

Welcome to the Veteran Affairs!

**Jesse Brown VA Trainee Application Checklist
and Packet**



JESSE BROWN

VETERANS AFFAIRS MEDICAL CENTER

Putting Veterans first

Soon to be Graduates and Recent Graduates of Medical or Osteopathic School of Medicine Please Read

Specialty Education Loan Repayment Program (SELRP)

The Veteran Affairs offers a Specialty Education Loan Repayment Program (SELRP). The Specialty Education Loan Repayment Program **(SELRP) provides financial assistance to physicians in the form of a loan repayment to recent graduates of an accredited medical or osteopathic school and are currently enrolled or matched to a residency identified as a shortage by the U.S. Department of Veterans Affairs (VA).** The loan repayment is \$40,000 a year with a maximum of \$160,000. In return the recipient would agree to serve in a clinical practice at a VA facility for a period of 12 months for each \$40,000 of loan repayment with a minimum of 24 months of obligated service.

Below are some eligibility requirements to the program. All details of the program can be found by visiting the following website: <https://va-ams-info.intelliworx.com/selrp/#::~text=The%20Specialty%20Education%20Loan%20Repayment%20Program%20%28SELRP%29%20provides,by%20the%20U.S.%20Department%20of%20Veterans%20Affairs%20%28VA%29>.

Eligible Specialties:

- Psychiatry
- Family Practice
- Internal Medicine
- Emergency Medicine
- Gastroenterology
- Urology
- Geriatric Medicine
- Other specialties will be considered based on needs of the VA (can be reviewed on a case-by-case basis, depending on facility shortages)

Eligibility:

- Applicants must be citizens of the United States and pass a background investigation.
- Must have graduated from an accredited medical school.
- Must be eligible for appointment in the occupation for which the recipient was trained (physician).
- Must be currently enrolled in or matched to a residency receiving training in an eligible specialty (identified above).
- **Have at least 2 years remaining in a residency/fellowship (identified above).**
- Agree to obtain a license to practice medicine, and complete training leading to board eligibility or certification within the specialty trained.
- **Agree to a service obligation of at least 2 years.**
- Must have eligible student debt equal to or more than the amount of the repayment.
- Preference will be given to veterans, and individuals who are, or will be, participating in residency programs in health facilities –
 - located in rural areas;
 - operated by Indian tribes, tribal organizations, or the Indian Health Service; or
 - affiliated with underserved healthcare facilities of the Department.

New COVID Vaccine Requirements

As of October 4, 2021 all Federal employees (including all trainees) must be fully vaccinated for COVID-19 in order to be at Jesse Brown VA. All trainees are required to enter their vaccination status (see below for the acceptable forms of documentation and what information it must include) into the LEAF (Light Electronic Action Framework) system, **Trainees can only access this site from a VA computer or network.**

NOTE: If you have not fully onboarded (have a VA network account created) you will have to wait until you are fully onboarded to access the LEAF link below:

LEAF link: https://leaf.va.gov/NATIONAL/101/vaccination_data_reporting/

Acceptable forms of documentation include a copy of:

- The signed record of immunization from a health care provider or pharmacy,
- The COVID-19 Vaccination Record Card (CDC Form MLS-319813_r, published on September 3, 2020),
- Medical records documenting the vaccination,
- Immunization records from a public health or state immunization information system, or
- Any other official documentation containing the required information.

The documentation must include information on:

- Type of vaccine received,
- Date(s) of administration, and
- The name of the health care professional(s) or clinic site(s) administering the vaccine(s).

The only exceptions to this policy is if you meet the requirements for a religious or medical exemption. If you fall into one of the exemption criteria's and are requesting one, you will have to complete the exemption form, **VA Form 10-230 (See attachment on this PDF file)** and submit this form to the ACOS-Education department (please send to CHS_Trainee@va.gov, there is an underscore after CHS). **You will also be required to fill out the request for an exemption in the LEAF link listed above.**

If you have been onboarded by 08/13/2021 you should have been vaccinated by 10/8/2021 and you can enter your vaccination information into the LEAF system mentioned above. If you are onboarded after 08/13/2021 you are required to be fully vaccinated by 11/22/2021 (or have an approved exemption) and also enter that information into the LEAF system.

NOTE: If you do not meet the requirements/complete the verification of vaccination in the LEAF system as mentioned above, we will not be able to have you onboard at our facility.

Helpful Information for Disruptive Behavior

What You Can Do to Prevent Workplace Violence: The Workplace Violence Prevention Program (WVPP) promotes a culture of safety and the use of evidence-based, data driven processes for assessing, mitigating, and managing human behaviors that compromise the safety and effectiveness of VHA healthcare workplaces. Promoting patient and employee safety involves reporting events using the Disruptive Behavior Reporting System (DBRS) and using behavioral threat multidisciplinary team review processes. Reports may be submitted for patient or employee generated disruptive behavior.

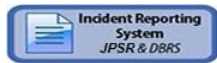
What is Disruptive Behavior? Disruptive behavior can take many forms including but not limited to: Physical assault; Verbal Abuse; Sexual/Racial Harassment; Direct/Indirect/Implied threats; Possession or Brandishing of Weapons; Inappropriate Electronic/Written/Printed Communication; Property Damage.

What is a threat? A threat is a perceived, stated, and/or real possibility of harm.

How do I report disruptive behavior, or a threat made by a patient OR an employee?

Log onto a VA computer and Access the Jesse Brown VAMC intranet page

Click the on the BLUE “Incident Reporting System JPSR & DBRS” button



Click the GREEN “DBRS Disruptive Behavior Reporting System” button and follow the guidance



What happens to my DBRS report? You will receive an email confirming your DBRS report has been received (unless submitted anonymously) and the reference number for that report.

DBRS reports are directed to the appropriate multi-disciplinary threat assessment team at the facility for review, assessment, and individualized safety recommendations. You and/or your supervisor may be contacted for additional information.

I’m not sure if I should report. Everyone’s safety is everyone’s responsibility. When in doubt, submit a report. Reports may be submitted anonymously.

I have questions about the report I submitted. For questions, please contact:

Mariana Tokar, Psy.D., Disruptive Behavior Program Coordinator at mariana.tokar@va.gov X56132

*****Any behaviors presenting an imminent risk to safety should ALSO be reported to VA Police immediately at X56505*****

*****This step should be done on the first day of your rotation and can only be done from a VA Computer*****



What is VA EAAS?

The EAAS is the **primary method of communication in times of an emergency or safety event.**

EAAS provides JBVA the ability to:

- ◆ Send mass alerts to employees, contractors and affiliates for events such as hurricanes, earthquakes, fires, and local emergencies.
- ◆ Reduce the risk of injury and loss of life by providing wider coverage and faster alerts.
- ◆ Capture the safety status of employees through the use of multiple devices (i.e. phones, cell phones, mobile app, SMS text and e-mail).
- ◆ Provide leadership full spectrum of employee accountability and safety reports during an event.

If you have not activated your VA EAAS account yet, please follow the attached instructions:
You will not receive emergency alerts if you have not activated your account.

Activating your account is simple and quick:

1. Click this link <https://alerts7.athoc.com/SelfService/vaeas>
2. Click **Acknowledge** to log-in using your PIV card (Smart Card)
3. Click on **MY PROFILE** at the top
4. Update the **Organization Hierarchy** by clicking on Select and click the arrow next to Jesse Brown, **select your location**, then click **Apply**
(*Jesse Brown Campus = JBVAMC staff, Jesse Brown Campus Tenants = VBA, MedPark, Credit Union, etc.)
5. Next update your **Contact Information** – please enter your **cell phone number** and any other means you would like to receive alerts
(your office desk phone number should be in there and current, you can add an additional personal email, home phone, text message, etc)
6. Click **SAVE**

Checklist for Trainee Onboarding at Jesse Brown VA

(The basic requirements for onboarding are listed below, details are on the pages to follow)

- ☐ VA form 2850D Application for Health Professional Trainees
- ☐ OF306 Declaration of Federal Employment
 - **Name printed out completely** to include middle name
 - Please make sure to sign and date the Declaration in block 17a, 17b is signed and dated when you are appointed (signed in person)
 - Everyone Must fill out the form
- ☐ Less than six month Appointment Memorandum (Trainees with less than 180 days on rotation (within a year) is not required for Physician Residents/Fellows)
- ☐ Drug Test Agreement Letter
- ☐ Appointment Letter (See page 28 for instructions on how to fill out)
- ☐ SF61 Affidavit (Form will be printed out when you come in, it **must be signed in person**)
 - Can be completed anytime **BEFORE** the start of your rotation (as long as it's a work day for our office)
- ☐ PIV Card application filled out and submit with application packet
 - **Very important you print legibly or type out answers**
- ☐ Report to the ACOS-Education department to sign the appointment affidavit. *Can be completed on the morning of your rotation start date (or sooner) as long as its on a work day (non-holiday).* **This step is necessary, you cannot be on rotation without signing these forms in person.**
- ☐ TMS Course Complete (***"Mandatory Training for Trainees" (or refresher course) only***)
 - Try to Complete at least 1 Month Before rotation Start Date
- ☐ Fingerprints captured at the closest VA facility. If they are done at a VA facility that is not Jesse Brown VA, you must give the following codes to the person taking your fingerprints: **SON 1565 and SOI VAA7.** If these codes are not given to them we will not be able to view your results, which will cause you to have to redo the fingerprints and possibly delay your rotation. **Fingerprints can be done in our facility, located on the 4th Floor of the Ogden pavilion (Rm#4380), hours are from 8am-12pm and again from 1-3:30pm. We recommend getting this done 6 weeks before your rotation start date.**
- ☐ **Returning Resident/Fellows** – If you have completed at least one Residency or Fellowship rotation at Jesse Brown VA (**for your current program**). Please confirm with the JBVA service Coordinator that your license information is up to date in our system. If it is not, either the coordinator or you can email the **Associate Chief of Staff for Education** to have it updated. **Contact information is located on page 10. TMS Course is an annual requirement.**
- ☐ **Returning Students** – If you have completed at least one rotation at Jesse Brown VA as a student for the current program you're enrolled in, check in with the Service/Section Trainee Coordinator at least 2 weeks prior to your rotation to see if anything is required from you. Trainee Coordinator contact information starts on page 10. **TMS Course is an annual requirement.**
- ☐ Not sure if you have to fill out the application packet? Please go to **page 24** of the checklist.

