Dear Incoming Resident/Fellow:

The documents listed below must be completed before you will be allowed to rotate to any Veterans Affairs Greater Los Angeles Healthcare System (VAGLAHS) site. Please be sure that everything is filled out completely prior to returning the packet to your training program coordinator for review and transmission to GLA. Please remember that the federal government is very strict about these forms; therefore, those that are not completed correctly and accurately will be returned. The original forms must be submitted to the VA.

The required paperwork includes the following:
1. Application for Health Professions Trainee (10-2850D)
2. Declaration for Federal Employment (OF-306)
3. Fingerprint Record Prep Sheet
4. Form I-9
5. Applicant’s Statement of Selective Service Registration Status (applies only to male applicants)
6. Clinical Trainee Registration Form
7. Acknowledgment of Notice of Employee Whose Position is Designated Sensitive for Drug Testing Purposes (print, sign and date)
8. Health Care Personnel Influenza Vaccination Form (complete, sign and date)
9. Copy of two forms of matching IDs. See page 6 for acceptable forms of identification.
10. Mandatory Training for Trainees (MTT)/MTT Refresher Certificate of Completion, if available

In addition, all residents/fellows are required to complete the Mandatory Training for Trainees (MTT) course. This is a web course available for you to complete via the following site: https://www.tms.va.gov/plateau/user/login.jsp. You will need to self-enroll in the Talent Management System (TMS) and take the MTT course. Please note this training expires after one year and a refresher course will need to be completed (Mandatory Training for Trainees Refresher). If you take the module prior to the application deadline, please make sure to include a copy of the certificate of completion. Otherwise, you will submit it to your Service Coordinator of the department that you will rotate through.

All residents/fellows rotating at GLA must complete the ENTIRE process before their rotation. If you have any questions, please email either Elizabeth Acosta (Elizabeth.Acosta2@va.gov) or Emerald Marquez-Aldanese (Emerald.Marquez-Aldanese@va.gov).

Sincerely,

Arthur H. Friedlander, DMD
Associate Chief of Staff/Education
VA Greater Los Angeles Healthcare System (691/14)
GLA VA APPLICATION INSTRUCTIONS AND CHECKLIST

Below is a checklist and overview of the instructions for all the required documents and the processing for your VA rotation. Remember to answer everything to the best of your knowledge and use your full legal name. If something does not pertain to you, please enter “N/A”. Remember to print clearly and legibly as others will be working on your paperwork. If you make a mistake/cross out items, please make sure to initial it. You can use this checklist to keep track of your progress in completing the VA application.

1. **Application for Health Professions Trainee (10-2850D)**
   - Complete the entire form. Items usually left incomplete/unanswered: 15, 16, 17, section VII, section IX.
   - Make sure to include City, State, and Zip Code for all questions that ask for this information.
   - Sign and date pages 3 & 4 (wet signatures; electronic signatures are not accepted).

2. **Declaration for Federal Employment (OF 306)**
   - On item 1 (FULL NAME), provide full name (FIRST, FULL MIDDLE, LAST). If you don’t have a middle name, indicate “No Middle Name”. If you have only initials in your name, provide them and indicate “Initial only.”
   - Answer (check off) all YES/NO questions.
   - If you answered “NO” to item 7b, indicate reason on page 3, item 16.
   - If you answered “YES” to any of items 9-13, provide the details on page 3, item 16.
   - For item 3a (Place of Birth), please include city & state or country. For example, Seoul, South Korea, or Los Angeles, CA.
   - Sign and date on line 17a ONLY. Leave line 17b blank.

3. **Fingerprint Record Prep Sheet**
   - Under “FULL NAME”, provide Last, First, and Middle.
   - For “Place of Birth”, include city & state or country. For example, Seoul, South Korea, or Los Angeles, CA.
   - For “Race”, indicate the race/ethnicity you most closely associate with.
   - Do not sign the bottom of this form until you get your fingerprints completed.

4. **Form I-9**
   - Read instructions and complete Section 1. Section 2 will be completed and verified by the H/R Specialist doing the swearing in. H/R will make copies of the documents.

5. **Applicant’s Statement of Selective Service Registration Status (applies only to male applicants)**
   - Unless male trainees meet certain exemptions under the Selective Service law, they must be registered with the Selective Service System. Otherwise, they are ineligible for appointment by executive agencies of the Federal Government. Check one, sign and the date form.

