

# Read through this entire document before you begin.



## DEPARTMENT OF VETERANS AFFAIRS

### Carl T. Hayden VA Medical Center

650 E. Indian School Rd.

Phoenix, AZ 85012

Dear Program Candidate:

Welcome to the Department of Veterans Affairs. You will be assigned to this facility as a Health Profession Trainee (HPT) under authority 38 U.S.C. 7405(a)(1). During your period of affiliation with the VA, you are authorized to perform services as directed by the Chief of Surgery.

In order to begin your rotation at the Phoenix VA Medical Center, you must complete the on-boarding process steps using the instructions included within this packet. Each area of processing itemized within includes detailed steps and specifies documents that must be returned to your VA Coordinator **no less than 90 days prior to your start date**. Failing to do so **WILL** negatively impact your time here and prevent you from successfully completing your rotation. Please email your completed packet to **VHAPHOSURGERYADMIN@va.gov**. You may see emails from various Administrative staff, however, ALWAYS include the **VHAPHOSURGERYADMIN@va.gov** in your reply.

### On-boarding Process

1. Applicant Welcome Packet & Forms

This entire packet is fillable, and data can be saved. Please complete each section where information is requested.

2. PIV Card

When you are fingerprinted you should be given a receipt for the service provided.

3. Required Training & Enrollment

Enroll in or re-enable TMS account and complete required training.

### Required Documents

The following documents are required to be returned to your VA Coordinator as soon as possible.

1. Fingerprint Receipt (if applicable, page 3)

**a. \*\*You must print and take the form with you to PIV\*\***

2. TMS Mandatory Training for Trainees Certificate of Completion (see page 4-5)

3. VA CABs form (page 6)

4. JIT Request form (page 7)

5. OF-306 (page 8-10)

6. 10-2850D (page 11-14)

7. VA-0710 (page 15)

8. SF61 (page 16)

9. Self Certification (page 17)

10. Rules of Behavior (page 18-24)

11. HPT Applicant Processing Form (page 25)

12. Random Drug Testing Notification & Acknowledgment (page 26)

13. Dining Form (page 27)

14. Immunization Record (TB shot / MRI and Annual Flu Shot, or Exemption Letter)

If you have any questions or concerns about this on-boarding process or providing the required documents, please notify your VA Coordinator as soon as possible.

We look forward to your arrival and a productive rotation.

***The Phoenix VA Medical Center Staff***

## Personal Identity Verification (PIV) Card

All medical personnel including Health Profession Trainees (HPT) (e.g., interns, residents, students, fellows) needing access to VA information systems must be processed for a PIV card. Any VA PIV office or government agency with fingerprinting services can perform and submit your fingerprints but they may require additional details as indicated below.

**If you already have a valid PIV card issued by the VA, you do not need to get fingerprinted.**

**PIV Office Locator - <https://va-piv.com/>**

### Required Items:

Valid picture ID (see list, Primary Acceptable Forms of ID)

Station Identifier (if not at Phoenix VA facility)

**SOI: VAK6**

**SON: 1797**

### **Be sure to obtain your receipt from the PIV office that does your fingerprints.**

This receipt will have details of the information related to your fingerprint transaction and is required to complete your on-boarding process.

Once you have been fingerprinted, it takes a minimum of 2 business days (and up to 14 business days) for your fingerprints to complete the review process. After the review process, you can be sponsored by your VA Coordinator for the proper ID card. Your VA Coordinator will notify you when this has been done. For on-boarding processes, your fingerprints will only be valid for 120 days.

### **DO NOT GET FINGERPRINTED MORE THAN 120 DAYS BEFORE YOUR START DATE**

When reporting to the PIV Office to receive your ID card, you must have **2 valid forms of identification**. The first ID must be from the primary list provided below. The second ID can be from either the first list or from the secondary list.

## Primary Acceptable Forms of ID

- 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 identification card issued by a State or US territory provided it contains a photograph
- A U.S. Military identification card
- A U.S. Military dependent's identification card
- A PIV Card

## Secondary Acceptable Forms of ID

- A US 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, or outlying possession of the US 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 US Coast Guard Merchant Mariner Card.
- A Certificate of US Citizenship (Form N-560 or N-561).
- A Certificate of Naturalization (Form N-550 or N-570).
- A US 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 of 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 Re-entry Permit (Form I-327).
- A Refugee Travel Document (Form I-571).
- An Employment Authorization Document issued by the Department of Homeland Security (DHS).
- An Employment Authorization Document issued by the Department of Homeland Security with photograph (Form I-688B).
- A driver's license issued by a Canadian government entity.
- A Native American Tribal document.



