



Name: SUNY College at Cortland [A019]

FOR OFFICE USE ONLY	
Recd	
Code	A019

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: SUNY College at Cortland	
Address 1: P.O. Box 2000	
Address 2:	
City, State, Zipcode: Cortland, NY 13045	
County: Cortland	
Telephone Number: 607-753-4312	
Fax Number: 607-753-5979	
E-mail Address: bruce.mattingly@cortland.edu	

AW-APP01(10/2007)

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 type="checkbox"/> Small Birds | <input type="checkbox"/> Non-Human Primates | <input type="checkbox"/> Poultry |
| <input checked="" type="checkbox"/> Other: <u>Voies</u> | | | |

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

SECTION III - PERSONNEL INFORMATION

CURRENT DATA				INDICATE CHANGES HERE	
Laboratory/Institution Person In Charge (Name):					
Mattingly, Bruce					
Title:					
Dean					
Telephone Number:					
607-753-4312					
Work Hours:				Work Hours:	
MON:	8:00 am	to	4:30 pm	Mon:	to
TUE:	8:00 am	to	4:30 pm	Tue:	to
WED:	8:00 am	to	4:30 pm	Wed:	to
THU:	8:00 am	to	4:30 pm	Thu:	to
FRI:	8:00 am	to	4:30 pm	Fri:	to
		to		Sat:	to
		to		Sun:	to

CURRENT DATA	INDICATE CHANGES HERE
Veterinarian in Charge (Name): Alaimo, Rose	Wagner, Rebecca
Title: DVM	DVM
Telephone Number: 570-829-4030	607 844 9188
Work Name/Address (If different from laboratory/institution): Crossroads Veterinary Clinic 242 S. River St. Wilkes Barre, PA 18705	Countryside Veterinary Hosp 136 North st Dryden NY 13053
Work Hours: MON: 8:00 am to 5:00 am TUE: 8:00 am to 5:30 pm WED: 8:00 am to 5:00 pm THU: 8:00 am to 5:30 pm FRI: 8:00 am to 5:00 pm SAT: 8:00 am to 12:30 pm to	Work Hours: Mon: } Tue: } 8 am Wed: } to 6 pm Thu: } Fri: } Sat: 9 am to 1 pm Sun: closed to

SECTION III - PERSONNEL INFORMATION

CURRENT DATA	INDICATE CHANGES HERE
Contact Person (Name): Funk, Andrew	
Title: Bio. Instruct. Tech.	
Telephone Number: 607-753-2722	
Work Hours: MON: 7:00 am to 3:30 pm TUE: 7:00 am to 3:30 pm WED: 7:00 am to 3:30 pm THU: 7:00 am to 3:30 pm FRI: 7:00 am to 3:30 pm	Work Hours: 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).

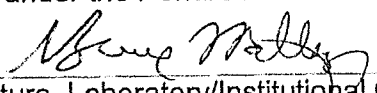
☐ No additional staff.

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

Dean, Arts & Sciences
Title

12/10/18
Date

SECTION V - ADDITIONAL SITES WHERE LIVING ANIMALS ARE LOCATED

CURRENT DATA	INDICATE CHANGES HERE
Site [004] Name: SUNY at Cortland - Psychology Department	
Address 1: Moffett Hall, 1st Fl., Rm. 8	
Address 2:	
City, State, Zipcode: Cortland, NY 13045	
Site Telephone Number: 607-753-2770	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Peck, Joshua	

SUNY Cortland
Animal Care Staff
2018-2019

<u>Name</u>	<u>Full/Part-time</u>	<u>Title</u>	<u>Education Level</u>
Deborah Slater	Part-time	Laboratory Helper	High School
Scott Suhr	Part-time	Laboratory Helper	B.A.
Mary Beth Voltura	Part-time	Associate Professor	Ph.D.
Joshua Peck	Part-time	Assistant Professor	Ph.D.
Andrew Funk	Full-time	Support Technician	B.S. in Biology

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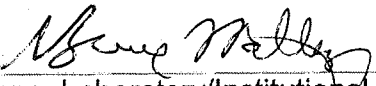
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Site Telephone Number: 607-753-2770	
Site Fax Number:	
Site E-mail Address:	
Contact Person (Name): Peck, Joshua	

IACUC Membership for SUNY Cortland

December 12, 2018

Dr. Mary Beth Voltura, Associate Professor of Biological Sciences (Chair)

Dr. John Straneva, Associate Professor of Biological Sciences

Dr. Joshua Peck, Associate Professor of Psychology

Mr. Andrew Funk, Biological Sciences Technician

Ms. Amy Markowski, Environmental Health and Safety Specialist

Dr. Joanne Siciliano Jones, Community Member

Dr. Rebecca Wagner, D.V.M.

SUNY Cortland
Animal Care Staff
2018-2019

<u>Name</u>	<u>Full/Part-time</u>	<u>Title</u>	<u>Education Level</u>
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Scott Suhr	Part-time	Laboratory Helper	B.A.
Mary Beth Voltura	Part-time	Associate Professor	Ph.D.
Joshua Peck	Part-time	Assistant Professor	Ph.D.
Andrew Funk	Full-time	Support Technician	B.S. in Biology