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1 Even if you have a valid VA badge, if you’re new to the program you must submit all required paperwork.
☐ If you are not sure if you are registered, you can verify on the Selective Service Registration site at: https://www.sss.gov/Home/Verification. If you’ve never registered, you will need to provide a letter from the Selective Service System with your application packet and bring a copy to your fingerprinting appointment.

6. Clinical Registration Form
☐ Complete entire form.

7. Acknowledgment of Notice of Employee Whose Position is Designated Sensitive for Drug Testing Purposes
☐ Read, sign and date.

8. Health Care Personnel Influenza Vaccination Form
☐ Complete, sign, and date.

9. Mandatory Training for Trainees (MTT)
☐ All trainees are required to complete the MTT course. New trainees will need to self-enroll in the Talent Management System (TMS). See page 8 for additional instructions.
☐ This course is an annual requirement; therefore, continuing trainees must retake the Refresher course annually. The training course is available via the following web address:

https://www.tms.va.gov/

If completed prior to application deadline, include a copy with your VA Application paperwork. Otherwise, submit it to your Service Coordinator who will “validate” the training on the TMS System, as well as indicate date of training completion on the Education Tracker.

10. National Provider Identifier (NPI)
☐ All trainees must have an NPI number on file at GLA. See page 10 for the “Residents ‘Cheat Sheet’ for Applying for an NPI”.
BADGING PROCESS

I. NEW TRAINEES

Trainees are required to have a VA Badge prior to their VA rotation in 3 separate appointments as follows:

1. Fingerprinting Appointment
   - Once your VA Application packet is completed and turned in, your Program Coordinator will notify you that you’re cleared to schedule your fingerprinting appointment through the VA PIV Appointment Reservation Application via the following link: https://va-piv.com/ (see page 11 for additional instructions).
   - The fingerprinting appointment will take place at the West LA VA Campus: 11301 Wilshire Blvd, Los Angeles, CA 90073, in Building 218, Room 1. See page 7 for the campus map with the location and parking lot circled in red.
   - You must bring the following to your appointment: ONE form of ID (e.g. driver’s license), the OF-306, the fingerprint record prep sheet, and the letter from Selective Service if you have never registered.
   - Out-of-state trainees can initiate a “courtesy fingerprinting” at their local VA facility. You will need to provide the following information that pertains to VA GLA so the results will be sent to our facility: SOI: VAP4 & SON: 1625.
   - Fingerprinting is valid only 120 days; therefore, you must be badged within that timeframe or you will need to be re-fingerprinted. Please make sure that you coordinate this process closely with your Service.
   - Once you have completed your fingerprinting, email your Service PIV Sponsor so that the Sponsor can keep an eye on the fingerprinting tracker. If you’re not sure who your Service PIV Sponsor is, your Program Coordinator can provide that info.

2. Badge Picture/Swearing In Appointment
   - Once your fingerprints clear (can take up to 5 business days), your Service PIV Sponsor will request computer access for you, which can take up to 10 business days. Once your computer account has been created, the Service PIV Sponsor will notify you so that you can make a badging appointment via the PIV Appointment Reservation Application via the following link: https://va-piv.com/.
   - Fifteen minutes prior to your appointment time, go to the HR Service Representative (your Service PIV Sponsor will provide this info) to be sworn in and appointed. A copy of the signed affidavit will be provided to you afterwards, which must be presented to Security.
   - Then proceed to Security to take the photo for your badge.
   - You will need to bring TWO forms of matching IDs, which will be used to verify your biometric information.¹

² Includes continuing trainees who have never been badged before.
³ Non-US citizens need to bring a copy of their visa, passport, and/or other immigration documents. Naturalized US Citizens need to bring proof of naturalization. See page 6 for acceptable forms of ID.
3. **Badge Pick-Up** (if not issued on the same day as your badge picture appointment)
   - □ If your badge is not ready for pickup on the same day as your photo/badging appointment, Security will inform you when it will be ready.
   - □ Call 310-478-3711 extension 48778 to check if your badge is ready for pickup.
   - □ Please note that if you do not log on to a VA computer within 7 days of receiving your badge, your computer account will be disabled.
   - □ ALL trainees must obtain a VA badge as per Department of Homeland Security requirements. The affiliate badge is not acceptable for entry into the VA hospital.