# Personnel Security Office Fingerprint Request Form

1. First – Middle – Last Name: \_\_\_\_\_

2. SSN: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

3. Gender: \_\_\_\_\_

4. Race: \_\_\_\_\_

5. Weight: \_\_\_\_\_

6. Color of Eyes: \_\_\_\_\_

7. Color of Hair: \_\_\_\_\_

8. Height: \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_

10. Place of Birth – City – State – Country: \_\_\_\_\_ 11. US Citizen: Yes No

12. Telephone Number \_\_\_\_\_

13. Check one: Applicant (Applied with Phoenix VA) HPT (Student, WOC, etc) Volunteer

Contractor (enter Agency Name): \_\_\_\_\_

Courtesy Prints (enter SOI/SON of where prints will be transmitted): \_\_\_\_\_

14. Position & Service \_\_\_\_\_

15. Email Address: \_\_\_\_\_

16. Have you ever completed a Federal Security Background Investigation: Yes No

I certify, that to the best of my knowledge and belief, all of the information provided, is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this form 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 this information I give may be investigated.

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

### To Be Completed by Personnel Security Staff

Fingerprints Captured By: \_\_\_\_\_

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

Fingerprints Transmitted Successfully: YES NO (Circle one) New or Re-Occurring Employee

## Training Management System (TMS)

All medical personnel who will need to access VA information systems (such as medical chart) must keep their required training up to date. Required training must be renewed every year.

### **Failing to maintain required training will result in revocation of access.**

Select the scenario below that best fits your situation and follow the steps for accessing TMS.

#### **Option A - If you have ever been enrolled in the TMS system or are unsure:**

Contact the National Service Desk at (855)673-4357, press 0 to get an operator and request TMS assistance. The TMS help desk can verify if you have an account or not and if it is active. If you do have an existing TMS account, have them update your TMS Domain to **PHO** and your supervisor to your **VA Coordinator**. The help desk can also reset your password if needed.

If they indicate you don't already have an account, continue to Options B or C as appropriate.

#### **Option B - If you are a foreign national and do not have a social security number:**

Send an email to: [vatmshelp@va.gov](mailto:vatmshelp@va.gov).

In the body include this message: I am a foreign national and do not have an SSN.  
Please assist me in creating a New User account.  
<Include your name and contact information>

If Option B does not apply to you, continue to Option C.

#### **Option C - If you have never been enrolled in the TMS system:**

1. Navigate to the TMS web portal: <https://www.tms.va.gov/SecureAuth35>.
2. In the Other Login Options section, click the **Create New User** button.

### Other Login Options



3. In the self-enrollment form, select **Veterans Health Administration (VHA)**, then click **Next**.
4. On the next page, select **Health Professions Trainee**, then click **Next**.
5. In the **Account Information** page, create a password that complies with the rules provided on the page.
6. Continuing with Account Information, enter the required information (SSN, date of birth, legal name, email, etc.) indicated with a red asterisk (\*). Do not enter information for non-required fields.