Contents:

- Trainee Onboarding Checklist-----[Page 6](#)
- Information regarding Selective Service, Fingerprints, How to Submit Application Packet, PIV office, Medical License, & NPI:-----[Page 8-9](#)
- Network account, Access Codes, and PIV Card Issuance-----[Page 9](#)
- Application Submission Methods-----[Page 9](#)
- Service Coordinators and **ACOS-Education contact and duty hours info**-----[Page 10-11](#)
- TMS account information and set up instructions-----[Page 11-20](#)
- Remote access, Mobile pass, PIV exemption requests-----[Page 21-22](#)
- Additional Information (Including Parking Information) and Tips-----[Page 23](#)
- ID Card Matrix (Used for PIV Appointment)-----[Page 25](#)
- Resident/Fellow On-Call Meal Options-----[Page 27](#)
- Application Forms-----Pages 29-38
 - Appointment Letter
 - VHA 2850D (Application for Health Professional Trainees)
 - Less Than 6 Month Appointment Memorandum (Not Applicable to Residents/Fellows)
 - Drug Test Agreement Letter
 - OF306 (Declaration of Federal employment)
 - PIV Application Form
 - Appointment Affidavit (Sample form) must be completed in person

***If you are not sure if you have to fill out the application packet please go to [page](#)

Selective Service Information:

Failure to sign up for Military Selective Service: Every applicant must fill out the form (men and women), however, if you are a male and if you did not sign up for the Selective Service and you are between the ages of 18 – 25 you can sign up online by logging onto the website below, if you are not sure if you already did, you can check using the same website if you have signed up in the past:

<https://www.sss.gov/Registration/Register-Now/Registration-Form>

If you are above the age of 25 there are exemptions for who has to sign up for Selective Service which is listed in the website below:

<https://www.sss.gov/Registration-Info/Who-Registration>

All Trainees with a valid VISA are exempt from signing up for Selective Service. Our office will require a copy of the I-94 (or any official document showing you have an active visa) to keep on file for proof of Visa. If the trainee falls out of their VISA status for more than 30 days they are required to sign up for Selective Service (if they are under 26 years of age). If for some reason the Trainee receives a letter from Selective Service (requesting to sign up for selective service) while they have a valid VISA they should send a copy of the I-94 to Selective Service which will be sufficient.

If you failed to register, you cannot rotate to our facility until a determination has been made by the approving authority. To start the process, you will have to get a Status of Information Letter (SIL) that has to be mailed to the address on the form (link to form: <https://www.sss.gov/Portals/0/PDFs/Status.pdf>). Once Selective Service reviews it they will send a confirmation letter back (takes about 1 week). This is the first step of the process, ACOS-Education will advise further once this step is complete. Overall, the process can take up to 4-8 weeks to complete and the outcome is determined by the Central Office Human Resource department (in Washington D.C.), JBVA has no authority to make a determination.

Fingerprints

You should try to complete Fingerprints at least 6 weeks prior (***unless otherwise instructed**) to your start date. It takes 5-7 business days on average (can take up to 10 business days) for the fingerprints to clear. Fingerprint clearance is valid **only for 120 days**. Because of the time sensitivity, it is important to let the coordinator here at Jesse Brown VA know when fingerprints are done so they can make sure they submit all requests in time. We unfortunately do not get an automatic alert when fingerprints are captured

Fingerprints can be completed at Jesse Brown VAMC Human Resources (HR) office on 4th Floor of Ogden Building (Rm# 4380) on walk-in basis Monday-Friday between the hours of 0800-1200 and 1300-1530, our HR department will be closed for all Federal holidays. **You must bring a picture government issued ID card (state or federal picture ID card) and your Social Security Card with you for verification.**

Jesse Brown VA HR will provide documentation (yellow sheet/receipt) that fingerprinting was completed. You can take a picture of the sheet with your mobile device or scan it and send it to the service/section coordinator (Refer to Coordinator contact list).

If you are currently out of state, fingerprints can be completed at the closest VA facility. Please provide the following information to the person taking your fingerprints: **SON 1565 and SOI VAA7**. **If fingerprints are done at another VA facility other than Jesse Brown VAMC, please send an email to one of the ACOS-Education staff members (Refer to Coordinator contact list)** so they are aware and can inform the suitability specialist in our Human Resources department so that they can go in the system manually to see the results. **Please provide your SSN to the ACOS-Education staff member if we do not already have your application packet.**

****Note: If you have an existing PIV card (active or no later than 30 days expired), you do not need to get re-fingerprinted. Please make sure to answer the questions regarding your PIV card on the PIV application form.**

Medical License and NPI

Medical License: **Physicians Only: You will not be able to start your rotation without a valid Illinois medical license. Please make sure to list the expiration date of your license on your application.

NPI: ** Physicians Only: You are required to apply for a National Provider's Identification number (NPI). This is a federal requirement in order to write prescriptions.

Method to Send Application Packet

Send Application Packet to ACOS-Education Via:

- Email: CHS_Trainee@va.gov (there is an underscore after CHS) **(Use Encryption to send via email)**
- Mail to: ACOS-Education Department
4th Floor Taylor Pavilion Room 4259
820 S. Damen Ave.
Chicago, Ill 60612
- You can also stop by to drop it off in person. We are located on the 4th floor of the Taylor Pavilion, Room 4259 walk in hour are from **Monday through Friday 8am – 4:00pm, please call if you're planning to come before or after hours mentioned to make sure staff are available. (Please email/call ACOS-E, contact information is listed on page 10-11, to make arrangements) Our office is closed for all federal holidays.**

Network and Access Codes:

Network and Access Code requests are completed by the Service/Section Coordinator (see contact list for Coordinators on page 10) at Jesse Brown VA. In order for the Coordinator to be able to submit access requests, the following must be complete:

- TMS course Complete (annual Requirement)
- Fingerprints must be cleared (can take up to 10 business days to clear)
- We will need the PIV application form, the information required for us to submit requests is on the form.

PIV Card (VA ID Card) Sponsorship:

PIV cards are Sponsored by the Service/Section also, in order for a sponsorship to be completed, the Network account must be created. The Coordinator will submit the request to have the network account created and let you know when to get your picture taken for the PIV card. **See page 26 for instructions on how to set up a PIV card appointment.** You must bring 2 forms of ID with you to the PIV office. You will get your picture taken and told when the earliest timeframe you can pick up your PIV card (if not the same day). **Please see page 25 for the acceptable forms of ID you can bring.**

PIV Issuing Office

PIV office is located on the 4th floor of the Ogden Pavilion, RM# 4380.

SERVICE LINE RESIDENT/FELLOW COORDINATORS

- **Acupuncture** – Dr. Ryan Ruiz, ryan.ruiz1@va.gov, Phone 312-569-6113
- **Anesthesiology** - Winona Turner, Email Winona.Turner@va.gov, Phone 312-569-6126
- **Audiology and Speech Pathology** – Dr. Beth Tanner, Email Beth.Tanner@va.gov, Phone 312-569-7529 or Lindsay Ginsberg, Email Lindsay.Ginsberg@va.gov, Phone 312-569-7525
- **Dental Service** -Dental Service -Lamelia Lucas, Email Lamelia.Lucas@va.gov, Phone 312-569-6671
- **Dialysis** – Refer to the Nursing Service contact information
- **Dietetics/Nutrition** Caroline T. Kirkpatrick, Caroline.Kirkpatrick2@va.gov, Phone 312-569-6911
- **Health Information Management** – Johnnie Harris, johnnie.harris@va.gov, Phone 312-569-7351
- **Medicine Service** -TBD, Email _____, Phone 312-569-6853 or Phone 312-569-6129. and Marina Hiraldo, Email: marina.hiraldo@va.gov, Phone 312-569-6990 (Secondary contact). Medicine Office is located in the Damen Building, Rm #7510
- **Mental Health Service** – Laynie Klawer Email Laynie.klawer@va.gov , Phone 312-569-6461.
- **Neurology Service** – **Please email all contacts listed:** Barbara Szczepaniak Email Barbara.Szczepaniak@va.gov Phone 312-569-6926/6184, Sandra Lennear-Anthony Email Sandra.Lennear-Anthony@va.gov Phone 312-569-6175 and Amit Jaitly Email Amit.Jaitly@va.gov.
- **Nursing Assistant** – Refer to the Nursing Service contact information
- **Nursing Service** – Laura Charmoli, Email Laura.Charmoli@va.gov, Phone: 312-569-6357
- **Nutrition and Food** – Debra Martinez, debra.martinez2@va.gov, Phone 312-569-7929
- **Occupational Therapy** Julie Seltzer, Email Julie.seltzer@va.gov, Phone 312-569-6391
- **Ophthalmology** – LaJenie Davis, Email lajeniece.davis@va.gov , Phone 312-569-7501 or 7652
- **Optometry** Dr. Michelle Marciniak Email Michelle.Marciniak@va.gov Phone 312-569-7539
- **Pathology & Lab Service** – Leslie Jacobs Email: Leslie.Jacobs3@va.gov, Phone: 312-569-6697
- **Pharmacy** – PGY1 RPD – Dr. Jennifer J. Lee, Email Jennifer.Lee91@va.gov, Phone 312-469-7109
- **Pharmacy** – Student Coordinator – Dr. Emily Kalusetsky, Email Emily.Kalusetsky@va.gov, Phone 312-569-7109 and Rosalie Zoleta, Email Rosalie.Zoleta@va.gov, Phone 312-569-7101
- **Phlebotomy** – Refer to the Nursing Service contact information
- **Physical Medicine & Rehab** – James Fuller, Email James.Fuller4@va.gov, Phone 312-569-6377
- **Physical Therapy Assistant**- John Porto, refer to the contact information for Physical Therapy
- **Physical Therapy**– John Porto, Email john.porto@va.gov, Phone 312-569-5825
- **Physician Assistant** – To be Assigned Soon, Email, Phone
- **Psychology** – Dr. Jamie Mathews, Jamie.Mathews@va.gov , Phone 312-569- 9206
- **Radiology Service** –Eric Thompson, Email Eric.Thompson2@va.gov, Phone 312-569-6655; or Brahamjit Raghav, Email Brahamjit.Raghav@va.gov, Phone 312-569-7829
- **Recreational Therapy** – Kathleen Michau; kathleen.michau1@va.gov; Phone 312-569-6354
- **Social Work Service** –Mary Gollings, Email Mary.Gollings@va.gov, Phone 312-569-6550
- **Surgery Service** – Harry Ayala, Email Harry.Ayala@va.gov, Phone 312-569-7870, Doris Sims 312-569-6721 (when Harry is not available)

