

Read this page first and follow the instructions carefully....

PLEASE SUBMIT THE APPLICATION PACKET AND GET FINGERPRINTED AT THE VA 4-6 WEEKS BEFORE YOU ARE SCHEDULED TO START.

If you were not U.S. born, we will need a photocopy of documentation showing you are legal to be in this country as a student for this period of time (for example a Naturalization Certificate, Student Visa, or Resident Alien Card).

The application packet must include original "ink" copies of these documents :

- Fingerprint Record Prep Sheet
  - Request for Person Identity Verification Card
  - VAF 10-2850D, Application for Health Professions Trainees
  - OF 306 Declaration for Federal Employment
  - Without Compensation Letter
  - Without Compensation Checklist
- And
- Certificate of completion for VHA Mandatory Training for Trainees
  - Verification of Safety Orientation for Nursing Service Students
  - CPRS Tab by Tab Training Certificate
  - Documentation for non-US born students if applicable, as described above.

Submission of complete forms and application is the responsibility of the student and the affiliated school. All forms must be complete and not missing required information, including required signatures.

Incomplete forms will be mailed (not emailed) to the affiliated school for follow up and could cause delay in approval process for the student.

**The Fingerprint Record Prep Sheet is returned directly to HR when you come in for fingerprinting.** You may park in the Scottish Rite Parking Garage on Olive between Grand and Spring. Take the Parking Ticket in with you to HR for validation so you do not have to pay for parking. Map is enclosed, note that HR is the blue building across the street from the parking garage.

**All other documents are to be placed in a sealed envelope with your (legible) name and school name in the upper left hand corner. The envelope should be addressed**

**to: Susan Parker  
Nursing Education 118/JC**

Turn the sealed, addressed envelope in at HR and request it be placed in "Point to Point" mail. HR will not accept these documents unless they are in a sealed, addressed envelope.

Complete all

ATTACHMENT C

FINGERPRINT RECORD PREP SHEET

<b>NAME</b> *(Last, First, Middle)*	*PLEASE PRINT CLEARLY*			
<b>SS#</b>	_____			
<b>DOB</b> Year/Month/Date	____/____/____			
<b>SEX</b>	<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	
<b>RACE</b>	Native American <input type="checkbox"/>	Asian <input type="checkbox"/>	Black <input type="checkbox"/>	Caucasian/Latino <input type="checkbox"/>
<b>EYE COLOR</b>	BLACK <input type="checkbox"/>	BLUE <input type="checkbox"/>	BROWN <input type="checkbox"/>	GREEN <input type="checkbox"/>
	HAZEL <input type="checkbox"/>	GRAY <input type="checkbox"/>	MULTI-COLORED <input type="checkbox"/>	MAROON <input type="checkbox"/>
<b>HAIR COLOR</b>	<input type="checkbox"/> BLACK	<input type="checkbox"/> BROWN	<input type="checkbox"/> BLONDE	<input type="checkbox"/> GRAY/PARTIAL
	<input type="checkbox"/> WHITE	<input type="checkbox"/> RED	<input type="checkbox"/> SANDY	<input type="checkbox"/> BALD OTHER: _____
<b>HEIGHT/WEIGHT</b> (INCHES & LBS)	_____ INCHES		_____ LBS	
<b>PLACE OF BIRTH</b> (COUNTRY/STATE)	_____ STATE (Abbreviation)		_____ COUNTRY	
<b>CITIZENSHIP</b>	U.S. CITIZEN <input type="checkbox"/>	NATURALIZED U.S. CITIZEN <input type="checkbox"/>	<input type="checkbox"/> NON U.S. CITIZEN: _____ :STATUS	
<b>CHECK</b> *(IF APPLICABLE)*	WOC <input checked="" type="checkbox"/>	COURTESY PRINTS <input type="checkbox"/>	DIVISION: JB: <input type="checkbox"/> JC: <input type="checkbox"/>	
<b>SERVICE CODE</b> (NOT MILITARY)	EES <input type="checkbox"/>	CEOSH <input type="checkbox"/>	CHAP <input type="checkbox"/>	CANTEEN <input type="checkbox"/>
	FES <input type="checkbox"/>	FMS <input type="checkbox"/>	HAS <input type="checkbox"/>	GRECC <input type="checkbox"/>
	SCS <input type="checkbox"/>	OI&T <input type="checkbox"/>	P&L <input type="checkbox"/>	POLICE <input type="checkbox"/>
	SWS <input type="checkbox"/>	Nursing <input type="checkbox"/>	VOLUNTEER <input type="checkbox"/>	
<b>JOB TITLE</b>	<input type="checkbox"/> Student Nurse  <input type="checkbox"/> Student Nurse Practitioner  <input type="checkbox"/> Student Practical Nurse  <input type="checkbox"/> Student Surgical Technician			
<b>HOME ADDRESS</b>	_____			
<b>E-MAIL</b>	_____			
<b>PHONE</b>	HOME:		CELL:	
	_____		_____	

