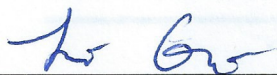


or engineering work usable or to be used to design a process or to procure or produce materials; or support to maintain or operate a facility. The data may be graphic or pictorial delineations in media such as drawings or photographs, text in specifications, or related performance or design-type documents, or computer software (including computer programs, computer software databases, and computer software documentation). Examples of technical data include research and engineering data, engineering drawings and associated lists, specifications, standards, process sheets, manuals, technical reports, catalog item identification, and related information. Technical data as used herein does not include financial reports, costs analyses, or other information incidental to contract administration.

4. In recognition of the statutory intent set forth in Title 35 United States Code Section 212, this appointment is considered to be for educational purposes, and therefore, ORISE shall not assert any rights to inventions made by the awardee.

ACCEPTANCE OF TERMS OF APPOINTMENT

I have carefully read the above Terms of Appointment. With full knowledge that this appointment is granted subject to said Terms and that, by accepting the appointment, I am bound by said Terms of Appointment, the Appointment Letter, and the general program guidance, I do hereby accept the appointment, effective as of the date specified in the Certification of Start provided by the host facility. I also understand and agree that any failure to comply with said Terms of Appointment, the Appointment Letter, and the general program guidance may result in the termination of my appointment.



Signature of Participant

Luis Gomez

Typed or Printed Name

2/26/19

Date

CERTIFICATION OF HEALTH INSURANCE

You **must** have health insurance during the entire duration of your appointment. Your appointment letter will indicate whether or not health insurance through ORISE is available to you. Please choose one of the following:



I certify that I will provide my own health insurance during the appointment period and that it will be effective no later than the date I start my appointment.

Name of Insurance Company: Health-Net, CA Medi-Cal

Effective Period:

From: 10/18

To: 10/19



I will enroll in health insurance coverage through ORISE (check this box only if your appointment letter indicates this is available to you).

Indicate type of coverage:



Individual



Family



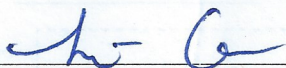
Member + One



I will continue my current health insurance coverage through ORISE (check this box only if you currently have health insurance coverage through ORISE).



I do not know at this time which health insurance provider I will use during my appointment, but I understand I must have coverage that takes effect no later than the date I start my appointment.



Signature of Participant

Luis Gomez

Typed or Printed Name

02-26-2019

Date

Please sign both the Acceptance of Terms of Appointment and Certification of Health Insurance and return to your ORISE contact along with your signed Appointment Letter.

October 2018