Associate Chief of Staff for Education (ACOS-E)

ACOS-E offices are located on the 4th Floor of the Taylor Pavilion Room #4259

Please send emails for ACOS-E to CHS_Trainee@va.gov (there is an underscore after CHS). Using this email group address will send messages to all ACOS-E staff members.

- Garcia, Rochelle, Management Program Analyst, Email rochelle.garcia3@va.gov, Phone 312-568-8739

- Jamie Webster, Management Program Analyst, Email Jamie.Webster3@va.gov, Phone (312)569-6203, Rm#4259
- Mohammed Siddiqui, Management Program Analyst, Email mohammed.siddiqui2@va.gov, Phone (312)569-9319, Rm#4259
- Abdul Sarmasth, Health System Specialist, Email Abdul.Sarmasth@va.gov, Phone (312)569-6449, Rm#4259

Hours of operation for ACOS-E:

Mon through Friday 8am – 4pm, call/email to verify ACOS-E staff are available before or after timeframe listed (please email CHS_Trainee@va.gov or call ACOS-E, Phone number listed above, to make arrangements). Our office is closed for all federal holidays.

**** Please feel free to use the email group to send any issues (i.e. w/ Jesse Brown Staff, safety issues (you can also submit an incident report if necessary), or any other issue that you would like the Designated Education Officer to be aware of). This is a confidential email group and will not be shared with anyone else. Dr. Shubhada Ahya (ACOS-E) will address any issues that are brought to our attention. The email group address is CHS_Trainee@va.gov (There is an underscore after CHS).****

TMS Information:

New Trainees must complete: (See registration instructions below)

- VA Mandatory Training for Trainees (MTT) **ONLY**

Returning Trainees:

- Complete VA Refresher Training for Trainees **(this is an annual requirement)**

Trainees who have rotated through VA hospitals in the past but outside of Jesse Brown VAMC:

- Transfer accounts to Jesse Brown VA by calling or emailing the Coordinator for the service you will be rotating through (listed on page 5 of this checklist). Accounts have to be transferred to the **CHS Domain**.
- Complete VA Refresher Training for Trainees **(this is an annual requirement)**

****Issues with TMS:** Please call/email the service coordinator listed on page 10**

TMS account set up instructions

Mandatory Training for VA Health Professions Trainees (HPT)

In order to be granted access to VA resources, you must first complete all of your assigned mandatory training. Required courses are accessed via the VA Talent Management System (TMS).

To access the TMS, you must first create a TMS user profile. Once you have created a user profile, you will see the list of specific training courses and the date by which each must be completed.

In order to access the TMS, you must use one of the following browsers:

- Internet Explorer (7.0 to 11.0)
- Mozilla Firefox (3.6.x.x and above)

To ensure that the training courses operate correctly, your system must also have the following software installed and enabled:

- Flash player version 10.0.0 and above
- Adobe Reader 9.0 and above

You will be required to provide specific information about yourself as well as information related to the work you will be doing. Your VA Point of Contact should have provided you with the following information:

- The VA Location being supported.
- Your Trainee Type and Specialty/Discipline.
- The VA Point of Contact's First Name, Last Name, Email Address, and Telephone Number.

The above information is required in order to create your profile. Make sure that you have it before starting this TMS User Profile creation process.

Step-by-step instructions for creating your TMS profile and then launching and completing the required training follow.

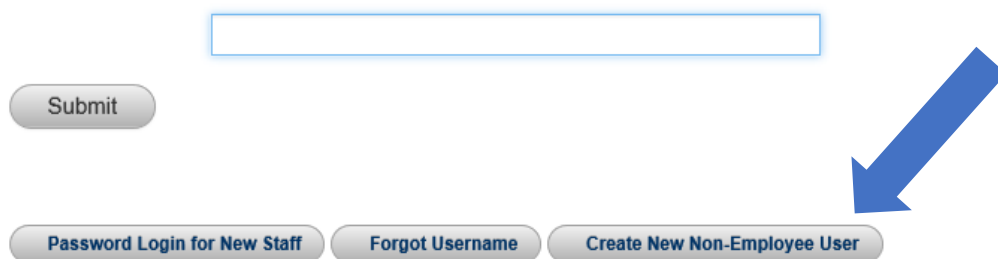
If You Need Assistance:

If you have any questions about the information to be provided or experience difficulties creating a profile or completing the mandatory training(s), contact your service/section. Each Service has a TMS administrator that can assist or direct you to the Jesse Brown VA TMS Domain Managers. You can also call the Enterprise Service Help Desk at (855) 673-4357, but for TMS issues they will usually have you follow up with staff from Jesse Brown VA for assistance.

A. Create Your TMS Profile

1. From one of the above browsers, access <https://www.tms.va.gov/SecureAuth35/>
2. Select the **CREATE NEW NON-EMPLOYEE USER** button.

Please enter your username below:



The screenshot displays the VA TMS Login interface. At the top, there is a text input field for a username, followed by a 'Submit' button. Below these, there are three buttons: 'Password Login for New Staff', 'Forgot Username', and 'Create New Non-Employee User'. A large blue arrow points from the right side of the screen towards the 'Create New Non-Employee User' button, highlighting it as the next step in the process.

Figure 1: VA TMS Login Screen with Arrow pointing to the Create New Non-Employee Button

3. The first screen requires you to select the overall VA organization that you will be supporting. Select the **VETERANS HEALTH ADMINISTRATION (VHA)** radio button.

Please answer the following question to begin the Self Enrollment process:

I will work at, or will attend an event sponsored by...

- ☐ **Veterans Health Administration (VHA)**
The VHA is the nation's largest integrated health care system, with more than 1,700 hospitals, clinics, community living centers, domiciliaries, readjustment counseling centers, and other facilities
- ☐ **Veterans Benefits Administration (VBA)**
The VBA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans, their dependents and survivors
- ☐ **National Cemetery Administration (NCA)**
The NCA provides burial benefits to veterans and eligible dependents, and operates 131 national cemeteries in the U.S. and Puerto Rico
- ☐ **Office of Information and Technology (OIT)**
The OIT acquires, delivers, and manages technology to VA and acts as a steward for most of VA's information technology assets and resources
- ☐ **VA Central Office (VACO)**
VACO is a general term covering all other Program, and Staff Offices

Next

Figure 2: VA Organization Screen

Then select the **NEXT** button.

The next screen requires you to identify your enrollee type. If you selected the incorrect organization, select the **BACK** button to return to the previous screen. This is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

- ☐ **Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)
- ☐ **Volunteer** (Those volunteering for VA without VA compensation)
- ☐ **WOC** (Those working for the VA without VA compensation)
- ☐ **Clinical Contractor** (Medical professionals working for the VA on a contractual basis)
- ☐ **Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)
- ☐ **Veterans Service Officer** (Non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)
- ☐ **DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)
- ☐ **Conference Attendee** (Those attending a VA-sponsored conference)
- ☐ **Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)

Back

Next

Figure 3: VHA Enrollee Types

4. Select the **HEALTH PROFESSIONS TRAINEE** radio button. Then select the **NEXT** button.

*****DO NOT SELECT WOC BUTTON – Selecting the WOC button will assign the wrong course to you and your application packet will not be complete and the section will not be able to place an access request for you**

- ☐ **Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)

Figure 4: Health Professions Trainee Radio Button Option

You must provide information related to MY ACCOUNT and MY JOB. All of the fields marked with an asterisk must be completed.

Note: The **Email Address** that you enter here will be used as your Username to log into the system. Please ensure that the email address you use is one which you will be able access.