**VA Location: PHO**

**VA Point of Contact Name:** VA Coordinator for current rotation

**VA Point of Contact Email:** VA Coordinator Email for current rotation

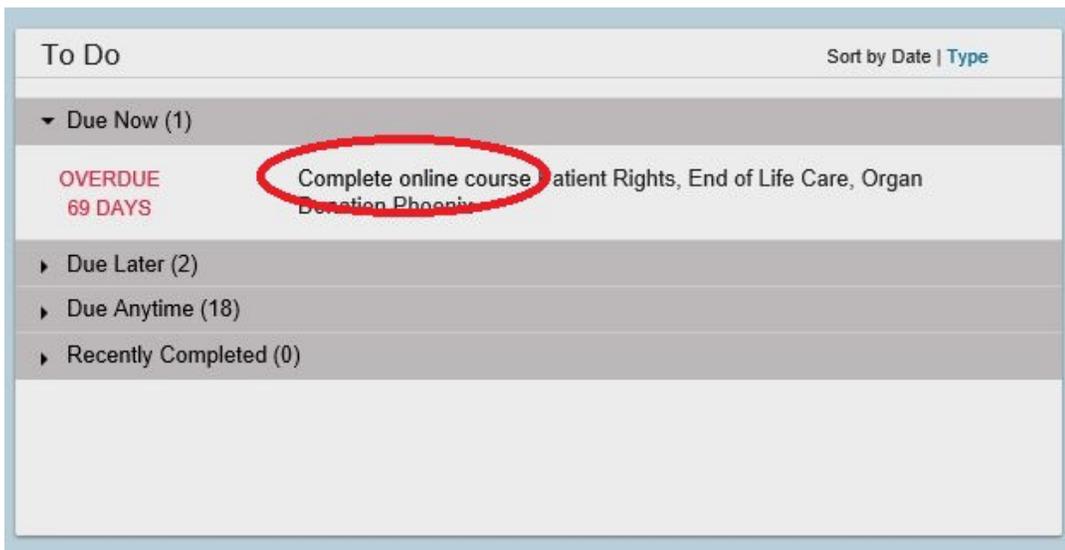
**VA Point of Contact Phone:** (602)277-5551

**DO NOT use nicknames or other aliases. All personal information provided must comply with the rules established earlier in this document.**

**DO NOT use a school email address. A personal email address is preferred.**

7. After completing all required fields, click the **Submit** button.  
If prompted to allow web content, click **Allow**. **You must wait 20 minutes for your TMS profile to be created.**

8. Return to the TMS web portal: <https://www.tms.va.gov/SecureAuth35>.
9. To the right and slightly above the **Submit** button, enter the email address you used to create your TMS account then click **Submit**.
10. On the next page, select the delivery method for receiving your one-time-use pass code then click **Submit**.
11. Once you receive your pass code, enter it on the next screen then click **Submit**. The login process will complete and bring you to the Welcome page of TMS.
12. In the To Do list, click on the "Complete online course" link for **VHA Mandatory Training for Trainees (Refresher)**.  
The link isn't very obvious. (see example image below).  
If the course is not in your To Do list, click the Browse the Catalog link to search for course number 3192008.



13. Click **Start Course**.  
Complete the training per instructions provided in the content.
14. Once you have completed the course, return to the TMS Home page where the Welcome section is displayed.
15. Click the "My Learning History" link. Your completed course history will display.
16. Mouse over the **VHA Mandatory Training for Trainees (Refresher)** link to display the option **Print Certificate**.
17. Click **Print Certificate**. A new window will open displaying the course certificate.
18. Save the certificate to your computer desktop then email it to your VA Coordinator.

# VA-CABS SUBJECT PROFILE & POSITION QUESTIONNAIRE

**Form must be filled out and returned to the Adjudications Office within 24 hours**

Date: \_\_\_\_\_ Courtesy Print: Yes \_\_\_\_\_ No \_\_\_\_\_ SON \_\_\_\_\_ SOI \_\_\_\_\_

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle Name: \_\_\_\_\_

SSN\*: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_

Alien Registration #: \_\_\_\_\_ Naturalization Cert #: \_\_\_\_\_

Citizenship Country: \_\_\_\_\_ Passport #: \_\_\_\_\_

Dual Citizen: \_\_\_\_\_ (Yes/No)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ (Please select: Asian or Pacific Islander, African American; Native America; Caucasian/Latino; or Unknown)

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Personal e-mail Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Organization\*: \_\_\_\_\_ (Use VACO, VISN #, NCA, VBA)

Employee Type\*: \_\_\_\_\_ (Use Employee, Contractor, Health Profession Trainee, Volunteer, Affiliate (Fee Basis), Affiliate (Without compensation), Veteran Service Organization, or Inter-Agency Detailee)

Job Series: \_\_\_\_\_ Position Title\*: \_\_\_\_\_  
(Employee)

Position Sensitivity\*: \_\_\_\_\_ SON: \_\_\_\_\_

Work email Address: \_\_\_\_\_

Contract Company Name: \_\_\_\_\_ (contractors only)

Supervisor's Name: \_\_\_\_\_

Duty Address: Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*PRIVACY ACT STATEMENT: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosure as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.*