II. CONTINUING TRAINEES WITH BADGES

- The badge expires after 3 years and/or the end dates of the VA rotations, which are obtained from the TQCVLs. It is the **responsibility** of the trainee to inform his/her Service PIV Sponsor 90 to 120 days before expiration so that it can be renewed.
- Prior to contacting the Service PIV Sponsor, you will need to make sure that you are up to date on your MTT Refresher course (for more information, see item 9 on page 3).
- **Due to a national error with badges expiring on the same day, trainees with badge expiration dates of August 6, 2018 should contact their Service PIV Sponsor ASAP to have their badges renewed.**

III. TRAINEES WITH BADGES FROM ANOTHER VA FACILITY

- If you have a VA badge from another VA facility, you can bring it with you to GLA.⁴
- Prior to contacting the Service PIV Sponsor, you will need to make sure that you are up to date on your MTT Refresher course (for more information, see item 9 on page 3).
- You will need to contact your Service PIV Sponsor so that the Service PIV Sponsor can request for your NT account (computer) to be transferred to GLA.

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⁴ You will still need to fill out all of the required paperwork since you will be “new” to this VA facility.
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

<table>
<thead>
<tr>
<th>Primary Identity Source Document</th>
<th>Secondary Identity Source Document</th>
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<tbody>
<tr>
<td>• A U.S. Passport or U.S. Passport Card</td>
<td>• A J.S. Social Security Card issued by the Social Security Administration</td>
</tr>
<tr>
<td>• A Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>• 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</td>
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<tr>
<td>• A foreign passport</td>
<td>• An ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph</td>
</tr>
<tr>
<td>• An Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>• A voter’s registration card</td>
</tr>
<tr>
<td>• A Driver’s license or ID card issued by a State or possession of the United States provided it contains a photograph</td>
<td>• A U.S. Coast Guard Merchant Mariner Card</td>
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<tr>
<td>• A U.S. Military card</td>
<td>• A Certificate of U.S. Citizenship (Form N-560 or N-561)</td>
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<tr>
<td>• A U.S. Military dependent’s ID card</td>
<td>• A Certificate of Naturalization (Form N-550 or N-570)</td>
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<tr>
<td>• A PIV Card</td>
<td>• A U.S. Citizen ID Card (Form I-197)</td>
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<td>• An Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
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<td>• A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)</td>
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<td>• A Temporary Resident Card (Form I-688)</td>
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<td>• An Employment Authorization Card (Form I-688A)</td>
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<td>• A Reentry Permit (Form I-327)</td>
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<td>• A Refugee Travel Document (Form I-571)</td>
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<td>• An Employment authorization document issued by Department of Homeland Security (DHS)</td>
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<td>• An Employment Authorization Document issued by DHS with photograph (Form I-688B)</td>
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<td>• A driver’s license issued by a Canadian government entity</td>
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<td>• A Native American tribal document</td>
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Updated 3/28/16
Computer Access at the Department of Veterans Affairs & Talent Management System Self-Enrollment Instructions

In order to obtain computer access at the Department of Veterans Affairs (VA) Greater Los Angeles (GLA), ALL trainees MUST complete and submit the “Authorization for Computer Access (AIS) 2008 V22” form and complete the appropriate “Mandatory Training for Trainees (NTT)” course in the Training Management System (TMS) www.tms.va.gov. Both the AIS form and a Certificate certifying the completion of the MTT in TMS must be submitted to the Program Coordinator along with the Trainee Application Packet so that an NT account for computer access can be established. The Mandatory Training for Trainees course must be taken on an annual basis (every 365 days). Computer access will not be provided to trainees that do not complete and submit both documents.

Talent Management System (TMS) Self-Enrollment Instructions for First Time & Retuning Users

https://www.tms.va.gov/plateau/user/login.jsp

1. Go to the Talent Management System Website: https://www.tms.va.gov/plateau/user/login.jsp
2. Select “Check System” link to make sure your computer will work with TMS. If you receive an error message, please contact the TMS Help Desk for assistance at (855) 673-4357.
3. Click on “Create New User” (located in red bar approximately in the middle of the page). If you are a foreign national/do not have a Social Security Number, please follow the instructions on TMS on how to have a TMS account established after you select the “Create New User” tab. If you are a continuing trainee and have forgotten your username and/or password, please contact your TMS Coordinator or the TMS Help Desk for assistance.
4. Select: HEALTH PROFESSIONS TRAINEE (Please do not select “WOC”)
5. Fill out “My Account Information” with YOUR Personal Information (Be sure you use a valid email address as this will be used to send information to you. Do not use a medical school email address).