Note: Fields marked with * are required

MY ACCOUNT INFORMATION

* SSN : [\(Click here to view the TMS 2.0 Privacy Act Notice.\)](#) - -

* Re-enter SSN : - -

* DOB (MM/DD/YYYY) :

* Legal First Name :

* Legal Last Name :

Middle Name(Optional) :

* Email address (should be a sustained email address as it will be :
your TMS 2.0 ID and initial username value)


* Re-enter Email Address :

Direct Dial Phone Number (No switchboards or extensions permitted. : ☐ Check here to enter an International Phone Number
Do not include hyphens i.e 1112223333)

* Mobile Number (This will be used to deliver a login passcode via : ☐ Check here to enter an International Phone Number
text message, if you choose. Do not include hyphens, i.e 1112223333)

* Time Zone ID :

MY JOB INFORMATION

* VA Location : 
(Supplied by your VA Contact; Click on the blue funnel to search)

* Trainee Type :

* Specialty/Discipline :

* VA Point of Contact First Name :

* VA Point of Contact Last Name :

* VA Point of Contact Email Address :

* Point of Contact Phone Number (Do not include hyphens i.e 1112223333) : ☐ Check here to enter an International Phone Number

Figure 5: MY ACCOUNT INFORMATION Screen

Make sure that your **Password** complies with the requirements listed on the screen and that the re-entered password is identical.

Your password must comply with all of the following:

- Length must be 12 to 20 characters
- MUST contain: ☐ Lowercase letters (a through z)
- ☐ Uppercase letters (A though Z)
- ☐ Numerals (0 through 9)
- ☐ Non-alphanumeric characters to include: ! @ # \$ % ^ & * _ + = ? , . / ' [] { }
- Cannot include more than two repeated characters in a row
- Cannot include your User Name
- Cannot include your first or last names

Make sure to read the Privacy Act Notice regarding use of SSNs.

Privacy Act Notice

Authority: The Department of Veterans Affairs (VA) is authorized to collect this information under the authority of Executive Order 9397 as amended by Executive Order 13478; Title III, Section 301, Subchapter III of Public Law 107-347 (Federal Information Security Management Act of 2002); Section 7406(c)(1) of Title 38 of the U.S. Code; and Sections 4103, 4115, and 4118 of Title 5 of the U.S. Code.

Purpose: The Department of Veterans Affairs (VA) will use this information to ensure your training records are properly documented and retained into one system, the VA Talent Management System (TMS); and, accurately credited to your TMS profile to acknowledge and provide verification training requirements are met.

Routine Uses: This information will be used by and disclosed to VA personnel and contractors who need the information to assist with activities related to the training management purposes. Additionally, this information will become a part of your permanent personnel record and is included in the respective government-wide, [OPM/GOVT-1 - General Personnel Records \(71 FR35356\)](#) and VA-specific, [76VA05 General Personnel Records -Title 38 \(65 FR 45131\)](#) electronic system of records notices (SORNs), and is subject to all published routine uses within these SORNs.

Disclosure: Furnishing this information is voluntary, including Social Security Number; however, failure to furnish the requested information may prevent you from establishing a TMS profile and delay the completion of training that would be assigned as a result of the completion of this form.

Social Security Number (SSN): Your SSN may be requested under the authority of Executive Order 9397 as amended by Executive Order 13478. The SSN is used as a unique identifier to ensure that each individual's record in the system is unique, complete and accurate and the information is properly attributed. The SSN is not used by, nor displayed in, the TMS for any other purpose.

Figure 6: TMS Privacy Act Notice

6. After completing the MY ACCOUNT INFORMATION fields, you must complete the MY JOB INFORMATION fields. As indicated earlier, you should have received this information from your VA Point of Contact. If you do not have this information, please reach out to your VA Point of Contact (see below) as you will not be able to create your TMS User Profile without it.

****Each health professions trainee will need the following *facility specific* information in order to complete the TMS self-enrollment process and fulfill the training requirement:**

- **VA Location Code:** CHS
- **VA Point of Contact First Name:** Service Coordinator's first name Page 10
- **VA Point of Contact Last Name:** Service Coordinator's last name Page 10
- **VA Point of Contact Email address:** Service Coordinator's email address Page 10
- **VA Point of Contact Phone Number:** Service Coordinator's office number Page 10
- **Printed Certificate Required?** Yes, save a copy for yourself (hard copy or electronic)

MY JOB INFORMATION

VA Location :

(Supplied by your VA Contact)

Trainee Type :

Specialty/Discipline :

VA Point of Contact First Name :

VA Point of Contact Last Name :

VA Point of Contact Email Address :

Point of Contact Phone Number (do not include hyphens i.e. 1112223333):

-

-

☐ Check here to enter an International Phone Number

Medical Sharing Type :

School/University/Program :

School/Program Start Date (MM/DD/YYYY) :

Estimated School/Program Completion Date (MM/DD/YYYY) :

Figure 7: MY JOB INFORMATION Screen

7. Once all of the required fields have been completed, select the **SUBMIT** button.

8. If there were any errors identified after selecting **SUBMIT**, you must fix those and then select **SUBMIT** again. Keep making corrections until you succeed.

9. Once any errors have been corrected, you should see the **Congratulations** screen. At this point you should make note of your TMS Username (which will be the Email Address that you entered).

TMS

Talent Management System

[VA Learning University Home](#) | [TMS Resources](#) | [Locate Your Local Administrator](#) | [Help Desk](#)

VA TMS Self Enrollment

Congratulations!

You have successfully created a profile in the VA TMS. Please make note of your Username indicated below as you will need it to log into the system.

Your TMS 2.0 Username is **test@testconfirm.com**

Note: You will need to wait for 20 minutes for your profile to become active. After that, you will be able to login using the following link: <https://www.tms.va.gov/SecureAuth35>

Figure 8: Congratulations Screen

10. After 20 minutes have passed, please return to <https://www.tms.va.gov/SecureAuth35/> and enter your Username and click Submit. You will be able to send a one-time Passcode to your Email Address.

Figure 9: TMS 2.0 Login Screen

11. Once your Passcode arrives, enter it using your keyboard, or the on-screen number pad, and click Submit.

Figure 10: Enter Passcode Screen

12. You will be asked to select and provide answers to two security questions. These will be used if you need to reset your TMS password.

Set Security Questions

In order to simplify resetting your password in the future, you must select 2 security questions and provide answers for them below. Make sure your answers are something you will remember, are at least 5 characters long, and that you type them the way you always type them as they WILL be case sensitive.

* = Required Fields

* Question 1 What street did you live on in third grade?

* Response

* Confirm Response

* Question 2 In what city or town was your first job?

* Response

* Confirm Response

Figure 11: Set Security Questions Screen

After selecting your questions and entering your answers, select the **SAVE** button.

At this point, you have now created your TMS User Profile. Now, you must complete the mandatory training assigned to you.

B. Launch and Complete Mandatory Training

Follow these steps to launch and complete all of your assigned training.

1. Your TMS home screen displays. It lists the mandatory training you must complete and the date by which completion must occur.

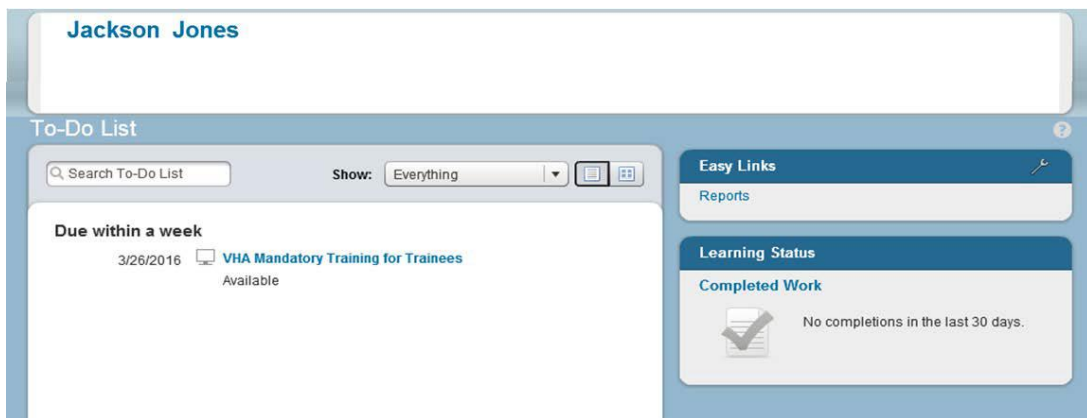


Figure 12: TMS Home Screen

As an HPT, only one course is required – ***VHA Mandatory Training for Trainees.***

Hover your mouse over the course title listed on your TMS Home screen. Brief information pertinent to this course displays.

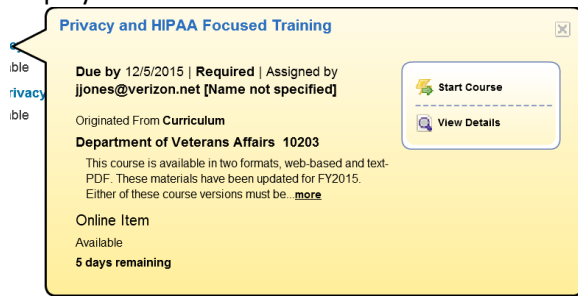


Figure 13: Course Information Pop-up on Mouse Hover

3. Select the **START COURSE** link.

The course windows launch in another browser window. You will see the Online Content Structure screen that is immediately followed by the initial screen of the selected course

Follow the instructions on each of the course screens to complete all modules of the mandatory training course.

4. Once a course has been completed, select the **HOME** link located at the top left of the screen to return to your TMS Home screen.