As of: March 11, 2019

# **IIT REQUEST**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

PLACE OF BIRTH (Country, State, & City): \_\_\_\_\_

## **JOB INFORMATION**

1) STATUS:            Employee            Applicant            HPT/WOC            Volunteer

Other: \_\_\_\_\_  
*(If contractor, state contractor and the contracting agency)*

2) POSITION TITLE: \_\_\_\_\_

3) IF NEW EMPLOYEE/AFFILIATE (HPT, WOC, VOLUNTEER, CONTRACTOR, ETC.), ENTER START DATE BELOW. IF HPT STARTING ROTATION, ENTER DATES OF ROTATION:

\_\_\_\_\_

4) DEPARTMENT: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

CONTACT #: \_\_\_\_\_

5) ADPAC NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_ SUBMITTED BY: \_\_\_\_\_

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### **FOR HR USE ONLY**

ASSIGNED TO ADJUDICATOR: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*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 OPM/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\*

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. 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."*

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 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 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\*

Form Approved:  
OMB No. 3206-0182

(\*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.  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 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, 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 \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

### 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

**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
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**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
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**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			
<b>V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION</b>						
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)			
<b>VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S)</b>						
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)						
<b>The following two questions apply to both your current health profession and any prior health profession.</b>						
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? <span style="float: right;"><input type="checkbox"/> YES - EXPLAIN IN PART XI <input type="checkbox"/> NO</span>						
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? <span style="float: right;"><input type="checkbox"/> YES - EXPLAIN IN PART XI <input type="checkbox"/> NO</span>						
<b>VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL (Continue in Part XI if necessary)</b>						
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	
<b>VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL</b>						
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	
<b>IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING</b>						
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	



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 ( <i>Sign in ink</i> )	DATE
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**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.



**AUTHORIZATION FOR RELEASE OF INFORMATION  
PROTECTED UNDER THE FAIR CREDIT REPORTING ACT (TITLE 15, SECTION 1681)**

STATEMENT OF AUTHORIZATION AND CLARIFICATION OF PURPOSE

**I Authorize** the Department of Veterans Affairs Security Office to obtain Credit Reports from the Credit Bureau and other Consumer Reporting Agencies, Collection Agencies, and Retail Business Establishments which hold financial and credit information.

The Security Office will not take adverse action against the subject of investigation, based in whole or in part upon the results of the credit report. Should adverse action occur, the VA will provide a copy of the report and a written description of the subject's rights as described by the FTC under Section 1681g (c)(3) of Title 15. Any information from the consumer report, in violation of any applicable equal employment opportunity law or regulation, will not be used in the adjudication of the investigation.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon the request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Department of Veterans Affairs, Office of Security and Law Enforcement, only for the purposes of the adjudication and establishment of eligibility/security clearance.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for (5) years from the date signed or upon the termination of my affiliation with the Department of Veterans Affairs, whichever is sooner.

SIGNATURE OF EMPLOYEE <i>(Sign in ink)</i>	TYPE OR PRINT LEGIBLY FULL NAME	DATE SIGNED
--	---------------------------------	-------------

OTHER NAMES USED	HOME TELEPHONE NUMBER <i>(Include Area Code)</i>
------------------	--

CURRENT ADDRESS <i>(Include Street, City, State, and ZIP Code)</i>
--

# APPOINTMENT AFFIDAVITS

\_\_\_\_\_  
(Position to which Appointed)

\_\_\_\_\_  
(Date Appointed)

PHOENIX VA HCS  
(Department or Agency)

VHA  
(Bureau or Division)

Phoenix, VA  
(Place of Employment)

I, \_\_\_\_\_, 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.

\_\_\_\_\_  
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this \_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_

at PHOENIX  
(City)

ARIZONA  
(State)

(SEAL)

\_\_\_\_\_  
(Signature of Officer)

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

\_\_\_\_\_  
(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.



DEPARTMENT OF VETERANS AFFAIRS  
PHOENIX AZ VA HEALTH CARE SYSTEM

**Self Certification of Continuous Service**

I hereby certify that my break in service from my last federal employment is indicated by the block checked below.

**Federal employment** is defined as any branch of the United States military (Active, Guard, or Reserve), federal government civilian employee (any federal government agency), or a contractor working for the federal government.