Updated, Jan 2018
6. **Fill out My Job Information as follows:**
   a. **VA CITY:** Greater Los Angeles
   b. **VA STATE:** California
   c. **VA LOCATION CODE:** GLA
   d. **TRAINEE TYPE:** Physician Resident or Dental
   e. **SPECIALTY/DISCIPLINE:** Select your training specialty/discipline
   f. **VA POINT OF CONTACT:** Obtain this information from your specialty/discipline.
      i. **FIRST NAME:**
      ii. **LAST NAME:**
   g. **EMAIL:** Obtain this information from your specialty/discipline.
   h. **PHONE #:** Obtain this information from your specialty/discipline.

7. Once you are registered and have your TMS account established, you will be automatically routed to the appropriate MTT course. If you are a new user, you are instructed to complete the “Mandatory Training for Trainees” course. If you have previously completed the “Mandatory Training for Trainees” course, please complete the “Mandatory Training for Trainees-Refresher” course. **No other version of the training will suffice in order to receive computer access.**

8. After the completion of the appropriate MMT, please return to your learning history and printout a copy of the certificate verifying the completion of the training. **ALL trainees must submit an appropriate certificate verifying its completion.**
Residents “Cheat Sheet” for Applying for an NPI

**Who needs an NPI:** Any health care practitioner can obtain an NPI. For the VHA, it is crucial that “billable” practitioners and residents obtain NPIs. Residents and fellows need NPIs if they work shifts in an Emergency Room where they have privileges and provide billable services. Residents who write outpatient pharmacy prescriptions in their own names will need NPIs. This may include physician residents (residents in medicine, surgery, psychiatry, rehabilitation, pathology, dermatology, or other specialties/subspecialties), as well as residents in optometry, podiatry, dentistry, and pharmacy. For a list of billable providers who need an NPI, click here: http://vaww1.va.gov/cbo/npi/npiinfo/providersneedingnpis.pdf.

**What is an NPI:** An NPI is a 10-digit unique number used on electronic third-party health care claims to identify the provider of medical services.

**Benefits:** An NPI is a single unique identifier across ALL health plans, thus eliminating the current use of different numbers and numbering systems. NPIs travel with providers and will be valid for work at VHA or any other health care system.

**How to OBTAIN your NPI:**

- Access the [https://nppes.cms.hhs.gov/NPPES/Welcome.do](https://nppes.cms.hhs.gov/NPPES/Welcome.do) website
- Third paragraph reads "If you are a Health Care Provider, click on National Provider Identifier (NPI) to login or apply for an NPI" (click as directed)
- NEXT SCREEN - click "Apply Online for an NPI"
- NEXT SCREEN - scroll to the bottom, click "Begin Application Form"
- NEXT SCREEN - create an NPI User ID and Password as prompted. They must be 6-12 characters, contain letters and numbers, no special characters, and they cannot be the same. (Keep these for future updates to application information)
- Click "Next"
- Click "Type 1 – An individual who renders health care services"
- Fill in the blanks through the next several screens
- For Taxonomy Code, choose 39 Student, Health Care (390200000X), fill in the State and leave the License # BLANK
- NOTE: DO NOT report a Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) in the License Number field

Upon completion of the online application, the system issues a tracking code. Print this and keep it until the permanent NPI number has been issued. Users should receive the permanent NPI via e-mail within a few days of the online application being complete. PLEASE forward this e-mail response including NPI number to the individual at the University or VHA facility who is collecting the NPI for Residents. This is usually the facility’s NPI Maintenance Team Leader.
PIV APPOINTMENT SCHEDULING INSTRUCTIONS

I. Go to https://va-piv.com/

a. When accessing the system, the Terms and Conditions screen appears. Click on the “Accept Terms and Conditions” button to proceed.

II. Click on Create Account in the toolbar or “Click Here to Create a New PIV Card Applicant Account”.

Figure 3

In the application submission field, select "Apply for a Veterans Account - Create Account." After the information is entered, click on the "Create Account" button. From the drop-down menu (Figure 4), select your first name, last name, email address, password, and phone number. Select your organization (if any) and type of application (if applicable). Proceed with the application submission process.
Figure 5

V. Under "Zip Code", type "90073" and click "Continue" (Figure 6).

Figure 6

VI. Click on "Make Appointment" in the toolbar or the button (Figure 5).
VI. On the next screen, select “VA Greater Los Angeles Healthcare System” and click on “Continue” (Figure 7).