Figure 14: Snapshot of the Home Link

Once the mandatory training has been completed, you will see the **Learning Status Pod** display information stating that the work is completed.

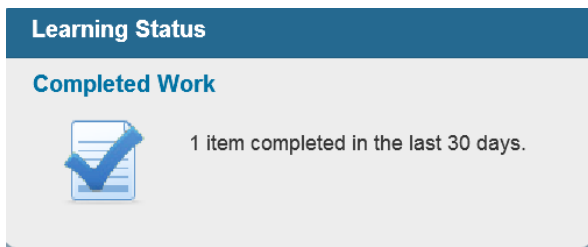


Figure 15: Learning Status Pod Example

6. While the completion of the mandatory training is recorded in the TMS, you must also print a Certificate(s) of Completion. To do this, you must select the **Learning Status Pod** to access the **Completed Work** screen.

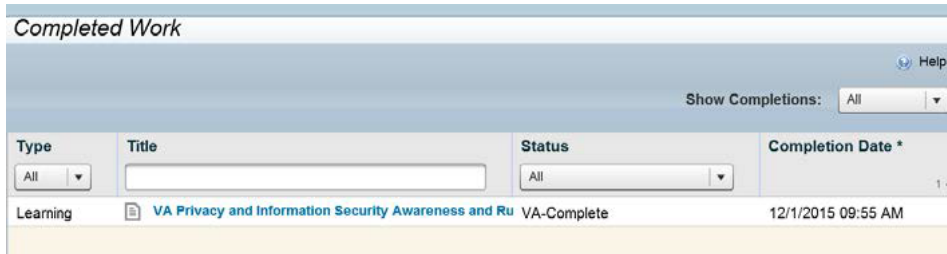


Figure 16: Completed Work Screen

The courses that you have completed and the date when they were completed display on this screen.

7. Hover the mouse over the course title for which a completion certificate is to be printed to display the Completed Course pop-up window.

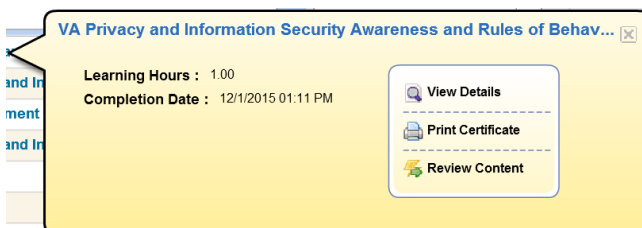


Figure 17: Completed Course Pop-Up

Select the **PRINT CERTIFICATE** link. A message indicating the information is being generated.

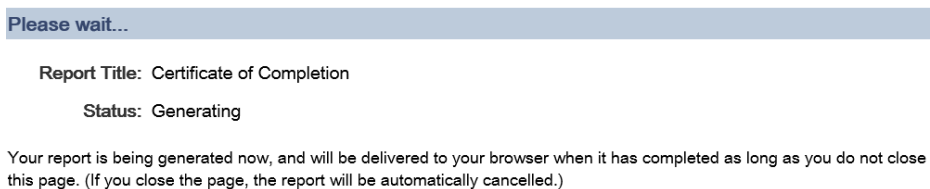


Figure 18: Generating Certificate of Completion Message Screen

Once the necessary information has been gathered, another browser window opens and displays a PDF of the Completion Certificate.

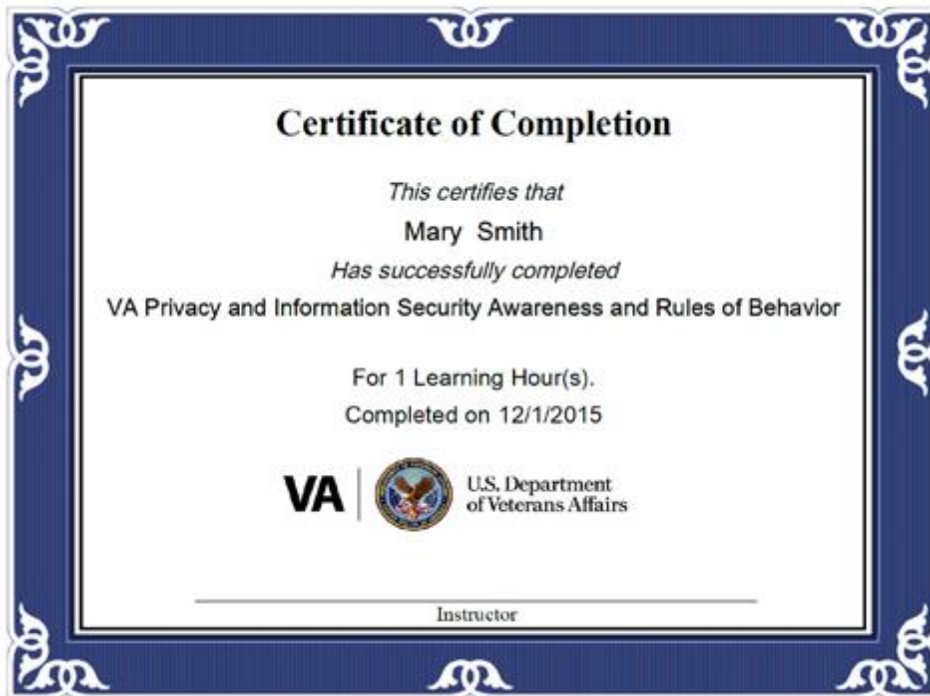


Figure 19: Certificate of Completion PDF

You may save this to your local drive and/or print the certificate to a local printer. Follow the instructions provided by your VA Point of Contact to either save it, print it, or do both.

9. Once you have printed and/or saved your certificate(s), you may log out of the TMS. Select the **SIGN OUT** link located in the upper right portion of your TMS Home screen.



Figure 20: Snapshot of the Sign Out Link

If for some reason the required training does not come up in your “To Do” section of your profile here is the course information that you can search for to have it added to your profile:

- In the “Find Learning” box type in the numbers listed below (returning Trainees only search the second option below)
- 1. Mandatory Training for Trainees (New Users Only) TMS #3185966
- 2. Mandatory Training for Trainees (Refresher) for people retaking the course TMS #3192008

Remote/Home Access, Mobile Pass, PIV Exemption Request

Once you have a network account created and you have an active PIV card (VA ID Card) you can put in a request for remote/home access.

The following are the steps for requesting remote/home access, Mobile Pass, and PIV exemption:

1. **Remote Access (Only for Physicians)** - Log into the following web address from a VA computer only:
<https://vaww.ramp.vansoc.va.gov/Pages/Dashboard.aspx>
 - a. Once you have entered the link above, click on “Self Service Portal” on the top left corner of the screen.
 - b. Then Click on the “Request Access” button
 - c. Request CAG/VPN access
 - d. Once your request is approved you will have access to the remote access website which is:
<https://CitrixAccess.va.gov> ***(this link replaced previous websites)***

Note: The remote access website expect you to use your PIV card to log on or use an OTP Token. Prior to using OTP Token you must receive a PIV exemption and configure MobilePASS. MobilePass will not work until a PIV exemption is in the system. **Go to the PIV exemption and Mobile Pass instructions below only if you will NOT be using a PIV card reader to get access.**

2. **Mobile Pass** - Next you will have to set up Mobile Pass. Mobile Pass is an application on your phone that links to your VA account that will generate a new passcode every few seconds. **Please note, you must have an active PIV card (ID card) inserted into the card reader and must be on a VA computer for these steps.** Instructions and frequently asked questions concerning Mobile Pass are below:

*** Mobile Pass instructions are saved to this document as an attachment or you can with service/section coordinator for assistance. List of coordinators are on page 10***

3. **PIV Exemption (All Trainees Can Apply if Appropriate)**– The VA has transitioned into PIV access only, meaning that you can only access VA computers with a PIV card (VA ID Card). There are currently some applications that are not compatible with the PIV card, because of this the VA has continued to authorize long term PIV exemptions (but only for people that are using the applications that are not PIV compatible, please see your VA coordinator or the Attending at the service you will rotate through to find out if this applies to you). You can currently get a 24 hour PIV exemption whenever you call the helpdesk (number

listed below), the only exception to the policy is if you are new to the VA, you can be granted a 2 week PIV exemption. **Please keep in mind, once all programs are PIV compatible, we will not be able to get long term PIV exemptions. At this time, we do not have a timeframe of when the exemptions will be stopped.**

- a. You will need to contact Enterprise Service Desk/National Service Desk (ESD/NSD) to request an exemption. Jesse Brown VA does not have control on how long the exemption will last. The length of the exemption will be determined by the application and the VHA guidelines. You will have to do the following:
 1. PIV exemption request by calling the Enterprise/National Service Desk at **855-NSD-HELP (855-673-4357) Option 1 four times at the prompt.**
 - a. **Remote access Login after PIV exemption has been approved** - When you enter your user name when using the remote access website, **you must add the prefix VHA12\ VHACHS.....**, then your password, and then the Mobile Pass code (see above for mobile pass information).