**(Check One)**

- No break in service.
- My break in service was **less than 60 days.**
- My break in service was **greater than 60 days, but less than 2 years.** (You are required to submit the OF 306, Declaration for Federal Employment, with this form.)
- My break in service is **greater than 2 years.**
- I have never worked for the federal government

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Previous Federal Agency:

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

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

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

---

VA Personnel Security/HR Use Only:

\_\_\_\_\_  
Current Investigation in PIPS:

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

\_\_\_\_\_  
Risk level of current position:

\_\_\_\_\_  
Verified by:

# **Appendix A: Department of Veteran Affairs Information Security Rules of Behavior for Organizational Users**

## **1. COVERAGE**

- a. Department of Veterans Affairs (VA) Information Security Rules of Behavior (ROB) provides the specific responsibilities and expected behavior for organizational users and non-organizational users of VA systems and VA information as required by OMB Circular A-130, Appendix III, paragraph 3a(2)(a) and VA Handbook 6500, *Managing Information Security Risk: VA Information Security Program*.
- b. Organizational users are identified as VA employees, contractors, researchers, students, volunteers, and representatives of Federal, state, local or tribal agencies not representing a Veteran or claimant
- c. Non-organizational users are identified as all information system users other than VA users explicitly categorized as organizational users. These include individuals with a Veteran /claimant power of attorney. Change Management Agents at the local facility are responsible for on-boarding power of attorney/private attorneys
- d. VA Information Security ROB does not supersede any policies of VA facilities or other agency components that provide higher levels of protection to VA's information or information systems. The VA Information Security ROB provides the minimal rules with which individual users must comply. Authorized users are required to go beyond stated rules using "due diligence" and the highest ethical standards

## **2. COMPLIANCE**

- a. Non-compliance with VA ROB may be cause for disciplinary actions. Depending on the severity of the violation and management discretion, consequences may include restricting access, suspension of access privileges, reprimand, demotion and suspension from work. Theft, conversion, or unauthorized disposal or destruction of Federal property or information may result in criminal sanctions.
- b. Unauthorized accessing, uploading, downloading, changing, circumventing, or deleting of information on VA systems; unauthorized modifying VA systems, denying or granting access to VA systems; using VA resources for unauthorized use on VA systems; or otherwise misusing VA systems or resources is strictly prohibited.
- c. VA Information Security Rules of Behavior (ROB) does not create any other right or benefit, substantive or procedural, enforceable by law, by a party in litigation with the U.S.Government.

## **3. ACKNOWLEDGEMENT**

- a. VA Information Security ROB must be signed before access is provided to VA information systems or VA information. The VA ROB must be signed annually by all users of VA information systems or VA information. This signature indicates agreement to adhere to the VA ROB. Refusal to sign VA Information Security ROB will result in denied access to VA information systems or VA information. Any refusal to sign the VA Information Security ROB may have an adverse impact on employment with VA.

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*Initials*  
A-1

- b. The ROB may be signed in hard copy or electronically. If signed using the hard copy method, the user should initial and date each page and provide the information requested under Acknowledgement and Acceptance For Other Federal Government Agency users, documentation of a signed ROB will be provided to the VA requesting official.

#### **4. INFORMATION SECURITY RULES OF BEHAVIOR**

##### **Access and Use of VA Information Systems**

###### ***I Will:***

- Comply with all federal VA information security, privacy, and records management policies. SOURCE: PM-1
- Have NO expectation of privacy in any records that I create or in my activities while accessing or using VA information systems. SOURCE: AC-8
- Use only VA-approved devices, systems, software, services, and data which I am authorized to use, including complying with any software licensing or copyright restrictions. SOURCE: AC-6
- Follow established procedures for requesting access to any VA computer system and for notifying my VA supervisor or designee when the access is no longer needed. SOURCE: AC- 2
- Only use my access to VA computer systems and/or records for officially authorized and assigned duties. SOURCE: AC-6
- Log out of all information systems at the end of each workday. SOURCE: AC-11
- Log off or lock any VA computer or console before walking away. SOURCE: AC-11
- Only use other Federal government information systems as expressly authorized by the terms of those systems; personal use is prohibited. SOURCE: AC-20
- Only use VA-approved solutions for connecting non-VA-owned systems to VA's network. SOURCE: AC-20

