VASTLHCS Student clinical rotation packet for Nursing Service "Without Computer Access"

Step 1: ******Read this page first and please follow the instructions carefully******

Submission of completed forms is the responsibility of the student and the affiliated school. All forms must be complete and not missing required information, including required signatures. Forms must be completed in INK. Please DO NOT submit forms copied double-sided. Only single-sided copies will be accepted.

Incomplete forms could cause delay in the approval process for the student. Students are not allowed to start clinicals until all forms are completed, received and fingerprints have cleared.

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

Step 2: Complete the required forms and online training.

The forms are included in this link, along with instructions for completing the online training. Please utilize this checklist to ensure you have all necessary forms and certificates completed prior to turning them in. Your completed student packet should include the original "ink" copies of the following:

- ☐ **-Fingerprint Record Prep Sheet**
- ☐ **-Request for Personal Identity Verification Card**
- ☐ **-VAF 10-2850D, Application for Health Professions Trainees**
- ☐ **-OF 306 Declaration for Federal Employment**
- ☐ **-Without Compensation Letter (leave the " start/end dates blank")**
- ☐ **-Without Compensation Checklist**
- ☐ **-Certificate of completion for VHA Mandatory Training for Trainees from created TMS account. Be sure to send the certificate with this title.**
- ☐ **-Verification of Safety Orientation for Nursing Service Students**
- ☐ **-Documentation for non-US born persons if applicable, as described below**.**

**If you were not born in the U.S., we will need a photocopy of documentation showing you are legal to be in this country for this period of time (for example a Naturalization Certificate, Student Visa, or Resident Alien Card). This would include students who were born on military bases outside of the U.S.

Step 3: Get fingerprints done and turn in paperwork.

You will need to travel to the following location to complete the fingerprinting requirements and turn in your completed paperwork:

3641 Olive St.
St. Louis, MO 63106

It is the "blue building" across form the Scottish Rite Parking Garage. Entrance is on the right side of the building. You may park in the Scottish Rite Parking Garage on Olive St. between Grand and Spring. Take the Parking Ticket in with you to HR for validation so you do not have to pay for parking.

The Fingerprint Record Prep Sheet is returned directly to HR when you come in for fingerprinting.

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:
Melinda Crain
Nursing Education 118/JC

Turn this 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.

Step 4: Check your email frequently. (The address that you provided on your applications)

Important information related to your VA clinical rotation including missing paperwork, missing certificates for online training, fingerprint issues, badging information etc. will be communicated by email. Please watch for emails from either Melinda Crain (your VA student clinical rotation liaison) or your school clinical coordinator.

Failure to respond to notifications regarding issues with student paperwork or fingerprints can cause delay in the approval process. Please try to complete missing or incomplete requirements as soon as possible.

If you receive notification that something is missing (paperwork, certificates, fingerprints etc.) and you have already fulfilled the requirement, please let Melinda Crain know this as soon as possible. This will aid in tracking the item.

Step 5: If you have questions regarding the student boarding process, please email Melinda Crain at Melinda.Crain@va.gov

Answers to frequently asked questions:

When will I get my VA issued ID badge?

If you are part of a clinical group, it is at your clinical instructors discretion as to how they wish to handle the badging process. Some instructors take students on their orientation day to the badging office. Other instructors wish for students to pick up their badges in advance. Please watch your emails closely as clinical start time draws near. Your instructions for badging will be sent to you, usually in an email from your clinical coordinator form your school. Badging does not take place until close to your clinical start time (either a couple of days prior or the first day of clinical). You must meet all paperwork and fingerprinting requirements before you are eligible for your VA issued ID badge.

If you are not part of a clinical group, you will receive email notification from Melinda Crain when you are eligible to obtain your VA Issued ID badge, with requirement and location instructions. This will be at the end of the student boarding process, after all paperwork and fingerprinting requirements are met.

I am not part of a scheduled clinical group and will be coming here as an individual student. When will I be able to start my rotation?