Please contact your VA service coordinators for assistance if you have any questions **(Phone numbers and emails are listed on page 10 for each service/section)**

****Additional Information****

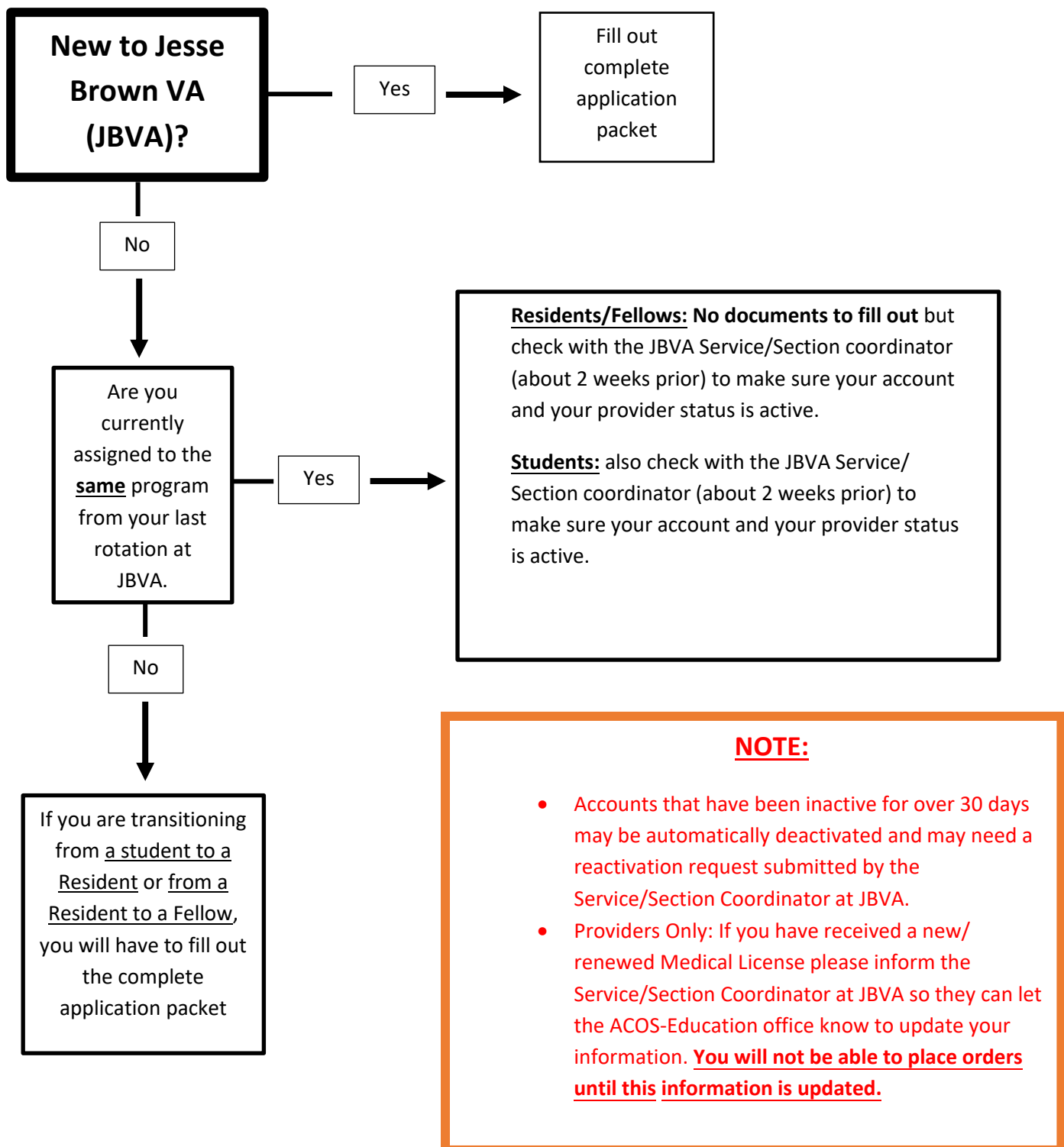
To try and minimize any delays with your rotation, please keep the following in mind when planning out your onboarding timeframes:

- As stated above in the fingerprint section, on average the fingerprints take 5-7 days to clear, it can take longer (up to 10 business days) but there is also a chance that they can clear sooner.
- When creating a new network account, new codes for the computer and programs/software, there are multiple stations involved with each individual request and each station is allotted a certain amount of days to complete their portion of the request.
- It's difficult to give an accurate time frame for how long the whole process will take because it will depend on how long your fingerprints will take to clear and each station has been granted so many days to complete their portion of the request. **We recommend using 4-6 weeks for planning purposes (from start to finish). For new accounts to be created it can take up to roughly 21 days (or sooner) after fingerprints have cleared and 3-5 days for a reactivation (fingerprints are not needed for a reactivation requests).**
- **The fingerprints are only valid for 120 days after they are taken, within the 120 days all request for access and PIV card (VA ID card) have to be completed.** If for some reason it is not complete, unfortunately you will have to get your fingerprints redone. **Because of the time sensitivity, it is important to let the coordinator here at Jesse Brown VA know when fingerprints are done so they can make sure they submit all requests in time. We unfortunately do not get an automatic alert when fingerprints are captured.**
- We cannot put in for requests for account creation/reactivation (codes for computer and software) unless at the very minimum the following is complete:
 - TMS (Mandatory Training for Trainees) course complete (**annual Requirement**)
 - Fingerprints have cleared (**(fingerprints not needed for a reactivation or modification)**)
 - Residency/Fellowship application has been turned in if you are a new Resident/Fellow. (forms VHA10-2850D and OF306, read the first section for information regarding the forms)
 - Trainee has been placed on the TQCVL roster by affiliate (**GME Program Responsibility**)

Parking

Parking is available at Jesse Brown VA, the rate for parking is \$5.75 a day. There are alternative options for parking around our facility. You can park at the Juvenile Detention Center (1100 S. Hamilton Ave) which is about 2 blocks away. Their parking is \$2.00 a day. Parking is free on weekends (all hours) and off duty hours (past 7pm weekdays) for the Jesse Brown Parking lot. Please see the AOD (Administrative Officer on Duty) when getting validated after hours.

Not sure if you have to fill out application packet? See table below:



PIV Credential Identity Verification Matrix

All identity source documents shall be bound to the applicant and shall be neither expired or cancelled. **PIV and Non-PIV credentials require two forms of identification, one primary and one secondary. The secondary identity source document may be from the primary or secondary list, but if from the primary list it cannot be of the same type as the primary identity source document example.** Flash Badges may be issued following review of a single primary or secondary identity document including applicant photograph. [FIPS 201-2](#)

| Primary Identity Source Document | Secondary Identity Source Document |
|---|--|
| <ul style="list-style-type: none"> • A U.S. Passport or U.S. Passport Card • A Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • A foreign passport • An Employment Authorization Document that contains a photograph (Form I-766) • A Driver's license or ID card issued by a State or possession of the United States provided it contains a photograph • A U.S. Military card • A U.S. Military dependent's ID card • A PIV Card | <ul style="list-style-type: none"> • A U.S. Social Security Card issued by the Social Security Administration • An original or certified copy of a birth certificate issued by a state, county, municipality authority, possession or outlying possession of the U.S. bearing an official seal • An ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph • A voter's registration card • A U.S. Coast Guard Merchant Mariner Card • A Certificate of U.S. Citizenship (Form N-560 or N-561) • A Certificate of Naturalization (Form N-550 or N-570) • A U.S. Citizen ID Card (Form I-197) • An Identification Card for Use of Resident Citizen in the United States (Form I-179) • A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350) • A Temporary Resident Card (Form I-688) • An Employment Authorization Card (Form I-688A) • A Reentry Permit (Form I-327) • A Refugee Travel Document (Form I-571) • An Employment authorization document issued by Department of Homeland Security (DHS) • An Employment Authorization Document issued by DHS with photograph (Form I-688B) • A driver's license issued by a Canadian government entity • A Native American tribal document |

Updated 3/28/16

PIV Card Appointment Instructions:

To schedule a PIV card appointment yourself, you must have a VA network account created and must schedule from a VA network/computer. In most cases your PIV card sponsor (VA Trainee Coordinator, see the service line trainee coordinator list to determine your PIV card sponsor) will have to schedule an appointment for you since you may not have access to a VA computer to schedule an appointment.

If you do not have access to a VA computer, you can schedule an appointment by emailing the PIV office at vhachspivoffice@dvagov.onmicrosoft.com (Do not schedule an appointment until your service line coordinator instructs you to).

In cases where you do have access to a VA computer to schedule, please use the below link to access the PIV Card Scheduling website:

<https://vhamiweb01.v12.med.va.gov/ResourceManager/537/JB/Bookings/?id=d7199e85-1ab5-4992-b642-8743e352f246>

A PIV card scheduling instructional guide is attached to this checklist.

If you're not sure how to schedule please contact your service line coordinator for assistance.

Resident/Fellow On-Call Meal Options

On-call Residents/Fellows can receive some meals from Nutrition and Food Service.

Monday- Friday: Breakfast 6:30a-9:30a
 Lunch 11:30a-2:30pm

Weekends/Holidays: Breakfast 6:30a-9:30a
 Lunch 11:30a-2:30pm
 Dinner 4:30p-6:30pm

Usually, meals are served in our Nutrition and Food Services Dining Room (Damen, 3560), but there is currently construction in that room. Until it is completed, meals can be picked up directly from the kitchen (Damen, 3495). We ask that the Residents enter the double doors, ring the bell or ask an employee for assistance, and sign in that they received a meal.

