Villegas	Ph.D.	Associate Professor of Psychology	Scientist
Ms. Dawn Hewitt	мрн	York College- Grants Officer	Nonscientist
Ms. Karen Manifold	BS	Laboratory Technician	Nonscientist/Alternate
Ms. Denise V Leid	BS	Account Resolution Specialist	Nonaffiliated Member
Ms. Justina Chinwong	BS	York College Environmental Health and Safety Coordinator	Nonscientist
Dr. Lotus Altholtz	D.V.M.	Veterinarian	Veterinarian, Alternate

Submitted by

Iviea Arsov, Ph.D. Chair IACUC Department of Biology York College/CUNY 94-20 Guy R. Brewer Boulevard Jamaica, NY 11451 Office: (718) 262-2713 Email: iarsov@york.cuny.edu