**Requests for Visits/Assignments**

**By Foreign Nationals from State Sponsors of Terrorism**

**(SST Template Processing Checklist)**

The following information is provided to assist in preparing packages for visits and assignments to DOE facilities by foreign nationals from state sponsors of terrorism. This information is IAW DOE Order 142.3A, *Unclassified Foreign Visits and Assignments Program*, dated October 14, 2010.

A visit and/or assignment request for a foreign national from a state sponsor of terrorism must be fully documented and entered into Foreign Access Central Tracking System (FACTS) by the hosting site. The requests must have the concurrence of Subject Matter Experts, as well as completed indices checks, prior to being approved by the Approval Authority for the hosting site.

The DOE facility requesting an initial visit/assignment for a foreign national will assemble the package.  Then they will upload this complete package into FACTS and notify Nancy Day or Mark Thornock afterwards.  In turn, Nancy Day will print and review the package for accuracy and completeness.  If all required documentation is there, the package will be processed for Headquarters Program Secretarial Office approval and forwarded to the Under Secretary for their signature.

The SST packet must include the following:

* Memo to the Under Secretary for Science and Energy
* Subject Matter Expert Approvals
	+ Laboratory Director
	+ Counterintelligence
	+ Security
	+ Export Control
	+ Technology Transfer
	+ OPSEC
	+ Cyber Security
* FACTS Printout
* Specific Security Plan
* Cyber Risk Assessment Plan
* Current INS documentation
* Copies of All Current Passport and Visa Document(s)
* Curriculum Vitae/Resume (date/place of birth, major field of study and what they specifically worked on, where they lived for each year after **high school** (until present) and if they plan on return to their T3 country after they complete their research)
* Current Employment
* Letters of Support (if readily obtainable)
* Local approval signatures

**If the proposed start date is near, e-mail an advanced copy of the justification and the visitor’s most current CV or resume, to Nancy Day at** **Nancy.Day@science.doe.gov** **and a copy to Mark Thornock at** **Mark.Thornock@science.doe.gov****.**

**Note:** Legal Permanent Resident T3 access approval can be approved by the Site Approval Authority as well as extensions.

**OFFICE OF SCIENCE**

**FOREIGN VISITS AND ASSIGNMENTS PROGRAM**

**Visits/Assignments by Foreign Nationals from State Sponsors of Terrorism**

**(SST Template Processing Checklist continuation)**

This checklist serves as a guide to ensure all the paperwork and requirements of ***DOE Order 142.3A,***

***Unclassified Foreign Visits and Assignments (FV&A)***are met. Please keep in mind the processing of citizens of State Department Designated Terrorist Sponsoring Nations (i.e. currently Iran, Syria, and Sudan) takes a considerable amount of time to process, review, and adjudicate. In addition to the basic information, a comprehensive justification is also required that clearly describes the research this individual will be conducting while at the laboratory and particularly what contributions to your programs and to DOE you expect from this individual. ***\*All SST requests require at least 21 calendar days for DOE approval.***

**Step Action Description Date Completed**

1. Complete Site/Facility Registration: (Local Databases and FACTS). \_\_\_\_\_\_\_\_\_\_\_\_

 (Foreign Access Central Tracking System)

2. Requests for SST must include:

* Justification Memo to the Director, Office of Science;
* Specific Security Plan;
* Cyber Security Plan;
* Current Copies of Passport and Visa Document(s);
* Curriculum Vitae (CV); and
* Letter of Support (if readily obtainable).