###### ***I Will Not:***

- Attempt to probe computer systems to exploit system controls or to obtain unauthorized access to VA sensitive data. SOURCE: AC-6
- Engage in any activity that is prohibited by VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology. SOURCE: AC-8
- Have a VA network connection and a non-VA network connection (including a modem or phone line or wireless network card, etc.) physically connected to any device at the same time unless the dual connection is explicitly authorized. SOURCE: AC-17 (k)
- Host, set up, administer, or operate any type of Internet server or wireless access point on any VA network unless explicitly authorized by my Information System Owner (ISO) SOURCE: AC-18

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*Initials*  
A-2

## **Protection of Computing Resources**

### ***I Will:***

- Secure mobile devices and portable storage devices (e.g., laptops, Universal Serial Bus (USB) flash drives, smartphones, tablets, personal digital assistants (PDA)). SOURCE: AC-19

### ***I Will Not:***

- Swap or surrender VA hard drives or other storage devices to anyone other than an authorized OI&T employee. SOURCE: MP-4
- Attempt to override, circumvent, alter or disable operational, technical, or management security configuration controls unless expressly directed to do so by authorized VA staff. SOURCE: CM-3

## **Electronic Data Protection**

### ***I Will:***

- Only use virus protection software, anti-spyware, and firewall/intrusion detection software authorized by VA. SOURCE: SI-3
- Safeguard VA mobile devices and portable storage devices containing VA information, at work and remotely, using FIPS 140-2 validated encryption (or its successor) unless it is not technically possible. This includes laptops, flash drives, and other removable storage devices and storage media (e.g., Compact Discs (CD), Digital Video Discs (DVD)). SOURCE: SC-13
- Only use devices encrypted with FIPS 140-2 (or its successor) validated encryption. VA owned and approved storage devices/media must use VA's approved configuration and security control requirements. SOURCE: SC-28
- Use VA e-mail in the performance of my duties when issued a VA email account. SOURCE: SC-8
- Obtain approval prior to public dissemination of VA information via e- mail as appropriate. SOURCE: SC-8

### ***I Will Not:***

- Transmit VA sensitive information via wireless technologies unless the connection uses FIPS 140- 2 (or its successor) validated encryption. SOURCE: AC- 18
- Auto-forward e-mail messages to addresses outside the VA network. SOURCE: SC-8
- Download software from the Internet, or other public available sources, offered as free trials, shareware; or other unlicensed software to a VA- owned system. SOURCE: CM-11
- Disable or degrade software programs used by VA that install security software updates to VA computer equipment, to computer equipment used to connect to VA information systems, or used to create, store or use VA information. SOURCE: CM- 10

## **Teleworking and Remote Access**

### ***I Will:***

- Keep government furnished equipment (GFE) and VA information safe, secure, and separated from my personal property and information, regardless of work location. I will protect GFE from theft, loss, destruction, misuse, and emerging threats. SOURCE: AC-17
- Obtain approval prior to using remote access capabilities to connect non-GFE equipment to VA's network while within the VA facility. SOURCE: AC-17
- Notify my VA supervisor or designee prior to any international travel with a GFE mobile device (e.g. laptop, PDA) and upon return, including potentially issuing a specifically configured device for international travel and/or inspecting the device or reimaging the hard drive upon return. SOURCE: AC-17
- Safeguard VA sensitive information, in any format, device, system and/or software in remote locations (e.g., at home and during travel). SOURCE: AC-17
- Provide authorized OIT personnel access to inspect the remote location pursuant to an approved telework agreement that includes access to VA sensitive information. SOURCE: AC-17
- Protect information about remote access mechanisms from unauthorized use and disclosure. SOURCE: AC-17
- Exercise a higher level of awareness in protecting GFE mobile devices when traveling internationally as laws and individual rights vary by country and threats against Federal employee devices may be heightened. SOURCE: AC-19

### ***I Will Not:***

- Access non-public VA information technology resources from publicly- available IT computers, such as remotely connecting to the internal VA network from computers in a public library. SOURCE: AC-17
- Access VA's internal network from any foreign country designated as such unless approved by my VA supervisor, ISO, local CIO, and Information System Owner. SOURCE: AC-17