Completes all

Form Approved: OMB No. 2900-0673 Respondent Burden: 5 Minutes



Department of Veterans Affairs

**REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD**

**PRIVACY ACT STATEMENT:** VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.

**SECTION I - APPLICANT INFORMATION**

APPLICANT INFORMATION (Completed by Applicant, Print legibly, all boxes)

1. LEGAL NAME OF APPLICANT (Insert last, first, middle and suffix name)		2. School/ Program of study				
3. DATE OF BIRTH (MM/DD/YYYY)	4. SOCIAL SECURITY NO.	5. HOME PHONE NUMBER (include Area Code)				
6. HOME E-MAIL ADDRESS		7. HOME ADDRESS				
8. Clinical Location/ VA Supervisor/ School Supervisor		9. Start Date		/ End Date	/ Graduation Date	
Sex: M F	Race: AP / AI / B / H / W	Height Feet: Inches:	Weight: _____ lbs	Eye color:	Hair:	City, State or Country of birth:
Race choices:	Asian/Pacific Islander	American Indian/Alaskan Native	Black - non-Hispanic	Hispanic	White - non Hispanic	

Complete all applicable fields.

OMB Number: 2900-0205  
Estimated Burden: 30 minutes



## 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 in Veterans Health Administration. Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number. Residency, fellowship and internship announcements for clinical training programs may require additional information. All applications must include the information required by the training program to which you are applying as well as information requested on all application forms.

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

1A. NAME (Last, First, Middle)		1B. OTHER NAMES USED (For example: maiden name, nickname, etc.)	
2. PRESENT ADDRESS (Include ZIP Code)		3A. DAY TELEPHONE (include area code)	
		3B. EVENING TELEPHONE (include area code)	
4. SOCIAL SECURITY NUMBER	5. PREFERRED EMAIL ADDRESS	6. DATE OF BIRTH (mm/dd/yyyy)	7. PLACE OF BIRTH (City, State, and Country (if not U.S.A.))
8A. PROGRAM/DISCIPLINE OF STUDY		8F. CURRENT COLLEGE/UNIVERSITY/SCHOOL: INCLUDE CITY AND STATE (Do not abbreviate)	
8B. ARE YOU APPLYING FOR A VA ADVANCED FELLOWSHIP PROGRAM FOR PHYSICIAN RESIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		8C. ENTER YOUR NATIONAL PROVIDER IDENTIFIER (NPI)	
8D. START DATE OF YOUR DEGREE PROGRAM OF STUDY (mm/yyyy)		8E. EXPECTED END DATE OF YOUR DEGREE PROGRAM OF STUDY (mm/yyyy)	
		8G. TARGET DEGREE LEVEL OF YOUR CURRENT TRAINING PROGRAM <input type="checkbox"/> Certificate/Diploma <input type="checkbox"/> Master's <input type="checkbox"/> Post-doctoral (other than residents) <input type="checkbox"/> Associate <input type="checkbox"/> Post-master's fellowship <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Doctoral <input type="checkbox"/> Residency/Fellowship	
9A. VA TRAINING FACILITY (City, State)		10. CHECK APPROPRIATE BOXES IF YOU ARE ENROLLED IN A COLLEGE/UNIVERSITY THAT IS CLASSIFIED AS: <input type="checkbox"/> Tribal College or University (TCU) <input type="checkbox"/> Historical Black College and University (HBCU) <input type="checkbox"/> Hispanic Serving Institution (HSI)	
9B. VA TRAINING START DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN	9C. VA TRAINING END DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN		