The student boarding process can be very lengthy. Typically it can take up to 4-6 weeks. Please do your fingerprinting and turn in your completed applications and certificates in a timely manner. Please double check to be sure that all items are completed, with signatures prior to turning the documents in. This can help prevent delays due to incomplete paperwork. Students do not have authorization to start their rotation until all paperwork is completed, their fingerprint check is completed and without issues, and all forms are signed by authorized VA officials. Your VA student liaison, Melinda Crain, will notify both you and your preceptor when all requirements are met and your paperwork has been signed. You will receive email notification when you have been "cleared" to start. ***You should not start your clinical rotation prior to receiving this notification***

I was at the VA as a student previously; do I need to complete all of these requirements again?

You will need to complete all of the paper forms again as the forms are only good for each (1) student rotation. You will need to be re-fingerprinted.

You potentially may not have to complete the online training certificates again. It depends on the date the certificates were completed initially. You will need to contact Melinda Crain by email to find out if you need to complete the computer training again, or if you still meet the requirements based on what you completed for a previous student rotation.

I am not part of a scheduled clinical group and need to extend my clinical time at the VA. What do I need to do?

As soon as you discover that you will need more time to complete the rotation (and this has already been approved by your school), you will need to contact Melinda Crain by email for instructions. You will need to fill out all paperwork again and most likely be re-fingerprinted. Do not delay as it can still be a lengthy process to get the extension approved.

I have completed my student clinical rotation, what do I need to do to "sign out"?

If you are part of a clinical group, your clinical instructor will guide you through the process for returning your VA issued ID badge and ensuring that you complete the sign out process.

If you are not part of a clinical group, you will receive an email about a week prior to the end of your scheduled student rotation end date. It will contain instructions for badge return and the sign out process. If you finish your clinical rotation early, please contact Melinda Crain via email so that you can complete the sign out process earlier.

Healthcare for Heroes

VA St. Louis Healthcare System

DEPARTMENT OF VETERANS AFFAIRS
VA St. Louis Healthcare System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199

FINGERPRINT RECORD PREP SHEET

PLEASE PRINT CLEARLY

NAME _____ _____ _____
Last First Middle Initial

SSN _____

DOB __ __ __ __ / __ __ / __ __
Year *Month* *Day*

PLACE OF BIRTH _____ _____
State *Country*

GENDER _____

RACE _____

EYE COLOR _____ HAIR COLOR _____

HEIGHT/WEIGHT _____ *FEET/INCHES* _____ *LBS*

EMPLOYMENT STATUS (CIRCLE ONE): *EMPLOYEE* (WOC) *CONTRACTOR* *VOLUNTEER* *PAID INTERN*

POSITION TITLE _____

DEPARTMENT _____

PHONE NUMBER _____

EMAIL ADDRESS _____

FOR COURTESY FINGERPRINTING ONLY:

SON _____ SOI _____

HR PERSONNEL USE ONLY:

DATE PRINTED _____ PRINTED BY (INITIALS) _____

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**

OMB Number: 2900-0205
Estimated Burden: 30 minutes

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) ☐ UNKNOWN	7C. VA TRAINING END DATE (mm/yyyy) ☐ UNKNOWN

II - U.S. MILITARY DUTY STATUS

8A. ARE YOU NOW IN U.S. MILITARY?	8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD?	8C. BRANCH OF SERVICE
☐ YES *(If YES, complete 8c)* ☐ NO	☐ YES *(If YES, complete 8c)* ☐ NO	

III - CITIZENSHIP

9A. CITIZENSHIP	9B. COUNTRY OF CITIZENSHIP
☐ U.S. CITIZEN BY BIRTH ☐ NATURALIZED U.S. CITIZEN ☐ NOT A U.S. CITIZEN (Complete item 9B)	

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? ☐ YES ☐ 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). ☐ YES ☐ NO

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

11C. Special attention has been given to the following items from the application forms.