## **User Accountability**

### ***I Will:***

- Complete mandatory security and privacy awareness training within designated time frames, and complete any additional role-based security training required based on my role and responsibilities. SOURCE: AT-3
- Understand that authorized VA personnel may review my conduct or actions concerning VA information and information systems, and take appropriate action. SOURCE: AU-1
- Have my GFE scanned and serviced by VA authorized personnel. This may require me to return it promptly to a VA facility upon demand. SOURCE: MA-2
- Permit only those authorized by OIT to perform maintenance on IT components, including installation or removal of hardware or software. SOURCE: MA-5
- Sign specific or unique ROBs as required for access or use of specific VA systems. I may be required to comply with a non-VA entity's ROB to conduct VA business. While using their system, I must comply with their ROB. SOURCE: PL-4

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*Initials*  
A-4

## **Sensitive Information**

### ***I Will:***

- Ensure that all printed material containing VA sensitive information is physically secured when not in use (e.g., locked cabinet, locked door). SOURCE: MP-4
- Only provide access to sensitive information to those who have a need- to-know for their professional duties, including only posting sensitive information to web-based collaboration tools restricted to those who have a need-to-know and when proper safeguards are in place for sensitive information. SOURCE: UL-2
- Recognize that access to certain databases has the potential to cause great risk to VA, its customers and employees due to the number and/or sensitivity of the records being accessed. I will act accordingly to ensure the confidentiality and security of these data commensurate with this increased potential risk. SOURCE: UL-2
- Obtain approval from my supervisor to use, process, transport, transmit, download, print or store electronic VA sensitive information remotely (outside of VA owned or managed facilities (e.g. medical centers, community based outpatient clinics (CBOC), or regional offices)). SOURCE: UL-2
- Protect VA sensitive information from unauthorized disclosure, use, modification, or destruction, and will use encryption products approved and provided by VA to protect sensitive data. SOURCE: SC-13
- Transmit individually identifiable information via fax only when no other reasonable means exist, and when someone is at the machine to receive the transmission or the receiving machine is in a secure location. SOURCE: SC-8
- Encrypt email, including attachments, which contain VA sensitive information. I will not encrypt email that does not include VA sensitive information or any email excluded from the encryption requirement SOURCE: SC-8
- Protect Sensitive Personal Information (SPI) aggregated in lists, databases, or logbooks, and will include only the minimum necessary SPI to perform a legitimate business function. SOURCE: SC-28
- Ensure fax transmissions are sent to the appropriate destination. This includes double checking the fax number, confirming delivery, using a fax cover sheet with the required notification message included. SOURCE: SC-8

### ***I Will Not:***

- Disclose information relating to the diagnosis or treatment of drug abuse, alcoholism or alcohol abuse, HIV, or sickle cell anemia without appropriate legal authority. I understand unauthorized disclosure of this information may have a serious adverse effect on agency operations, agency assets, or individuals. SOURCE IP-1
- Allow VA sensitive information to reside on non-VA systems or devices unless specifically designated and authorized in advance by my VA supervisor, ISO, and Information System Owner, local CIO, or designee. SOURCE: AC-20
- Make any unauthorized disclosure of any VA sensitive information through any means of communication including, but not limited to, e-mail, instant messaging, online chat, and web bulletin boards or logs. SOURCE: SC-8

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*Initials*  
A-5

## **Identification and Authentication**

### ***I Will:***

- Use passwords that meet the VA minimum requirements. SOURCE: IA-5 (1)
- Protect my passwords; verify codes, tokens, and credentials from unauthorized use and disclosure. SOURCE: IA-5 (h)

### ***I Will Not:***

- Store my passwords or verify codes in any file on any IT system, unless that file has been encrypted using FIPS 140-2 (or its successor) validated encryption, and I am the only person who can decrypt the file. I will not hardcode credentials into scripts or programs. SOURCE: IA-5 (1) (c).

