



Protected A When Completed

**Human Pathogens and Toxins Act Security Clearance Endorsement Form**

**Preamble - Privacy notice**

The personal information you provide to the Public Health Agency of Canada (PHAC) and Health Canada (HC) is governed in accordance with the *Privacy Act* and collected under the authority of paragraph 12(2)(m) of the *Human Pathogens and Toxins Regulations* (HPTR) to certify that an individual requires access to parts of a facility for which a *Human Pathogens and Toxins Act* (HPTA) Security Clearance is required. As part of this process, your information may be disclosed to the Royal Canadian Mounted Police (RCMP), law enforcement agencies and the Canadian Security Intelligence Service (CSIS), which will conduct the requisite checks and/or investigations in accordance with the HPTA Security Clearance process. It may also be used to conduct verifications with other federal government institutions, governments, foreign states, educational institutions, and past or current landlords or employers to confirm the information provided is accurate. Failure to submit a complete endorsement form will result in delays or potential refusal to issue a *Human Pathogens and Toxins Act* Security Clearance application. This personal information is described in personal information bank PHAC PPU 308 (*Human Pathogens and Toxins Act* Security Clearance Program), available online at <https://www.canada.ca/en/public-health/corporate/mandate/about-agency/access-information-privacy/info-source-federal-government-employee-information.html>. 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 PHAC's and HC's Privacy Management Division at 613-946-3179 or at [hc.privacy-vie.privee.sc@canada.ca](mailto:hc.privacy-vie.privee.sc@canada.ca). If you have concerns about the handling of your personal information, you may contact the Privacy Commissioner of Canada at <https://www.priv.gc.ca/en/report-a-concern/>.

| <b>[A] Administrative information (to be completed by the HPTA screening team)</b> |                                       |  |
|--|---------------------------------------|--|
| <b>Particulars of application</b>  |                                       |  |
| New  | Update<br>Last screened: (yyyy-mm-dd) | Renewal<br>Last screened: (yyyy-mm-dd) |
| HPTA Security Clearance file No.   | Date received<br>(yyyy-mm-dd)         | File code<br>HPTA                      |

| <b>[B] Background information (to be completed by the licence holder)</b>   |
|---|
| <b>Particular of application</b>  |
| Indicate if this endorsement is for new access, additional access or renewal of access for the individual identified in section C of this form. |
| Initial access (required for a first HPTA Security Clearance)   |
| Additional access (required for individuals with valid HPTA Security Clearances who require access to additional containment zones)             |
| Renewal of access (required as part of an HPTA Security Clearance renewal)  |

| <b>Organization information</b>                         |  |
|---|--|
| Organization name (as indicated on the HPTA licence(s)) | Licence number(s) (List all HPTA licences for which you, as a licence holder, are endorsing the applicant. If you do not yet have a licence number, provide the HPTA licence application number) |

| <b>Licence holder information</b>     |                |
|---------------------------------------|----------------|
| Last name (i.e. surname, family name) | First name     |
| Work telephone No(s)                  | Work e-mail(s) |

| <b>Part of the facility</b>  |
|--|
| List all buildings or containment zones for which you, as a licence holder, are endorsing the applicant. |
| Building name(s)/number(s) or containment zone name(s)/number(s)   |

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**Attestation and signature**

I, the undersigned, as authorized licence holder, do hereby certify that the individual named below requires an HPTA Security Clearance to access the indicated part of the facilities(s).

|                        |                   |
|------------------------|-------------------|
| Signature<br><br>_____ | Date (yyyy-mm-dd) |
|------------------------|-------------------|

**[C] HPTA Security Clearance applicant information (to be completed by the applicant)**

**HPTA Security Clearance applicant information**

|                                       |  |
|---------------------------------------|--|
| Last name (i.e. surname, family name) | First name                                 |
| Job title                             | HPTA Security Clearance number (if issued) |

**Attestation and signature**

I, the undersigned, as the applicant, do hereby certify that I require an HPTA Security Clearance to access the indicated containment zone(s).

|                        |                   |
|------------------------|-------------------|
| Signature<br><br>_____ | Date (yyyy-mm-dd) |
|------------------------|-------------------|

## Terminology

For the purpose of this document, the term “licence holder” used in Section B refers either to an individual who has submitted an application for an HPTA licence for an organization to the Public Health Agency of Canada and has, in turn, received a licence application number; or to an individual who represents the organization as the licence holder of an HPTA licence issued by the Public Health Agency of Canada, with an associated licence number.

Similarly, for the purpose of this document the term “applicant” used in section C refers to an individual who has submitted an application for an HPTA Security Clearance to the Public Health Agency of Canada and has, in turn, received a HPTA Security Clearance file number; or to an individual who has been granted an HPTA Security Clearance by the Public Health Agency of Canada and Health Canada.

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.

## Submission

Your HPTA Security Clearance application contains personal information. Consult your organization policy on transmission of information. If you choose to submit your application via email, we recommend using your organization email account (i.e. professional email) and avoid the use of personal email (e.g. Gmail, Yahoo, Hotmail etc.).

Send completed forms to:

[phac.hpta.screening-filtrage.lapht.aspc@canada.ca](mailto:phac.hpta.screening-filtrage.lapht.aspc@canada.ca)

Or

HPTA Screening  
161 Goldenrod Driveway, PL 1701B  
Ottawa, ON, K1A 0K9