The below is provided daily:

Meals for On-Call Residents

Where: 5th Floor Break Room, room 5564 [code: [See Service for Code](#)]

[Access via bed tower elevators 3MR]

When: Daily at 4:00pm

Please Read Before You Start Filling Out Forms:

Note:

- ❖ We tried to reduce the redundancy in the forms by having fields automatically populate. However, not all the formatting is the same for each form. Where it differs, you will have to fill out that field again (i.e. most forms require your name to be listed as last, first, MI but not all forms do).
- ❖ The less than 6 month appointment memorandum is NOT required for physicians (Residents and Fellows), if you are required to fill it out (see checklist for details), you will have to fill in the missing data.
- ❖ ***Please make sure to verify all required fields are completed and you have PHYSICALLY signed all forms requiring a signature before submitting them.***

1. Appointment Letter:

- a. **All Trainees**– Please list start of your first rotation (if you will take call at the VA before your official start rotation date, please use the first call date) and the expected graduation/end of your Residency or Fellowship date. Make sure to also list the training institution Above the “**PLEASE ENTER NAME OF TRAINING INSTITUTION AND DATE OF EXPECTED COMPLETION**” block, there are two fillable fields, the top field to list the training institution and the bottom field to list your expected completion/ graduation date.

*****Forms follow after this page*****

***** Feel free to contact ACOS-Education for questions
concerning this application packet*****



DEPARTMENT OF VETERANS AFFAIRS
Jesse Brown VA Medical Center
820 South Damen Avenue
Chicago, IL 60612

In Reply Refer To: 537/05

Date: _____

Dear _____: **PLEASE ENTER CORRECT ROTATION DATES BELOW**

(Last, First MI.)

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as a _____

Trainee in our _____ Service for the _____ program

from _____ to _____ under authority of 38 U.S.C., 7405 (a)(1) (Student trainee) or Title 38 United States Code (U.S.C.) 7406 (Resident Physicians only). During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief of Service/Section you are assigned to.

In accepting this assignment you will receive no monetary compensation from Jesse Brown VA and you will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Administration, such as leave, retirement, etc. Resident Physicians will be paid using the a disbursement agreement with the Training Institution listed below.

If you agree to these conditions, please sign the statement below. This agreement may be terminated at any time by either party by written notice of such intent.

Sincerely,

Sandra Fischer
Human Resources Officer

**PLEASE ENTER NAME OF TRAINING
INSTITUTION AND DATE OF EXPECTED
COMPLETION (Month/Year)**

Enclosure

By signing this form I agree to serve in the above capacity under the conditions indicated

Veteran Status (check One)

1. Vietnam Veteran *
2. Other Veteran
3. Non-Veteran

Print _____

Signature _____

Date _____

Pursuant to the Privacy Act of 1974, the information about your veteran status is requested under title 38 United States Code and will be used to help identify veteran status of all VA trainees for statistical and program planning purposes. It will not be used for any other purpose. Disclosure of the information will have no adverse effect on any benefit to which you may be entitled.



Department of Veterans Affairs

APPLICATION FOR HEALTH PROFESSIONS TRAINEES

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility for appointment. Type or print in ink. If additional space is needed, please attach a separate sheet and refer to items being answered by number. Applications for clinical training programs may require additional information. All information required by the training program to which you are applying, as well as information requested on all application forms, must be included.

VA must protect the safety of our patients. Therefore, at some point in the appointment process, you will be asked questions about your physical and mental health. This includes questions as to whether you have received tuberculin testing, hepatitis B vaccinations or any other vaccinations.

| | | | |
|--|---------------------------|--|--|
| 1A. NAME (Last, First, Middle) | | 1B. OTHER NAMES USED | |
| 2. PRESENT ADDRESS (Include ZIP Code) | | 3A - PRIMARY PHONE (Include area code) | |
| | | 3B - ALTERNATE PHONE (Include area code) | |
| 4. SOCIAL SECURITY NUMBER | 5A. PRIMARY EMAIL ADDRESS | 5B. ALTERNATE EMAIL ADDRESS | 6. DATE OF BIRTH (mm/dd/yyyy) |
| 7A. VA TRAINING FACILITY (City, State) | | 7B. VA TRAINING START DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN | 7C. VA TRAINING END DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN |

II - U.S. MILITARY DUTY STATUS

| | | |
|---|--|-----------------------|
| 8A. ARE YOU NOW IN U.S. MILITARY? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO | 8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO | 8C. BRANCH OF SERVICE |
|---|--|-----------------------|

III - CITIZENSHIP

| | |
|--|----------------------------|
| 9A. CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 9B) | 9B. COUNTRY OF CITIZENSHIP |
|--|----------------------------|

NOTE: Complete items 10A, 10B, 10C, or 10D ONLY if you are NOT a U.S. citizen.

| 10A. IMMIGRANT | | 10B. EXCHANGE VISITOR | | 10C. OTHER NON-IMMIGRANT | | 10D. FORM DS2019 |
|----------------|------------|-----------------------|------------|--------------------------|---|------------------|
| "A" NUMBER | VISA TYPE | VISA NUMBER | VISA TYPE | VISA NUMBER | DO YOU HAVE A VALID DS2019? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| DATE | ISSUE DATE | EXPIRATION DATE | ISSUE DATE | EXPIRATION DATE | DATE OF LAST VALIDATION (MM/DD/YYYY) | |

IV - THIS SECTION TO BE COMPLETED BY DESIGNATED EDUCATION OFFICER (DEO) OR DESIGNEE

| | | |
|---|------------|--|
| 11A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL). | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11B. Incomplete items on the TQCVL have been addressed and resolved. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11C. Special attention has been given to the following items from the application forms. | | |
| 11D. Comments: | | |
| 11E. This applicant has been approved for appointment. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 11F. Comments: | | |
| 12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE | 12B. TITLE | 12C. DATE |

| | | | | | |
|--|--|---|--|--|--|
| LAST NAME, FIRST NAME, MIDDLE NAME | | | SOCIAL SECURITY NUMBER | | |
| V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION | | | | | |
| 13A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING THE DRUG ENFORCEMENT AGENCY (DEA), THAT YOU HAVE NOW OR HAVE HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC. | 13B. STATE ISSUING LICENSE | 13C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER | 13D. EXPIRATION DATE (MM/DD/YYYY) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S) | | | | | |
| 14A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING DEA, THAT YOU HAVE EVER HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC. | 14B. STATE ISSUING LICENSE | 14C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER | 14D. EXPIRATION DATE (MM/DD/YYYY) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 15. ENTER YOUR NATIONAL PROVIDER IDENTIFIER (NPI) | | | | | |
| The following two questions apply to both your current health profession and any prior health profession. | | | | | |
| 16. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE, CERTIFICATION, OR REGISTRATION TO PRACTICE (INCLUDING DEA CERTIFICATE) REVOKED, SUSPENDED, DENIED, RESTRICTED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED A LICENSE, CERTIFICATION, OR REGISTRATION IN LIEU OF FORMAL ACTION? <input type="checkbox"/> YES - EXPLAIN IN PART XI <input type="checkbox"/> NO | | | | | |
| 17. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED CLINICAL PRIVILEGES IN LIEU OF FORMAL ACTION? <input type="checkbox"/> YES - EXPLAIN IN PART XI <input type="checkbox"/> NO | | | | | |
| VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL (Continue in Part XI if necessary) | | | | | |
| 18A. NAME OF SCHOOL | 18B. ADDRESS (City, State, and Zip Code) | 18C. START DATE (MM/YY) | 18D. (EXPECTED) COMPLETION DATE (MM/YY) | 18E. DIPLOMA, DEGREE, OR CERTIFICATE AWARDED OR IN PROGRESS | 18F. MAJOR FIELD OF STUDY |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL | | | | | |
| 19A. ARE YOU A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO | 19B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER | | | 19C. ECFMG CERTIFICATE DATE | |
| IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING | | | | | |
| 20A. NAME OF HOSPITAL OR INSTITUTION | 20B. ADDRESS (City, State and ZIP Code) | 20C. SPECIALTY | 20D. START DATE (MM/YY) | 20E. (EXPECTED) COMPLETION DATE (MM/YY) | 20F. NUMBER OF MONTHS COMPLETED |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

VA FORM 10-2850D
NOV 2011

| | |
|------------------------------------|------------------------|
| LAST NAME, FIRST NAME, MIDDLE NAME | SOCIAL SECURITY NUMBER |
|------------------------------------|------------------------|

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- ☐ Authorize VA to make inquiries about me to current and previous employers, educational institutions, state licensing boards, professional liability insurance carriers, other professional organizations or persons, agencies, organizations, or institutions listed by me as references, and to any other sources which VA may deem appropriate or be referred by those contacted;
- ☐ Authorize release of such information and copies of related records and documents to VA officials;
- ☐ Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries;
- ☐ Authorize VA to disclose to such persons, employers, institutions, boards, or agencies identifying and other information about me to enable VA to make such inquiries; and
- ☐ Authorize VA to share any information about me with the affiliated institution or training program official.

| | |
|------------------------|------|
| SIGNATURE OF APPLICANT | DATE |
|------------------------|------|

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering data, completing, and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. Do not send applications to this address.

AUTHORITY: The information requested on this form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected to determine your qualifications and suitability for appointment to a VA clinical training program. If you are appointed by VA, the information will be used to make pay and benefit determinations and in personnel administration processes carried out in accordance with established regulations and systems of records.