## **Incident Reporting**

### ***I Will:***

- Report suspected or identified information security incidents including anti-virus, antispymware, firewall or intrusion detection software errors, or significant alert messages (security and privacy) to my VA supervisor or designee immediately upon suspicion. SOURCE: IR-6

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*Initials*  
A-6

**5. ACKNOWLEDGEMENT AND ACCEPTANCE**

- a. I acknowledge that I have received a copy of these Rules of Behavior VA information Security Rules of Behavior
- b. I understand, accept and agree to comply with all terms and conditions of VA Information Security rules of Behavior

\_\_\_\_\_  
Print or type your full name

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

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Position Title

## Health Profession Trainee Applicant Processing Form

*The following form fields are required in order to process medical personnel into the VA medical system. Many of the fields include tool tips, which are brief explanations of the information requested. Simply mouse over the fields to see the additional instructions.*

LEGAL NAME <i>(Last, First, Middle)</i>			SUFFIX	TITLE	DATE OF BIRTH	SSN
RACE	GENDER	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	

### Contact Information

MAILING ADDRESS			PHONE	EMAIL
CITY	STATE	ZIP		

### Place of Birth

CITY	STATE	COUNTRY	US Citizen?: <input type="radio"/> Yes <input type="radio"/> No
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### Medical Program Details

NAME OF AFFILIATE HOSPITAL / SCHOOL		VA PROGRAM COORDINATOR	SECTION / DEPT (Current Rotation)		
ROTATION BEGIN DATE	ROTATION END DATE	PROGRAM COMPLETION YEAR	PGY	NPI #	CURRENT DEGREE (Students Only)

### If you have ever rotated at a VA facility, please provide those details:

NAME OF FACILITY	CITY	STATE	YEAR OF ROTATION
LEGAL NAME AT TIME OF ROTATION	Do you have a VA-issued PIV or non-PIV card? <input type="radio"/> Yes <input type="radio"/> No	PIV EXPIRATION DATE	
	Have you already attended a CPRS class? <input type="radio"/> Yes <input type="radio"/> No	IF YES, MONTH/YEAR OF CLASS:	

COMMENTS/QUESTIONS FOR VA COORDINATOR:

# Department of Veterans Affairs

# Memorandum

From: VHA Office of Academic Affiliations (OAA)

Subject: Random Drug Testing Notification and Acknowledgment

To: Health Professions Trainee (HPT) in a Testing Designated Position (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.
  - VHA Training Programs exempt from Random Drug Testing are: Clinical Pastoral Education (Chaplain), Social Work, Dietetics, Occupational Therapy, Optometry, Audiology, Speech Pathology, and Non-Clinical/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. In accordance with the VA Secretary's memorandum, "Drug Free Workplace Program -Mandatory Authorization Form for Drug Testing and Employee Assistance Program Participation for Illegal Drug Use," signed August 22, 2018 (<http://go.va.gov/hawp>), you will be required to sign VA Form 10-5345, "Request for and Authorization to Release Health Information," prior to being drug tested. This form authorizes your drug test results to be shared with VA officials, and others who have a need to know. Failure to sign the authorization form may result in disciplinary action up to and including removal.
5. 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 against any trainee who:
    - is found to use illegal drugs on the basis of a verified positive drug test, or
    - refused to be tested.
6. Random testing will begin no sooner than 30 days from the date you sign this acknowledgment.
7. Visit the US Office of Personnel Management (OPM) Work-Life web page 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

Printed Name and Date Signed

Signature

# Authorized Dining Form

PLEASE RETURN THIS FORM TO YOUR VA COORDINATOR

<b>Trainee Full Name:</b>			
<b>Section:</b>			
<b>Coordinator:</b>			
<b>Start Date:</b>		<b>End Date:</b>	

By completing this form, you acknowledge that you understand and agree to the following terms.

1. The Doctor Dining Room, D440, is for Authorized Diners only. Please do not share the key or the cypher-lock code with anyone who is not an authorized diner.
2. All authorized diners are required to show their VA medical center identification badge to the Food Service Worker to receive meals. When food is received from this facility, credentials are required.
3. Meals may be received for dining in or take out. However, authorized diners may not take food for another co-worker or authorized diner.
4. Continental breakfast is available daily from 6:30 a.m. to 9:00 a.m. in Room D440.
5. Lunch will be served cafeteria style on weekdays from 11:30 a.m. to 1:00 p.m. in Room D440.
6. Morning, evening and after-hour meals are provided in Room #1137. authorized diners are required to sign in on the sheet provided.
7. Any questions regarding dining may be directed to your coordinator or the Nutrition Program Support Assistant.

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Trainee Signature