VII. Select the Appointment Type from the drop down “Activity” window and click “Continue” (Figure 8).

VIII. Next, click on the desired time for the appointment. Pick an appointment day and time and click “Continue”. When the next screen appears, confirm the information is correct. If all is correct, click on the “Confirm Appointment”.
# CLINICAL TRAINEE REGISTRATION FORM

Response is mandatory. This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VA’s clinical training programs. This information will be entered in the “New Person” file in Veterans Health Information Systems and Technology Architecture (VistA). This form may also be printed from the OAA website: http://www.va.gov/oaa/policies.asp

Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

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**Current Degree Level: (mark only one)**

- [ ] Certificate/Diploma
- [ ] Associate
- [ ] Baccalaureate
- [ ] Master’s
- [ ] Post-master’s fellowship
- [ ] Doctoral
- [ ] Postdoctoral (other than residents)
- [ ] Residency/Fellowship

**Program of Study: (mark only one)**

( Discipline that best describes the current program of study)

- [ ] Audiology
- [ ] Chaplaincy
- [ ] Dentistry
- [ ] Dietetics
- [ ] Health Information
- [ ] Health Services Research & Development
- [ ] Imaging (Radiologic/Ultrasound Tech, etc.)
- [ ] Laboratory
- [ ] Medical Student
- [ ] Medical Resident/Fellow
- [ ] Medical Post-residency Physician in a VA
  Special Fellowship (Ambulatory Care, National Quality Scholars, Women’s Health, etc.)
- [ ] Medical/Surgical Support (Respiratory Tech, Biomedical Tech, etc.)
- [ ] Nurse Anesthetist
- [ ] Nursing
- [ ] Optometry
- [ ] Other
- [ ] Pharmacy
- [ ] Physician Assistant
- [ ] Podiatry
- [ ] Psychology
- [ ] Rehabilitation (OT, PT, KT, etc.)
- [ ] Social Work
- [ ] Speech-Language Pathology

**What is the LAST YEAR that you anticipate being in a training program at this VA facility?**

- [ ] 2018
- [ ] 2019
- [ ] 2020
- [ ] 2021
- [ ] 2022
- [ ] 2023
- [ ] 2024
- [ ] 2025
HEALTH CARE PERSONNEL INFLUENZA VACCINATION FORM

I am a VA: □ Employee □ Volunteer □ Trainee (residents, interns and students)

□ I received the seasonal influenza vaccine this flu season. (required documentation is attached.)

□ I declare to receive seasonal influenza vaccine at this time for the following reason:
   Select the single answer that best fits your reason:
   □ I do not like needles.
   □ I have a philosophical or religious reason for not receiving the vaccine.
   □ I have an allergy to the vaccine or one of its components.
   □ I am concerned about the side effects/safety of the vaccine.
   □ I have never had the flu and don’t think I will this season.
   □ I have another reason. (Please explain):

I acknowledge that VHA policy requires health care personnel to receive the influenza vaccine every year. I understand that if I decline to receive the vaccine and/or to provide proof of vaccination by November 30 or within two weeks of beginning employment if after November 30, I must wear a face mask according to requirements and guidelines within the Directive 1192, Seasonal Influenza Prevention Program. I understand that violation of the directive may result in disciplinary action.

I have read and fully understand the information on this form and have been given the opportunity to have my questions answered.

Signature: ___________________________ Date: __________

Name (print): ___________________________ Last 4 SS# ______

Dept./Serv: ___________________________ Supervisor: ___________________________

Employees and volunteers provide this form to the facility Employee Occupational Health Office. Trainees provide this form to the Designated Education Officer.

Please send completed form to GLA Employee Health:
Email: Travella.Love@va.gov
Secure Fax: 310-268-4723
Mail: Employee Health – Mail Code 11AM
### FINGERPRINT RECORD PREP SHEET

Circle one: YOUR Employment Status below
- Applicant
- Current Employee
- Volunteer
- Contractor
- Student
- WOC
- Resident
- Fellow
- Fee Basis

- [ ] Renewal (PIV)
- [ ] Background (INV)

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**PLEASE PRINT CLEARLY**

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<th>FULL NAME</th>
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<th>SERVICE OR DEPT. (within the VA)</th>
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<th>POSITION - Title (within the VA)</th>
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<tr>
<th>PHONE NUMBER (where we can reach you)</th>
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<tr>
<th>E-MAIL ADDRESS (VA or personal)</th>
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<th>HOME ADDRESS</th>
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<th>STREET</th>
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<th>CITY</th>
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<th>STATE</th>
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<tr>
<th>ZIP CODE</th>
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Signature of Person being Fingerprinted: ____________________________

HR Staff ONLY

DATE PRINTED: __________

Please have ready 1 (one) form of current photo ID

PRINTED/COMPLETED BY: ____________________________

(HR Security Staff ONLY)
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 in sensitive positions.