*Forward an advanced copy (marked appropriately and protected for PII) of the CV and* Justification

to SC if the proposed start date is near. \_\_\_\_\_\_\_\_\_\_\_\_

3. Complete the DOE Request Memorandum and obtain SME signatures. \_\_\_\_\_\_\_\_\_\_\_\_

4. Check with local OPSEC Manager for most recent OPSEC assessment, if

Appropriate. \_\_\_\_\_\_\_\_\_\_\_\_

5. Approve locally in FACTS is needed before HQ approval (Local approval comes

 from the Hosting Site, HQ approval fromUnder Secretary). \_\_\_\_\_\_\_\_\_\_\_\_

7. SST Package must be stamped/marked (OUO/Privacy Act Information). \_\_\_\_\_\_\_\_\_\_\_\_

8. All acronyms must be spelled out the first time used in the package. \_\_\_\_\_\_\_\_\_\_\_\_

9. Host responsibilities. \_\_\_\_\_\_\_\_\_\_\_\_

* Ensure Host is aware of his/her responsibilities.
* It promotes research not readily available from a U.S. citizens or

non-sensitive country nationals.

* Ensure all notifications are made to the Hosting Department/Office. \_\_\_\_\_\_\_\_\_\_\_\_

10. Ensure at least 4 lines are available between the Under Secretary’s title

and signature block. . \_\_\_\_\_\_\_\_\_\_\_\_

12. **Email notification sent to Nancy Day (****Nancy.Day@science.doe.gov****) and cc: Mark Thornock (****Mark.Thornock@science.doe.gov****) of the assignment package that is initiated in FACTS (all documentation should be scanned into FACTS for processing.)**

**APPROVAL REQUEST FOR A VISIT/ASSIGNMENT BY A**

**FOREIGN NATIONAL FROM A STATE SPONSOR OF TERRORISM**

DATE:

TO: Patricia Hoffman

 Acting Under Secretary for Science & Energy

THROUGH: J. Stephen Binkley

 Acting Director, Office of Science

FROM: Joseph A. McBrearty

 Deputy Director for Field Operations

 Office of Science

SUBJECT: Approval of Initial Assignment for a Foreign National from a Country Identified as a State Sponsor of Terrorism

**Name of Laboratory** requests ***(first name) (middle name) (last name)***born in **(country*)***and a citizen from **(*country)*** be granted access to the laboratory to conduct fundamental research. Dr./Mr/Ms/Mrs. ***(name)*** is working on ***(provide brief description)*** project and is uniquely qualified by ***(describe their qualifications)***. We expect to further our understanding and gain expert knowledge from this project as a part of the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Justification must be concise (three- four sentences) and include the main points below:

*(Draft justification here for this initial assignment)*

* Is the individual essential to the SC research?
* What are the benefits to the U. S. Government and DOE SC?
* What specific product or tool has this person created and how will these help lab research?
* Other circumstances (if not covered above) that are unique to this request?

The lab has contacted the host and ensures the visitor will not have physical or cyber access to sensitive or

classified information during this assignment.

**PRIVACY ACT PROTECTED INFORMATION**

~ CONTAINS PERSONALLY IDENTIFIABLE INFORMATION, WHEN COMPLETED ~

FACTS Request#: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Visit

Visitor#: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Assignment

 **\_\_\_\_\_** Recurring Visit/Assignment

\_\_\_\_\_ (Please Check one)

1. Visitor Name:
2. Date of Birth:
3. Country of Birth:
4. Country of Citizenship
5. Date of Last Visit to T-3 Place of Birth (or visits to other T-3 Countries (Syria/Sudan) if easily obtainable):
6. Tentative Start and Tentative End Dates:
7. DOE Facility to be Visited/Assigned to:
8. Purpose: (Include technologies to be accessed and whether or not sensitive subjects will be discussed)
9. Justification for Visit/Assignment:
10. Benefit and Impact to DOE
11. Site FV&A Point of Contact:
12. International Agreement Involved: Y/N, If yes, list agreement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
13. Country of Current Residence:
14. How Long at Current Residence:
15. Status: \_\_\_\_\_ Non-Immigrant Alien \_\_\_\_\_ Legal Permanent Resident \_\_\_\_\_ Other
	1. (Documentation to include Immigration number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Passport Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Country of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Visa Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visa Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Indices Check Completed**\***: \_\_\_\_\_Yes \_\_\_\_\_No
	1. Date Indices Completed: \_\_\_\_\_\_\_\_\_\_ b. Date Indices Expire: \_\_\_\_\_\_\_\_\_
2. Current Employer: (Include Name, Address, Phone Number, and Location):
3. Length of Service with current Employer:
4. Site Host’s Organization and Telephone Number:
* It is strongly recommended that a documented process be implemented and approved at your site to perform these reviews and certifications after HQ has granted initial request approval.  SC HQ recommends utilizing a review and adjudication process similar to the requirements from our initial request package without HQ signatures; however, this is clearly a local determination.
* Local Counterintelligence Consultations will not be accepted in lieu of the completion of indices checks for Terrorist Supporting Country packages.