11D. Comments:

11E. This applicant has been approved for appointment. ☐ YES ☐ NO

11F. Comments:

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

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION

13A. LIST ALL LICENSES, CERTIFICATIONS,AND REGISTRATIONS, INCLUDING THE DRUG ENFORCEMENT AGENCY (DEA), THAT YOU HAVE NOW OR HAVE HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	13B. STATE ISSUING LICENSE	13C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	13D. EXPIRATION DATE (MM/DD/YYYY)

VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S)

14A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING DEA, THAT YOU HAVE EVER HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	14B. STATE ISSUING LICENSE	14C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	14D. EXPIRATION DATE (MM/DD/YYYY)

15. ENTER YOUR NATIONAL PROVIDER IDENTIFIER (NPI)

The following two questions apply to both your current health profession and any prior health profession.

16. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE, CERTIFICATION, OR REGISTRATION TO PRACTICE (INCLUDING DEA CERTIFICATE) REVOKED, SUSPENDED, DENIED, RESTRICTED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED A LICENSE, CERTIFICATION, OR REGISTRATION IN LIEU OF FORMAL ACTION? ☐ YES - EXPLAIN IN PART XI ☐ NO

17. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED CLINICAL PRIVILEGES IN LIEU OF FORMAL ACTION? ☐ YES - EXPLAIN IN PART XI ☐ NO

VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL (Continue in Part XI if necessary)

18A. NAME OF SCHOOL	18B. ADDRESS (City, State, and Zip Code)	18C. START DATE (MM/YY)	18D. (EXPECTED) COMPLETION DATE (MM/YY)	18E. DIPLOMA, DEGREE, OR CERTIFICATE AWARDED OR IN PROGRESS	18F. MAJOR FIELD OF STUDY

VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL

19A. ARE YOU A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL? ☐ YES ☐ NO	19B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER	19C. ECFMG CERTIFICATE DATE

IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING

20A. NAME OF HOSPITAL OR INSTITUTION	20B. ADDRESS (City, State and ZIP Code)	20C. SPECIALTY	20D. START DATE (MM/YY)	20E.(EXPECTED) COMPLETION DATE (MM/YY)	20F. NUMBER OF MONTHS COMPLETED

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

X - ADDITIONAL QUESTIONS

ITEM	PLACE AN 'x' IN APPROPRIATE SPACE. IF YES, EXPLAIN DETAILS IN PART XI	YES	NO
21	AS A PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, HAVE YOU EVER BEEN CONVICTED OF OR INVESTIGATED FOR MAKING FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS, REPRESENTATIONS, WRITINGS, OR DOCUMENTS REGARDING THE DELIVERY OF OR PAYMENT FOR HEALTH CARE BENEFITS, ITEMS OR SERVICES THAT WOULD BE IN VIOLATION OF THE CRIMINAL FALSE CLAIMS ACT?	☐	☐
22	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL, OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART WAS ALLEGED? If yes, give details in Part XI, including name of action or proceedings, date filed, court or reviewing agency, and the status or outcome of the case concerning those allegations. Please also provide your explanation of what occurred.	☐	☐
23	AS A PROVIDER OF HEALTH CARE SERVICES, VA HAS AN OBLIGATION TO DETERMINE THAT APPLICANTS ARE PROPERLY QUALIFIED. MANY ALLEGATIONS OF MALPRACTICE ARE GROUNDLESS AND ANY CONCLUSION CONCERNING YOUR PROFESSIONAL QUALIFICATIONS WILL BE MADE ONLY AFTER A FULL EVALUATION OF THE CIRCUMSTANCES.	☐	☐

XI - REMARKS

ITEM NO.	(Include additional information requested in items above. Be sure to indicate Item number on Form to which the comment refers.)