### II - FOR APPLICANTS CURRENTLY ON ACTIVE DUTY IN U.S. MILITARY DUTY

11A. ARE YOU NOW IN U.S. MILITARY? <input type="checkbox"/> YES (If YES, complete 11b, 11c) <input type="checkbox"/> NO	11B. SERIAL OR SERVICE NO.	11C. BRANCH OF SERVICE
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### III - CITIZENSHIP

12A. 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 12B) <b>NOTE: Complete items 13A, 13B, 13C, or 13D ONLY if you are not a U.S. citizen.</b>	12B. COUNTRY OF CITIZENSHIP
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13A. IMMIGRANT	13B. EXCHANGE VISITOR		13C. OTHER NON-IMMIGRANT		13D. 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

14A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14B. Incomplete items on the TQCVL have been addressed and resolved.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14C. Special attention has been given to the following items from the application forms.		
14D. Comments:		
14E. This applicant has been approved for appointment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
14F. Comments:		
15A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE	15B. TITLE	15C. DATE





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 the VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom the VA may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to VA officials;
- Release from liability all those who provide information to the VA in good faith and without malice in response to such inquiries; and
- Authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable the VA to make such inquiries.
- Authorize VA to share any information about me with the affiliated institution and /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 per response, including the time for reviewing instructions, searching existing data sources, gathering data and 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 the attached application 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 primarily to determine your qualifications and suitability for appointment to a residency, advanced fellowship, fellowship, internship or other type of clinical training appointment. If you are appointed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

**ROUTINE USES:** Information on the form or the form itself 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 Exclusions is maintained by Health and Human Services (HHS) Office of Inspector General (OIG) on the List of Excluded Individuals and Entities (LEIE), to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for a clinical training appointment. This information may also be used to periodically verify, evaluate and update your clinical privileges, credentials and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, 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. The information you supply 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 at any time. The information from this form may also be used to survey you regarding employment opportunities in VA and solicit you perceptions regarding your clinical training experience at VA and non-VA facilities.

**EFFECTS OF NON-DISCLOSURE:** See statement below concerning disclosure of your social security number. Your obligation to respond is mandatory and 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 employment, employees benefits, or other entitlements.

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

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. 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 your 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 made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

*Complete over*

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## GENERAL INFORMATION

1. FULL NAME (First, middle, last)

2. SOCIAL SECURITY NUMBER

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

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" skip 7b and 7c. If "YES" go to 7b.
- 7b. Have you registered with the Selective Service System?  YES  NO If "NO" go 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 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 10 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 10 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 now 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

*READ*

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

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

## Continuation Space / Agency Optional Questions

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 corrections on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and corrections. 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)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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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  
Medical Center  
#1 Jefferson Barracks Drive  
St. Louis, MO 63125-4199

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

In Reply Refer to: 657/SCSL

your  
into

Applicant Name:  
Applicant Address:  
Applicant City,  
State, Zip:

Dear Applicant,

get  
dates  
from  
your  
school

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

- Student Nurse
- Student Nurse Practitioner
- Student Practical Nurse
- Student Surgical Technician

with start date \_\_\_\_\_ (mm/dd/yyyy) and end date \_\_\_\_\_ (mm/dd/yyyy)

During your period of affiliation with our facility, you are authorized to perform services as directed by the Nursing Service Line.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Veterans Affairs, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

- Quarters
- Subsistence
- Uniforms
- Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelope. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

MARIE E. LEWIS  
Human Resources Manager  
Enclosure

SUSAN PARKER, RN-BC, MSN  
RN Residency Coordinator

I agree to serve in the above capacity under the conditions indicated.

