



HPTA SECURITY CLEARANCE ENDORSEMENT FORM

SEE INSTRUCTIONS ON PAGE THREE

PRIVACY NOTICE

The information on this form is required for the purpose of administering the *Human Pathogens and Toxins Act* (HPTA) Security Clearance program. It is collected under the authority of section 12(m) of the *Human Pathogens and Toxins Regulations* (HPTR) to certify that an individual requires access to parts of a facility for which an HPTA Security Clearance is required. The information on this form is protected by the provisions of the Privacy Act. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold an HPTA Security Clearance. The information collected by the Public Health Agency of Canada (PHAC) and Health Canada (HC) may be disclosed to the Royal Canadian Mounted Police (RCMP) and the Canadian Security Intelligence Service (CSIS), which conduct the requisite checks and/or investigations in accordance with the HPTA Security Clearance, and to entities outside the federal government (e.g. credit bureaus). It is used to support decisions on individuals applying for an HPTA Security Clearance. Information collected by PHAC and HC, and information gathered from the requisite checks and/or investigations may be used to support decisions, which may impact eligibility to hold an HPTA Security Clearance.

In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act. The information will be retained for at least 10 years after the day on which the information is collected, and must be provided to the Minister of Health on request. Instructions for obtaining your personal information are provided in Info Source, a copy of which is available in major public and academic libraries or on line at <http://www.infosource.gc.ca>. Refer to the personal information bank PHAC PPU 306 (Personnel Security Screening). The Privacy Act gives you the right to request access to and correct your personal information. For more information about these rights, or about our privacy practices, please contact the Public Health Agency of Canada's Privacy Management Division at 613-954-9165 or Privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

If not completed electronically, please write in block letters using black ink.

A ADMINISTRATIVE INFORMATION (To be completed by Department/Agency/Organization)				
Date received	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Renewal	HPTA Security Clearance File Number	<input type="checkbox"/> Recommended Issue date Expiry date	<input type="checkbox"/> Not Recommended Denial date

B ORGANIZATION AND LICENCE APPLICANT / LICENCE HOLDER INFORMATION			
1. Indicate if this is the first HPTA Security Clearance Endorsement submitted for the individual listed in Section C or if this is a subsequent submission for new access. <input type="checkbox"/> First endorsement of access (required for issuance of HPTA Security Clearance) <input type="checkbox"/> Endorsement of new access (required to access containment zones not included in initial application)			
2. Organization		4. Surname, Given Name of licence applicant/licence holder	
3. Licence No.		5. Job Title	
		6. Work Telephone	
7. Access area/Containment zone			
(a) Building Name	(b) Address Line	(c) City	(d) Room(s)
8. Access area/Containment zone (only complete sections 8-10 if there are multiple containment zones)			
(a) Building Name	(b) Address Line	(c) City	(d) Room(s)
9. Access area/Containment zone			



(a) Building Name	(b) Address Line	(c) City	(d) Room(s)
10. Access area/Containment zone			
(a) Building Name	(b) Address Line	(c) City	(d) Room(s)
<i>I, the undersigned, as authorized licence applicant/licence holder, do hereby certify that the individual named below requires an HPTA Security Clearance to access the indicated containment zone(s).</i>			
<hr/> <i>Signature of Licence Applicant/Licence Holder</i>		<hr/> YYYY-MM-DD	

C HPTA SECURITY CLEARANCE APPLICANT / HOLDER INFORMATION	
1. Surname, Given Name of applicant/HPTA Security Clearance holder	2. Job Title
3. HPTA Security Clearance File Number (if issued)	
<i>I, the undersigned, as the applicant/HPTA Security Clearance holder, do hereby certify that I require an HPTA Security Clearance to access the indicated containment zone(s).</i>	
<hr/> <i>Signature of Applicant/HPTA Security Clearance Holder</i>	<hr/> YYYY-MM-DD



Instructions for Completion of the *Human Pathogens and Toxins Act (HPTA) Security Clearance Endorsement Form*

GENERAL INSTRUCTIONS:

- This form is to be completed using an automated system or printed in block letter format using black ink.
- Please read and follow these instructions carefully.
- It is important that a copy of the completed form be retained by the applicant and the licence holder for future reference.
- Incomplete or illegible forms will NOT be considered and will be sent back for clarification.
- All names are to be provided in full (no initials).
- Once completed, this application form will be handled as PROTECTED B information.

TERMINOLOGY

The terms **“licence applicant/licence holder”** used in Section B refer to the same individual. The “licence applicant” has submitted an application for a licence for an organization to the Public Health Agency of Canada and has in turn received a licence application number. Once the licence application has been successfully processed and a licence number has been issued for the organization, the “licence applicant” is now referred to as the “licence holder”.

Similarly, the terms **“applicant/HPTA Security Clearance holder”** used in section C refer to the same individual. The “applicant” has submitted an application for an HPTA Security Clearance to the Public Health Agency of Canada and Health Canada, and has in turn received a HPTA Security Clearance File Number. Once the HPTA Security Clearance application has been successfully processed and an HPTA Security Clearance has been issued, the “applicant” is now referred to as the “HPTA Security Clearance holder”.

As defined in the Canadian Biosafety Standard, a **“containment zone”** refers to a physical area that meets the requirements for a specified containment level. A containment zone can be a single room (e.g., containment level 2 [CL2] laboratory), a series of co-located rooms (e.g., several non-adjointing but lockable CL2 laboratory work areas), or it can be comprised of several adjoining rooms (e.g., CL3 suite comprised of dedicated laboratory areas and separate animal rooms/cubicles). Dedicated support areas, including anterooms (including showers and “clean” and “dirty” change areas, where required) are considered to be part of the containment zone.

DETAILED INSTRUCTIONS:

SECTION A: Administrative Information

- To be completed by the department, agency, or organization.

SECTION B: Organization and Licence Applicant/Licence Holder Information

- To be completed, signed and dated by the licence applicant/licence holder.
- 3. “Licence No.” – Complete this field as follows:
 - If the organization has been issued a licence application number, indicate; or
 - If the organization has been issued a licence number, indicate; or
 - If the organization has yet to be issued either of the above numbers, indicate N/A.
- 7-10. “Access area/Containment Zone” (if insufficient space, attach a separate piece of paper using similar formatting)



- For the first endorsement of access for the named individual in section C, indicate all containment zone(s) to which the HPTA Security Clearance will apply. This endorsement form must accompany the initial HPTA Security Clearance Application form.
- For an endorsement of new access for the named individual in section C, indicate only the containment zone(s) not on the initial endorsement form submitted.

SECTION C: Applicant/Security Clearance Holder Information

- To be completed, signed, and dated by applicant/HPTA Security Clearance holder.

Send completed forms to:

PHAC.HPTA.Screening-LAPHT.filtrage.ASPC@hc-sc.gc.ca

OR

51 Chardon Driveway, Tunney's Pasture
Ottawa, ON
K1A 0K9
Mail Stop: 1701 B
Region: NCR