**SITE APPROVAL AUTHORITY CERTIFICATION**

I certify that I have reviewed the request for access approval for ***Foreign National Visitor Name***, FACTS Visitor #**11111**, Request #**AAA1111111111**, and considered all the sensitivity factors associated with the requested access to DOE sites, programs, information and technologies. I have reviewed the advice provided by the Subject Matters Experts in Security, Cyber Security, OPSEC, Export Control and Counterintelligence, and have addressed any concerns to the satisfaction of the Subject Matter Expert involved. My determination is consistent with reasonable standards and practices used to ensure risk to the Government associated with access approval is appropriately identified and evaluated.

Additionally, I certify that any approval certifies that, in my opinion, the benefits to the Government are greater than the risks associated with the presence of the foreign national and that the legal and policy-related terms and conditions associated with the proposed *Visit/Assignment* have been met. These terms and conditions include, but are not limited to, other activities at this site, visa sponsorship requirements, visa status conditions and requirements, right-to-work requirements, and international agreements.

Requesting Facility:

Approving Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBJECT MATTER EXPERT CERTIFICATION**

The Subject Matter Expert (SME) has reviewed the request for access approval for ***Foreign National Visitor******Name***, FACTS Visitor #**11111**, Request #**AAA1111111111**, and has considered all the sensitivity factors associated with the requested access to DOE sites, programs, information, and technologies, including building access and surrounding activities. I have provided advice to the approval authority regarding this request, and he has acknowledged receiving my advice, and has addressed any concerns to my satisfaction. My review was consistent with the reasonable standards and practices used to ensure risk to the Government associated with access approval is appropriately identified and evaluated.

**Local Security: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name Signature and Date

**Export Control:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature and Date

**Technology Transfer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature and Date

**Counterintelligence:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature and Date

 **Cyber:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature and Date

**Specific Security Plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Signature and Date

**OPSEC:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signature and Date

**CONCURRENCE/APPROVAL FORM**

**(Name: First NMI Last)**

Name: ***Local Federal Signature Authority (or date and POC notified at the local site office)***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOE HEADQUARTERS**

Name: **J. Stephen Binkley Title: Acting Director, Office of Science**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: **Patricia Hoffman** **Title:** **Acting** **Under Secretary for Science and Energy**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Questions to confirm with the Host for a T3 package**

 Host’s Name (Circle Mr./Mrs./Ms./Dr.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you a U.S. citizen? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

*If no, please identify Country of citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Do you understand of the responsibilities of hosting this visitor? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

(I.e. general work scope, in the country legally, local security

requirements, etc.)

1. Do you confirm this researcher **will not** have access to any Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

sensitive or classified information at this laboratory during

his/her stay at this lab?

1. Are there approved physical and cyber security (to include clear Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_

remote access determination if needed) plans in place?

*If no, can you develop these plans or will you require assistance?*

**As the Host of this researcher from (or born in) Terrorist Supporting Country, I understand to contact my local CI officer at (phone # and email) if questions/issues emerge.**

Visitor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Visitor’s Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled out by Office of Science Personnel Only**

SC Assessment Review: Recommend Approval

CI Headquarters Coordination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SC Associate Director Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SC Safety and Security Policy

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_