A

Circle Applicant Veteran Status

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

\* For this purpose, a Vietnam Veteran is one with service between August 5, 1964, and May 7, 1975

Signature  
Date

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

# CHECKLIST FOR WOC APPOINTMENTS

Complete all items inserting N/A if not applicable.

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last, First, MI

DOB: \_\_\_\_\_ VETERAN STATUS:  VIETNAM  
 OTHER ( )  
 NON-VETERAN

CITIZENSHIP:  U. S.  Other - Specify: \_\_\_\_\_  
(If not a U.S. citizen, attach documentation to verify efforts to recruit qualified citizen and show Visa status.)

POSITION TO WHICH CANDIDATE WILL BE APPOINTED:  Student Nurse  
 Student Nurse Practitioner  
 Student Practical Nurse  
 Student Surgical Technician

BRIEF DESCRIPTION OF DUTIES:: Clinical Experience  
\_\_\_\_\_

RENEWAL?  Yes  No (If yes, DO NOT complete beyond this point.)

## APPLICATION FORM ATTACHED:

- OF 612, Optional Application for Federal Employment
- VA Form 10-2850, Application for Physicians, Dentists, Podiatrists and Optometrists
- VA Form 10-2850a, Application for Nurses and Nurse Anesthetists
- VA Form 10-2850c, Application for Associated Health Occupations
- OTHER (Identify)

CREDENTIALING COMPLETED?  Yes  No

CLINICAL PRIVILEGES?  Yes  No

IF CANDIDATE IS A STUDENT, HAS HE/SHE BEEN INFORMED OF ELIGIBILITY FOR DIRECT-HIRE APPOINTMENT WITH THE VA WITHIN ONE YEAR OF GRADUATION?  
 Yes  No

IS THE STUDENT ATTENDING AN AFFILIATED UNIVERSITY?  
 Yes If so, check one  SLU  WU  Other

## TO BE COMPLETED BY HUMAN RESOURCES MANAGEMENT SERVICE

DRUG TEST SCHEDULED?  Yes  Not Required

PHYSICAL SCHEDULED?  Yes  Not Required

ALL NECESSARY APPROVAL OBTAINED?  Yes  No

MEETS TECHNICAL REQUIREMENTS - reviewed by:

\_\_\_\_\_  
Human Resources Specialist

\_\_\_\_\_  
Date

Dear Health Professions Trainee,

In order for you to engage in your work at VA, you are required to complete a mandatory training program titled *VA Privacy and Information Security Awareness Training and Rules of Behavior*. This training is offered through the VA Talent Management System (TMS), a system that offers web-based training to VA employees and its partners.

You must self-enroll and create a user profile on the VA TMS by visiting <https://www.tms.va.gov/plateau/user/login.jsp>. Once there, please follow the steps below to create a profile, launch the mandatory training, and complete the content prior to reporting at VA.

Upon completion please provide a copy of your printed certificate of completion from the TMS. This certificate displays the employee's TMS User ID.

Managed Self-Enrollment (MSE) enhances VA's training and reporting compliance, and is another step toward establishing VA as a 21st century organization built on providing the best care and service possible for our Veterans!