ROUTINE USES: Information on the form may be released without your prior consent outside the VA to another federal, state or local agency. It may be used to check the National Practitioner Health Integrity and Protection Data Bank (HIPDB) or the List of Excluded Individuals and Entities (LEIE) maintained by Health and Human Services (HHS), Office of Inspector General (OIG), or to verify information with state licensing boards and other professional organizations or agencies to assist VA in determining your suitability for a clinical training appointment. This information may also be used periodically to verify, evaluate, and update your clinical privileges, credentials, and licensure status, to report apparent violations of law, to provide statistical data, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may be released without your prior consent to federal agencies, state licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to state licensing boards and the National Practitioner Data Bank. Information will be stored in a confidential and secure VA database for purposes of processing your application and may be verified through a computer matching program. Information from this form may also be used to survey you regarding employment opportunities in VA and to solicit you perceptions about your clinical training experiences at VA and non-VA facilities.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Completion of this form is mandatory for consideration of your application for a clinical training position in VA; failure to provide this information may make impossible the proper application of Civil Service rules and regulations and VA personnel policies and may prevent you from obtaining employment, employee benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your Social Security Number (SSN) is mandatory to obtain the employment and benefits that you are seeking. Solicitation of the SSN is authorized under provisions of Executive Order 9397 dated November 22, 1943. The SSN is used as an identifier throughout your Federal career. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records, 'Applicants for Employment' under Title 38, U.S.C.-VA (02VA135), in the 2003 Compilation of Privacy Act Issuances. The SSN will also be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is necessary because of the large number of Federal employees and applicants with identical names and birth dates whose identities can only be distinguished by the SSN.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

General Information

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

☐ YES ☐ NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

☐ YES

☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

☐ YES (If "YES", proceed to 8.)

☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

☐ YES (If "YES", provide information below) ☐ NO

If your only active duty was training in the Reserves or National Guard, answer "NO."

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

| Branch | From (MM/DD/YYYY) | To (MM/DD/YYYY) | Type of Discharge |
|--------|-------------------|-----------------|-------------------|
| | | | |
| | | | |
| | | | |

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

☐ YES

☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*

☐ YES

☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.*

☐ YES

☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*

☐ YES

☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*

☐ YES

☐ NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half-brother, and half-sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. ☐ YES ☐ NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date: _____
(MM / DD / YYYY)

17b. Appointee's Signature: _____ Date: _____
(MM / DD / YYYY)

Appointing Officer:

Enter Date of Appointment or Conversion
MM / DD / YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? _____ Date: _____
(MM / DD / YYYY)

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

DEPARTMENT OF VETERANS AFFAIRS

MEMORANDUM

DATE: _____ **FOR LESS THAN 6 MONTH APPOINTMENT ***

FROM: _____

SUBJ: W.O.C. Appointment Information

TO: Manager, Great Lakes Human Resource Management Service (05)

Name: _____

SSN: _____

DOB: _____

ADDRESS: _____

HOME TELEPHONE: _____

E-MAIL: _____

POSITION TITLE: _____

PLACE OF BIRTH: _____

Are you a U. S. Citizen: YES NO

NOTE: If born outside the U.S., must attach verification of citizenship

* This form is NOT required for Physician Resident/Fellow trainees. All other trainees that will be on a rotation at Jesse Brown for less than 180 (accumulative) days within a year, must complete the form.

**Department of
Veterans Affairs**

Memorandum

From: VHA Office of Academic Affiliations (OAA)

Subj: Random Drug Testing Notification and Acknowledgement

To: Health Professions Trainee (HPT) in a Testing Designated Positions (TDP)

1. On September 15, 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees, whether on or off duty. In accordance with the Executive Order, VA has established a Drug-Free Workplace Program to include random testing for the use of illegal drugs by employees (to include trainees) in sensitive positions.
2. This is to notify you that as an HPT in a sensitive position you may be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs.
 - a. The only VHA Training Programs exempt from Random Drug Testing per policy are:
Clinical Pastoral Education (Chaplain), Social Work, Dietetics, Occupational Therapy, Optometry, Audiology, Speech Pathology, Non-Clinical and Administrative
3. You can be assured that the quality of testing procedures is tightly controlled, that the test used to confirm use of illegal drugs is highly reliable and that the test results will be handled with maximum respect for individual confidentiality, consistent with safety and security.
4. As a trainee subject to random drug testing you should be aware of the following:
 - Counseling and rehabilitation assistance are available to all trainees through existing Employee Assistance Programs (EAP) at VA facilities (information on EAP can be obtained from your local Human Resources office).
 - You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer (MRO).
 - VA will initiate termination of VA appointment and/or dismissal from VA rotation proceedings against any trainee who is found to use illegal drugs on the basis of a verified positive drug test.
 - Termination and/or dismissal from VA rotation proceedings will be initiated against any trainee who refuses to be tested.
5. Random testing will begin no sooner than 30 days from the date you sign this acknowledgement.
6. Visit the US Office of Personnel Management (OPM) Work-Life webpage for information on Services Available for You, Guidance & Legislation as well as Substance User Disorder.
<https://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/>

I acknowledge receiving and reading the notice which states that my position may be designated for random drug testing, and that, if selected, refusal to submit to testing will result in termination and/or dismissal from the VA.

Training Program and Affiliate

Print Name and Date Signed

Signature

PIV CARD APPLICATION INFORMATION

(Print Clearly or Type Answers, unreadable entries can cause errors when requesting access for you)

FULL NAME (Last, First, Middle Initial): _____

SSN: _____

DOB: _____

Phone Number (including area code): _____ **Gender at Birth:**

Are You Here on a J1 VISA? **YES** **NO** U.S.A. Citizen **YES** **NO**

Are you also a VA Employee? _____ **VA Employee Position** _____

Employment Start Date _____ **Employment Status:** Full Time Part Time

E-Mail Address (Please use email address most commonly used) _____

Service (i.e. Internal Medicine, Pathology, General Surg, etc..) _____

Trainee Status: _____

University _____ **Coordinator's Name at University** _____

Program (i.e. Student, Residency, Fellowship) Dates From: _____ to: _____

VA Rotation Dates (If Known) From: _____ to: _____

Most recent Veteran Affairs you rotated from (either as a employee, student, or Residency/Fellowship)

Have you ever been paid directly by last VA Facility? **Yes** **No**

Date (Month and Year if known) of last rotation at a VA _____

TMS Completion Date _____

****Only Mandatory Training for Trainees (MTT)/MTT Refresher Course is required**

Medical License expiration Date (N/A if not applicable) _____

Date (month/year) and Location of Fingerprints: _____

Already Have a PIV Card? **Yes** **No**

If Yes, PIV Card Expiration Date _____

Note: Review next page for the Dual Appointment (VA Employees seeking a Trainee appointment) eligibility and process algorithm. **Contact CHS_Trainee@va.gov for questions concerning Dual Appointment.**



ALGORITHM FOR VA EMPLOYEE/TRAINEE DUAL APPOINTMENT APPROVAL PROCESS

VA Employee Request for Completion of Clinical Experiential Training, Research or
Non-research Scholarly Project Academic Requirement at a VA Facility

STEP I: Generate a Request for Dual VA Employee and Trainee Appointment

[Section I completed by VA Employee]

- ✓ Complete the request for work without compensation (WOC) trainee appointment.
- ✓ Complete a self-certification of rules for VA employee in dual WOC trainee status.

STEP II: Verify Eligibility for Dual VA Employee/WOC Trainee Appointment

[Section II completed by employee's current employment supervisor]

- ✓ Verify eligibility requirements including VA permanent employment status for a minimum of one year and a "Fully Successful or higher" proficiency rating/performance appraisal during the last rating period.

Yes

Eligibility Met

No

STOP

STEP III: Verify Educational Institution Accreditation and Affiliation Requirements

[Section III completed by VAMC ACOS/E or designee]

- ✓ Verify "nonprofit" or "for-profit" status of educational institution. NOTE: If institution is for-profit, the employee must complete the "Do I need to submit waiver?" OGC survey.
- ✓ Verify educational program accreditation requirement and an affiliation agreement status.

Yes

Eligibility Met

No

STOP

STEP IV A: Request for Clinical Experiential Training

[Section IV A completed by ACOS/E or designee]

- ✓ Assign a qualified training supervisor.
- ✓ Assign employee to a training unit other than his/her primary employment duty unit.
- ✓ Establish training hours schedule to avoid scheduling conflict between work duty hours and training hours.

OR

STEP IV B: Request for Research

*[Section IV B completed by
ACOS/R or designee]*

- ✓ Assign a qualified training supervisor.
- ✓ Ensure approval by the determination official or Institutional Review Board as applicable.

OR

STEP IV C: Request for Non-research Project

*[Section IV C completed by
ACOS/E or designee]*

- ✓ Assign a qualified training supervisor.
- ✓ Ensure approval by the determination official in accordance with the local VA medical facility approval process and practices.

Yes

Eligibility Met

No

STOP

STEP V: Trainee Supervision Requirements

*[Section V completed by assigned training
supervisor (preceptor/clinical faculty)]*

- ✓ Complete a self-certification of VA employee and WOC trainee supervision requirements.

STEP VI: VAMC Leadership Dual Employee and WOC Trainee Appointment Approval*

- ✓ DLO Approval
- ✓ ACOS/E Approval
- ✓ Chief of Service Line or Chief of Staff Approval

**Must be reviewed/approved in this order*

STEP VII: WOC Trainee Appointment

- ✓ TQCVL
- ✓ Application 10-2850D
- ✓ WOC Trainee Appointment Letter

APPOINTMENT AFFIDAVITS

WOC Student

(Position to which Appointed)

10/20/2022

(Date Appointed)

Veterans Health Administration

(Department or Agency)

Medicine

(Bureau or Division)

Jesse Brown VAMC

(Place of Employment)

I, Doe, Jane H., do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

SAMPLE FORM - Must Be Signed in Person

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this 22 day of October,

2022 at Chicago

(City)

Illinois

(State)

(SEAL)

(Signature of Officer)

Commission expires _____

(If by a Notary Public, the date of his/her Commission should be shown)

Health System Specialist

(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.