



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

**PIV SPONSORSHIP INSTRUCTIONAL**

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge.

- 1) **Full Legal Name:** Please provide your full legal name as shown on driver's license or a photo ID.
- 2) **Date of Birth:** Please provide your date of birth. MM/DD/YYYY
- 3) **Social Security Number:** Please provide your social security number.
- 4) **Citizenship:** Please provide your citizenship. All foreign-born individuals will be required to submit proof of citizenship.
- 5) **Home email address:** Please provide your home email address, as is used for communication.
- 6) **Home Phone Number:** Please provide the complete phone number, with area code, for communication.
- 7) **Home Address:** Please provide a home address.
- 8) **Gender:** Please select your gender.
- 9) **Race:** Please select your race.
- 10) **Height:** Please select your height by feet and inches.
- 11) **Weight:** Please provide your weight.
- 12) **Eye Color:** Please select your eye color.
- 13) **Hair Color:** Please select your hair color.
- 14) **Place of Birth:** Please provide city, state, and country of your place of birth. All foreign-born individuals will be required to provide proof of citizenship.
- 15) **Clinical Location/VA Supervisor:** Please provide clinical location and VA supervisor.
- 16) **Start Date/End Date/Graduation:** Please provide the beginning date of your appointment year (Example: June 15, 2017) and the ending date of your appointment (Example: June 14, 2020). Appointment dates can be different than shown.
- 17) **School/Program of Study:** Please select the University you will be attending and the Program of Study (Service)
- 18) **Previous VA Experience:** Please select what status you were and what location if applicable.

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



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**PIV SPONSORSHIP FORM**

1) Full Legal Name (First Middle Last):

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2) Date of Birth (MM/DD/YYYY):

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3) Social Security Number:

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4) Citizenship:

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5) Home email address:

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6) Home Phone Number (include area code):

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7) Home Address:

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8) Gender:

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9) Race:

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10) Height:

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11) Weight:

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12) Eye Color:

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13) Hair Color:

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14) Place of Birth (City, State, Country):

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15) Clinical Location/ VA Supervisor

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16) Start Date/End Date/Graduation:

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17) School/Program of Study:

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18) Previous VA Experience:

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