XII - CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

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

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

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

SIGNATURE OF APPLICANT	DATE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

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

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

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

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

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

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

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

Declaration for Federal Employment*

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

Form Approved:
OMB No. 3206-0182

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*

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

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law,mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name,relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* ☐ YES ☐ NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions

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

Certifications / Additional Questions

APPLICANT: If you are applying for a position and 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: _____ (Sign in ink) Date _____

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

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
St. Louis Health Care System
#1 Jefferson Barracks Drive
St. Louis, MO 63125-4199

Date:

In Reply Refer to: 657/xxx JB or JC

Name:
Address:
City, State, Zip:

Dear

Welcome to the Department of Veterans Affairs. You will be assigned to our facility in Nursing Service Line as a WOC Student/Resident (circle one) from _____ to _____ under authority of 38 U.S.C. 7405(a) (1). It is in the interest of the facility to utilize your qualities because of your appropriate credentials to be in the United States through this time frame when no other qualified citizens are available. During your period of affiliation with our facility, you are authorized to perform services as directed by the Director of the Service Line.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits given to regularly paid employees of the Department of Veterans Affairs, such as leave, retirement, etc. In addition, you agree to adhere to all policies and procedures of the Department of Veterans Affairs as well as those of the Veterans Affairs St. Louis Health Care System.

This agreement may be extended, dependent upon funding and satisfactory performance. This agreement may be terminated at any time by either party by written notice of such intent. Prior to your last working day, you must report to your supervisor to obtain clearance papers to clear the VA St. Louis Health Care System. All VA property issued to you must be returned before you will be cleared.

If you agree to these conditions indicated, please sign, print, and date the statement below and return the letter to your service line.

Sincerely,

MARIE E. LEWIS
Human Resources Manager
Enclosed

MELINDA CRAIN, MSN, RN, ACNP-BC
Nursing Instructor/ Student Liaison

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

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: _____
Print Name: _____
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: _____

BRIEF DESCRIPTION OF DUTIES: _____

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

APPLICATION FORM ATTACHED:

- ☐ OF 612, Optional Application for Federal Employment or Resume (June 2006)
- ☐ VA Form 10-2850, Application for Physicians, Dentists, Podiatrists and Optometrists (June 2006)
- ☐ VA Form 10-2850a, Application for Nurses and Nurse Anesthetists (June 2006)
- ☐ VA Form 10-2850c, Application for Associated Health Occupations (June 2006)
- ☐ Form 306 Declaration of Federal Employment (October 2011)

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 ☐ Cleared ☐ Not Required

PHYSICAL SCHEDULED? ☐ Yes ☐ Cleared _____ ☐ Not Required

SPECIAL AGREEMENT CHECK ADJUDICATED? ☐ Yes

CREDENTIALING COMPLETED? ☐ Yes ☐ Not Required

CLINICAL PRIVILEGES COMPLETED? ☐ Yes ☐ Not Required

ALL NECESSARY APPROVAL OBTAINED? ☐ Yes

MEETS TECHNICAL REQUIREMENTS - reviewed by:

_____ _____
Human Resources Specialist Date

VALU
VA LEARNING UNIVERSITY

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!

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 "Melinda"
vii. **VA Point of Contact Last Name** – Enter "Crain"
viii. **VA Point of Contact eMail Address** – Enter "Melinda.Crain@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.)

- 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 helpdesk: vatmshelp@va.gov or call Monday through Friday between 8am and 10pm EST at 1 (866) 496-0463.

VA St. Louis Health Care System

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."**

Fire Safety

Fire = RACE

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

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
Staff 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.**

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/ and in paper form in the area.

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 theVASTLHCS 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://vaww.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 uncosigned 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. 1st try Darren's pager: 57243 1881
   b. 2nd try Darren's cell phone: 314 737-1085
   c. 3rd try Darren's desk: x66733
2. Turn your ID badge and parking permit in to security or Human Resources.
   a. At JC, Security is on the 9th 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 1st floor.
3. Complete the Learner's Perception Survey at http://www.va.gov/oaa/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!

Revised Jan2015

Verification of Safety Orientation for Nursing Students

Print Name: _____

✳ CHECK ONLY 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 Melinda.Crain@va.gov)

Signature: _____ Date: _____