Sincerely,

## 1.1 Step-by-Step Instructions for TMS Managed Self Enrollment: Create New User

1. From a computer, launch a web browser and navigate to <https://www.tms.va.gov/plateau/user/login.jsp>
2. Click the **Create New User** link in the menu bar below the "TMS" logo and login fields
3. Select the radio button for "Health Professions Trainee"
4. Click the [**Next**] button
5. Enter appropriate information in each required field, and also in any non-required field if you have the information
  - a. My Account Information:
    - i. Create **Password** (Follow the guidelines presented on screen)
    - ii. Re-enter **Password**
    - iii. **Security Question**
    - iv. **Security Answer**
    - v. Re-enter **Security Answer**
    - vi. **Social Security Number** (Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.)
    - vii. Re-enter **Social Security Number**
    - viii. **Date of Birth**
    - ix. **Legal First Name (No nicknames. Use full, legal first name)**
    - x. **Legal Last Name**
    - xi. **eMail Address** (Enter your business email address. If you have a VA email address assigned to you, it is preferred. **The eMail Address will be used as your UserID**)
    - xii. Re-enter **eMail Address**
    - xiii. **Phone Number** – Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)
  - b. My Job Information
    - i. **VA City** – Enter "St. Louis"
    - ii. **VA State** – Select from the list
    - iii. **VA Location Code** – Select from the list – Select the exact phrase "STL( St. Louis VA Medical Center)"
    - iv. **Trainee Type** – Select from the drop down list "All Other Health Professions"
    - v. **Specialty/Discipline** – Select from the drop down list. The list of selections is dependent upon which of the three Trainee Types you selected. Choose the program description which applies to you:
      - "NURSE PRACTITIONER (MASTERS/POSTMASTERS)" or
      - "NURSE, OTHER THAN NURSE PRAC (MASTERS/POST MASTERS)" or
      - "NURSE (ASSOC/DIPL/BACC)" or
      - "PRACTICAL/VOCATIONAL NURSING (CERT/ASSOC)" or
      - "SURGICAL TECHNOLOGIST (CERT/DIPLOMA/ASSOC)".

- vi. **VA Point of Contact First Name** – Enter “Susan”
- vii. **VA Point of Contact Last Name** – Enter “Parker”
- viii. **VA Point of Contact eMail Address** – Enter “Susan.Parker2@va.gov”
- ix. **VA Point of Contact Phone Number** – Enter “3146524100”

Once you have entered all of the necessary data, click on the “**Submit**” button. Your profile will be immediately created. Copy and save the **UserID** displayed to you on the confirmation page, as you will need this for future logons to the VA TMS. Once done, click on the “**Continue**” button and wait until your “**To-Do List**” populates with the title(s) of the mandatory training content.

## 1.2 Launching and Completing the Content

1. Mouse over the title of the available Item in the **To-Do List**
2. Click the [**Go to Content**] button in the pop-up window that appears.
3. Complete the content following the on-screen instructions.
4. When you have completed the Rules of Behavior, print that out and save it.
5. Exit the course and a completion should be recorded for your effort.
6. Click on the “Completed Work” pod on the lower right hand side of your internet browser window.
7. Move your mouse over the title of the course you just completed and choose to “Print Completion Certificate”.
8. Print off your completion certificate and save it with your signed Rules of Behavior.
9. When you report to VA, bring both the signed Rules of Behavior and the Certificate of Completion for your mandatory training for verification by VA personnel.

## 1.3 Trouble-shooting and Assistance

The Check System link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one is not in compliance with the requirements, a red “x” will appear next to the Check System link. Should this be the case with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS.

TMS Requires:

- Supported browsers:
  - Internet Explorer (Supported version is between 6.0 and 8.0.)
  - Mozilla Firefox (Supported version is 3.6.x.x and above.)
  - Safari on Mac (Supported version is 5.0 and above.)

[insert document title here]

- Java
  - Supported version is between 1.5 and 1.6.x.x.
- Flash player
  - Supported version is 9.0 and above.
- Adobe Reader
  - Supported version is 8.2 and above.

If your computer does not meet the 4 requirements above, then TMS will not work.

If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1.888.501.4917 or via email at [VAMSEHelp@gpworldwide.com](mailto:VAMSEHelp@gpworldwide.com).



## Safety Orientation for Nursing Service Students

Welcome to the VASTLHCS. We hope your experience here will be challenging as well as personally rewarding. The following information is being provided as a basic orientation to the STLVAMC and will be helpful to you in completing your daily assignments.

### Mission

The mission of the VA is to fulfill President Lincoln's promise "**to care for him who shall have borne the battle, and for his widow, and his orphan.**"

### VASTLHCS Leadership

#### Medical Center Director:

Rimaann Nelson, RN, MHA

#### Associate Director for Patient Care Services:

Richard M. Holt, RN, MSN

### Fire Safety

#### Fire = RACE

**Rescue** (rescue people; exit)  
**Alarm** (x3333 "Dr. Red"; pull fire alarm)  
**Confine** (shut doors & windows)  
**Extinguish and/or Evacuate**

#### FIRE EXTINGUISHER USE = PASS

Pull the pin  
Aim at the base of the fire  
Squeeze the handle  
Sweep in a back and forth motion

### Emergency Codes

**Dr. Red** = Fire x3333  
**Psych Assist** = Disruptive or assaultive patient x3333 (students should remove themselves from the area and let staff handle this emergency)  
**Code K** = Cardiac Arrest x3333 (students with BLS may perform any interventions taught in BLS for healthcare providers course. Students should not operate the Lifepak 12 defibrillators or administer code drugs, but may operate the AEDs found in public areas of the hospital).