2. This is to notify you that your position is sensitive as defined in Section 7(d) of the Executive order and has been designated as a testing designated position; and therefore, you will 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. Random testing will begin no sooner than 30 days from the date you receive this notice.

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 an employee subject to random drug testing you should be aware of the following:
   a. Counseling and rehabilitation assistance will continue to be available to all employees through existing Employee Assistance Programs (EAP) at VA facilities. You may contact Leona Payton-Franklin, EAP Coordinator at (213) 253-2677 x24726;
   b. You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer;
   c. VA will initiate action to discipline any employee who is found to use illegal drugs on the basis of a verified positive drug test except that VA will not initiate any disciplinary action against an employee who voluntarily identifies himself or herself as a user of illegal drugs prior to being notified of a scheduled drug test, obtains counseling or rehabilitation, and thereafter refrains from using illegal drugs;
   d. Removal action will be initiated against an employee who is found to use illegal drugs and who refuses to obtain counseling or rehabilitation through an Employee Assistance Program;
   e. You have the opportunity to voluntarily identify yourself as a user of illegal drugs willing to receive counseling or rehabilitation, in accordance with paragraph 4c of this notice, in which case disciplinary action will not be taken;
   f. An employee found to use illegal drugs will be referred to VA Employee Assistance Programs. Such referral, however, does not preclude institution of disciplinary proceedings;
g. VA will initiate action to remove from service any employee who is found to use illegal drugs a second time.

h. An employee found to use illegal drugs will not be allowed to remain on duty in a sensitive position prior to successful completion of rehabilitation through an EAP. However, as part of an EAP, the authorized VA official may, in his/her discretion, allow an employee to return to duty in a sensitive position if it is determined that this action would not pose a danger to public health or safety or national security;

i. Disciplinary action up to and including removal will be initiated against any employee who refuses to be tested;

5. The VA policy contained in VA Handbook 5383 VA Drug-Free Workplace Program (DFWP) remains unchanged even though marijuana is considered legal in some states as well as the District of Columbia. These state laws do not change the fact that marijuana is illegal under the Controlled Substances Act and drug testing of federal employees is mandated by Executive Order and Public Law. As Federal employees, we must abide by Federal regulations which state marijuana is an illegal drug. The use of marijuana by VA employees is still considered to be illegal even if an employee has a prescription.

1. You may contact Matthew Dienger, Human Resources Specialist at (310) 478-3711 x49112 for additional information regarding the VA Drug-Free Workplace Program.

2. A copy of the previously issued 60-Day General Notice required by Executive Order 12564 is attached.

Barbara Castro, Human Resources Officer

Attachment

Acknowledgment of Notice of Employee Whose Position is Designated Sensitive for Drug Testing Purposes

I acknowledge receiving and reading the notice which states that my position has been designated for random drug testing, and that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

__________________________  _____________________________
Signature of Employee  Date  Date

__________________________
Print Name
**AY 2018-2019 RESIDENT PROCESSING FLOWCHART**

**GLA ACOS/Education.** Sends VA Application Packet* to training program coordinators (March 2018).

**Program Affiliate Coordinators.** Submit completed TQCVLs, Non-citizen appointment requests, PGY 6 & above letters to ACOS/E Office (March 31, 2018).

**GLA ACOS/Education.** Sends TQCVLs & Non-citizen appt requests to GLA COS/Director for approval.

**Program Affiliate Coordinators.** Submit completed trainee application packets to ACOS/E (April 30, 2018).

**Trainee.** Goes to HR Security to take fingerprints. Brings 1 form of ID, OF-306, & Fingerprint Rec Prep Sheet to appointment. After trainee is fingerprinted, s/he emails Service PIV Sponsor to let them know.

**Trainee.** Makes FP appointment on the PIV Appointment Reservation Application.

**Program Affiliate Coordinators.** Notifies the trainee that they can schedule their fingerprinting (FP) appointment.

**GLA ACOS/E.** Once TQCVLs & non-citizen appt requests (if applicable) are approved, the Education Office will process trainee packets then:
- Update trainees in VISTA & the Education Tracker.
- Upload approved TQCVLs & trainee packets to S Drive, accessible to HR, Security & Service PIV Sponsors, and email Service PIV Sponsors that packets are available for download.
- Notifies the Affiliate Program Coordinators when trainee paperwork has been processed.

