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

CHECKLIST FOR WOC APPOINTMENT INSTRUCTIONS

Purpose: Without Compensation (WOC) Checklist to be used for WOC Appointees.

All entries on the checklist must be completed.

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Print Full Name: Please provide your full legal name as shown on driver's license or a photo ID.
Last Name, First Name Middle Name

Social Security Number: Please provide your social security number.

Date of Birth: Please provide your date of birth. MM/DD/YYYY

Veterans Status: Select what is applicable.

NPI#: The National Provider Identifier (NPI) records providers acquire their unique 10-digit NPIs to identify themselves in a standard way throughout their industry. (https://nppes.cms.hhs.gov/NPPES/Welcome.do)

Taxonomy #: State of Missouri Division of Professional Registration. (https://renew.pr.mo.gov)

Position to which candidate will be appointed: Select from the drop down your status (Student, Resident, or Fellow) and which service you will be working in.

Renewal: Select Yes or No

Application Form Attached: Please use to **check boxes** to make sure all forms have been completed.

Is the student attending an affiliated University: Please select the University or type your University in the fillable area behind Other.

Please return completed document, in Adobe (.pdf) format to STLTraineeOnboarding@va.gov

VHASTLSCHMLI
2016-09-16 13:48:07

Marked set by VHASTLSCHMLI

CHECKLIST FOR WOC APPOINTMENTS

Complete all items inserting N/A if not applicable.

NAME:_____SSN: _____
Last, First, MI

DOB: VETERAN STATUS: ☐ VIETNAM ☐ OTHER ( )

NPI#: _____ Taxonomy# _____ ☐ 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: Please use the check boxes below.

- ☐ WOC Benefits Letter (HR revised 9/2016)
- ☐ Fingerprint Form (HR revised 9/2016)
- ☐ PIV Request Form (HR revised 6/2016)
- ☐ Form 306 Declaration of Federal Employment (October 2011)
- ☐ VA Form 10-2850d, Application for Health Professions Trainees (Nov 2011)
- ☐ TMS Training Certificates: VHA Mandatory Training for Trainees

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 ☐ No

CREDENTIALING COMPLETED? ☐ Yes ☐ Not Required

CLINICAL PRIVILEGES COMPLETED? ☐ Yes ☐ Not Required

ALL NECESSARY APPROVAL OBTAINED? ☐ Yes

MEETS TECHNICAL REQUIREMENTS - reviewed by:

_____ _____
Human Resources Assistant Date

Print Reset