### Infection Control

1. Hand hygiene before and after patient contact. Alcohol foam or soap and water for 20 seconds. Soap and water required after contact with C. diff.

2. PPE (personal protective equipment) – gowns, gloves, goggles, shields- are found on wall units in acute care. In other areas, please check with charge nurse.
3. Follow instructions on Isolation Precaution signs.
4. **NO** assignment to patients requiring Respiratory isolation.
5. **NO** needle recapping
6. **All needlesticks report to Employee Health or ED.**

For more information, contact:  
*Jeanette Long X63512 Infection Preventionist*

### Material Safety Data Sheets (MSDS) & Hazard Communication

This program is designed to protect you from hazardous materials. YOU have a right to information about hazardous (or potentially hazardous) materials that are in your work area. MSDS containing references for chemicals used in the work area are available from the intranet web site: <http://10.123.139.53/>

### Armbands

**White**- Patient identification  
**Red**- Allergy  
**Blue**-Do Not Attempt Resuscitation  
**Yellow**- MRSA swab positive  
**Orange sticker**- High Fall Risk

### Medical Center Policies

Our policies and procedures can be found on the VASTLHCS intranet web site: <http://10.123.139.53/>

### Nursing Service Policies and Procedures

Nursing specific policies and procedures can also be found from the STLVAMC Nursing home page on the intranet: [http://vawww.st-louis.med.va.gov/nursing/STL\\_Nursing\\_homepage.htm](http://vawww.st-louis.med.va.gov/nursing/STL_Nursing_homepage.htm)

### Equipment/Utilities Safety

Electrical equipment and other equipment utilized for patient care is inspected for safety on a regularly scheduled basis. If you have reason

to suspect that a piece of equipment is not functioning properly, notify the area supervisor or charge nurse so that the item(s) can be removed from use and sent for repair.

### Student Close Out Procedure

1. Contact Darren Cox to check for unsigned notes and unclosed notes. These must be resolved **before you leave**. If you are with a student group, your instructor should call to check for all students in the group. *If possible contact Darren ahead of time to let him know a group's last documentation date.*
  - a. 1<sup>st</sup> try Darren's pager: 57243 1881
  - b. 2<sup>nd</sup> try Darren's cell phone: 314 249 9579
  - c. 3<sup>rd</sup> try Darren's desk: x53229
2. Turn your ID badge and parking permit in to security or Human Resources.
  - a. At JC, Security is on the 9<sup>th</sup> floor in the badging office or at the window by the ED ambulance entrance. HR is in the Blue Building on Olive, across the street from the Scottish Rite Parking Garage.
  - b. At JB, Security is in Building 1, off the main lobby. HR is in Building 18 on the 1<sup>st</sup> floor.
3. Complete the Learner's Perception Survey at <http://www.va.gov/oa/surveys/> to evaluate your experience with us. You can do this from any computer with internet connectivity.

Thank you for doing your clinicals with us at the VASTLHCS!

Verification of Safety Orientation for Nursing Students

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

Check ONE:

I have read and understand the Safety Orientation for Nursing Students for the VA St. Louis Health Care System.

I have read the Safety Orientation for Nursing Students and have questions about the information (please email questions to [susan.parker2@va.gov](mailto:susan.parker2@va.gov))

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

## Instructions for CPRS Training:

CPRS Tab by Tab training is an online PowerPoint based training in the VA Computerized Patient Record System.

To obtain computer access, the certificate of completion must be included with your application packet.

The training is available at the following web address:

<http://www.vehu.va.gov/cprstraining/>