**VA Service PIV Sponsor & TMS Coordinator**

- Validates trainees in TMS and updates date of completion on the Education Tracker.
- Checks Fingerprint Tracker for clearance (3-5 days after FP is completed)
- If fingerprints are cleared, contacts Service TMS Coordinator to confirm mandatory training, and requests NT account & logical access via the Network Access Request System (NARS).

**IT.** Once NARS request is submitted, assigns VA logical access & NT account.

**VA Service PIV Sponsor.** Enters trainee into the PIV Portal & notifies trainee so trainee can make badging appointment on the PIV Appointment Reservation Application.

**Trainee.**
- 15 mins prior to badging appointment, goes to HR Service Rep*** to be sworn in.
- Goes to Security to take picture & biometric info verified w/2 Government-issued IDs (may have to return to actually pick up badge).

---


**May also be the Service PIV Sponsor.

***Service PIV Sponsor will need to get that info from HR and advise the trainee.
Declaration for Federal Employment*
(*This form may also be used to assess fitness for federal contract employment)

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPW/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.
Declaration for Federal Employment

(*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)

[ ] N/A

Select 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. Are you a male born 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 you answered "YES," list the branch, dates, and type of discharge for all active duty. If your only active duty was training in the Reserves or National Guard, answer "NO."

<table>
<thead>
<tr>
<th>Branch</th>
<th>From (MM/DD/YYYY)</th>
<th>To (MM/DD/YYYY)</th>
<th>Type of Discharge</th>
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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 18th 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 violation, 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 fined 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)

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.

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?

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 have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

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, initializing 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 ______________
(Sign in ink)

17b. Appointee's Signature: ____________________________ Date ______________
(Sign in ink)

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?

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.

MM / DD / YYYY

Optional Form 306
Revised October 2011
Previous editions obsolete and unusable

U.S. Office of Personnel Management
5 U.S.C. 1302, 3301, 3304, 3328 & 6716
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
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<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
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I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- □ 1. A citizen of the United States
- □ 2. A noncitizen national of the United States (See instructions)
- □ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- □ 4. An alien authorized to work: until (expiration date, if applicable, mm/dd/yyyy):
  Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number:

1. Alien Registration Number/USCIS Number: __________________________
   OR
2. Form I-94 Admission Number: __________________________
   OR
3. Foreign Passport Number: __________________________
   Country of Issuance: __________________________

Signature of Employee: __________________________
Today's Date (mm/dd/yyyy): __________________________

Preparer and/or Translator Certification (check one):

- □ I did not use a preparer or translator.
- □ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: __________________________
Today's Date (mm/dd/yyyy): __________________________

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<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
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<tbody>
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</table>
Section 2. Employer or Authorized Representative Review and Verification

(With each employer’s or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the “List of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>List A</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>OR</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>List B</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>AND</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>List C</td>
<td>Employment Authorization</td>
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</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): ___________________________ (See instructions for exemptions)

Signature of Employer or Authorized Representative ___________________________ Today’s Date (mm/dd/yyyy) ___________________________ Title of Employer or Authorized Representative ___________________________

Last Name of Employer or Authorized Representative ___________________________ First Name of Employer or Authorized Representative ___________________________ Employer’s Business or Organization Name ___________________________

Employer’s Business or Organization Address (Street Number and Name) ___________________________ City or Town ___________________________ State ___________________________ ZIP Code ___________________________

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (If applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (If applicable)

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative ___________________________ Today’s Date (mm/dd/yyyy) ___________________________ Name of Employer or Authorized Representative ___________________________
# Lists of Acceptable Documents

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

## List A
Documents that Establish Both Identity and Employment Authorization

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

## List B
Documents that Establish Identity

1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. School ID card with a photograph
4. Voter’s registration card
5. U.S. Military card or draft record
6. Military dependent’s ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver’s license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above:

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

## List C
Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
APPLICANT’S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

NOTE: 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. 3326) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under the Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS (Check one)

☐ I certify that I am registered with the Selective Service System.

☐ I certify that I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.

☐ I certify that I have not registered with the Selective Service System.

☐ I certify that I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 AND OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency which was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to furnish to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by the statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of Title 18, United States Code.)

LEGAL SIGNATURE OF APPLICANT (Please use ink)  DATE SIGNED (Please use ink)
APPLICATION FOR HEALTH PROFESSIONS TRAINEES

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)

7C. VA TRAINING END DATE (mm/yyyy) 6. DATE OF BIRTH (mm/dd/yyyy)

II - U.S. MILITARY DUTY STATUS

8A. ARE YOU NOW IN U.S. MILITARY? 8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD? 8C. BRANCH OF SERVICE

YES (If YES, complete 8c) NO YES (If YES, complete 8c) NO

III - CITIZENSHIP

9A. CITIZENSHIP

U.S. CITIZEN BY BIRTH NATURALIZED U.S. CITIZEN 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

DATE ISSUE DATE EXPIRATION DATE ISSUE DATE EXPIRATION DATE

DO YOU HAVE A VALID DS2019?

YES NO

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). YES NO

11B. Incomplete items on the TQCVL have been addressed and resolved. YES 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. YES NO

11F. Comments:

12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE 12B. TITLE 12C. DATE

VA FORM 10-2850D NOV 2011 PAGE 1 OF 4
### V. License, Certification, or Registration in Current Clinical Profession

<table>
<thead>
<tr>
<th>13A. List all licenses, certifications, and registrations, including DEA, that you have now or have had as a health professional, i.e., medical, nursing, pharmacy, etc.</th>
<th>13B. State issuing license</th>
<th>13C. License, certification or registration number</th>
<th>13D. Expiration date (MM/DD/YYYY)</th>
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### VI. License, Certification, or Registration in Other/Previous Clinical Profession(s)

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<tr>
<th>14A. List all licenses, certifications, and registrations, including DEA, that you have ever had as a health professional, i.e., medical, nursing, pharmacy, etc.</th>
<th>14B. State issuing license</th>
<th>14C. License, certification or registration number</th>
<th>14D. Expiration date (MM/DD/YYYY)</th>
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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?

- [ ] Yes - explain in part XI
- [ ] 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?

- [ ] Yes - explain in part XI
- [ ] No

### VII. Education and Training After High School Through Graduate / Professional School

(Continue in Part XI if necessary)

<table>
<thead>
<tr>
<th>18A. Name of School</th>
<th>18B. Address (City, State, and Zip Code)</th>
<th>18C. Start Date (MM/YY)</th>
<th>18D. Expected Completion Date (MM/YY)</th>
<th>18E. Diploma, degree, or certificate awarded or in progress</th>
<th>18F. Major field of study</th>
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</table>

### VIII. Graduates of an International Medical School

<table>
<thead>
<tr>
<th>18A. Are you a graduate of an international medical school?</th>
<th>18B. Educational Commission for Foreign Medical Graduates (ECFMG) certificate number</th>
<th>18C. ECFMG certificate date</th>
</tr>
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<tr>
<td>[ ] Yes</td>
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<td>[ ] No</td>
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</table>

### IX. Internship, Residency and Fellowship Training

<table>
<thead>
<tr>
<th>20A. Name of Hospital or Institution</th>
<th>20B. Address (City, State and Zip Code)</th>
<th>20C. Specialty</th>
<th>20D. Start Date (MM/YY)</th>
<th>20E. Expected Completion Date (MM/YY)</th>
<th>20F. Number of Months Completed</th>
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### X - ADDITIONAL QUESTIONS

<table>
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<th>ITEM NO.</th>
<th>QUESTION</th>
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<tr>
<td>21</td>
<td>As a participant in the Medicare and Medicaid programs, have you ever been convicted of or investigated for making false, fictitious, or fraudulent statements, representations, writings, or documents regarding the delivery of or payment for health care benefits, items or services that would be in violation of the criminal false claims act?</td>
</tr>
<tr>
<td>22</td>
<td>Are you now, or have you ever been, involved in administrative, professional, or judicial proceedings in which malpractice on your part was alleged? If yes, give details in Part XI, including name of action or proceedings, date filed, court or reviewing agency, and the status or outcome of the case concerning those allegations. Please also provide your explanation of what occurred. As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.</td>
</tr>
<tr>
<td>23</td>
<td>Do you need accommodations to perform the procedures and essential functions of the training position for which you have applied?</td>
</tr>
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</table>

### XI - REMARKS

(Include additional information requested in Items above. Be sure to indicate Item number on Form to which the comment refers.)

### XII - CERTIFICATION

I certify that to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith.

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

| 24A. SIGNATURE OF APPLICANT (sign in dark ink) | 24B. DATE (mm/dd/yyyy) |
**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 (HPDB) 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 your 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.