Saint Louis VA
Graduate Medical Education

Instruction Packet for
Health Profession Trainees (HPT)
Without Compensation Workers (WOC)
Thank you very much for your interest in training at the VA St. Louis Health Care System. These instructions will provide guidance on completing required paperwork for your Without Compensation (WOC) appointment. These documents can be completed electronically, although some will require physical signatures. Review the Without Compensation Orientation Guide, these instructions, and the instructions on the individual documents, carefully. Incomplete or inaccurate documents will need to be corrected before starting your rotation. Please email stltraineeonboarding@va.gov if you have any questions.

1. WOC BENEFITS LETTER INSTRUCTIONS

Purpose: A Without Compensation (WOC) appointment is a federal appointment and subject to federal rules of behavior and regulations in the performance of official duties; must comply with VA requirements pertaining to job qualifications and training.

- **Date:** Use the date you are completing this letter.
- **Print Full Name:** Please provide your full legal name as shown on your driver’s license or a photo ID. Last Name, First Name, Middle Name.
- **Address:** Please provide your complete street address, a PO Box or Apartment Number.
- **City, State, Zip:** Please provide the complete City, State, and Zip code.
- **Dear:** Complete name as shown above.
- **Service Line:** Select the Service where you will be going to train.
- **WOC:** Select if you are a Student or Resident or Fellow.
- **Dates:** Please provide the beginning date of your appointment year (for example: June 15, 2018). If you are a student, please enter an ending date 2 years after the beginning date (for example: June 15, 2020). If you are a resident or fellow, please enter an ending date 3 years after the beginning date (for example: June 15, 2021).
- **Signature:** Please sign your name.
- **Print Name:** Please print your name.
- **Date:** Use the date you are completing this letter.
- **Veteran Status:** Select what is applicable.
2. CHECKLIST FOR WOC APPOINTMENT INSTRUCTIONS

   Purpose: Without Compensation (WOC) Checklist to be used for WOC Appointees. All entries on the checklist must be completed.

   • Print Full Name: Please provide your full legal name as shown on driver’s license or 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 provider’s unique 10-digit identification number. It is necessary the address associated with your NPI number reflects St. Louis, MO in the address field. This will require action on your part if necessary. See website for more information: https://nppes.cms.hhs.gov/NPPES/Welcome.do

   • Taxonomy #: Please enter your Missouri Division of Professional Registration number. See website for more information: 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: WOC documents can expire and may need to be renewed depending on your program. Select Yes or No as appropriate.

   • Application Form Attached: Please review checklist to make sure all forms have been completed.

   • Is the student attending an affiliated university: Please select St. Louis University, Washington University, or enter the name of the university you are attending.

3. DECLARATION for FEDERAL EMPLOYMENT OFFICIAL FORM – 306 (OF-306)

   Purpose: The OF-306 is used by the Office of Personnel Management (OPM) for the onboarding of ALL new employees to the federal government. Please follow the directions provided within the document.

   • ENSURE line 17a Applicant’s Signature is signed in ink.

   • Do NOT sign line 17b Appointee’s Signature as this is for the Department of Human Resources only.

4. DEPARTMENT OF VETERANS AFFAIRS APPLICATION FOR HEALTH PROFESSIONS TRAINEES VA FORM 10-2850D

   Purpose: The VA FORM 10-2850D must be completed by all Health Professions Trainees (HPTs). Please follow the directions provided within the document.
5. PIV SPONSORSHIP FORM

Purpose: The PIV Sponsorship Form documents information required for the VA Security Services to begin the preparation of your VA PIV badge.

- If you have EVER worked at another VA, as indicated by the questions listed under CRITICAL INFORMATION, please answer yes or no appropriately. If yes, please indicate which city and when (approximately).

- Full Legal Name: Please provide your full legal name as shown on driver’s license or a photo ID.

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

- Social Security Number: Please provide your social security number.

- Citizenship: Please select from drop down menu. Students enrolled in academic programs that are on a WOC appointment through an affiliate, and are non-citizens, please provide proof of employment authorization issued by the United States Citizenship and Immigration Service (formerly Immigration and Naturalization Service). Foreign nationals holding non-immigrant work-related or student visas, please provide documentation of citizenship. Please submit in Adobe pdf format with other WOC Onboarding documentation.

- Home email address: Please enter your personal email address.

- Home Phone Number: Please enter your home or personal cell phone number.

- Home Address: Please enter your home address.

- Gender: Please select from drop down menu.

- Race: Please select from drop down menu.

- Height: Please select from drop down menu.

- Weight: Please select from drop down menu.

- Eye Color: Please select from drop down menu.

- Hair Color: Please select from drop down menu.

- Place of Birth: Please enter the city, state and country of your birth.

- Clinical Location / VA Supervisor: Enter the supervisor you will be reporting to within your assigned Service.

- Start Date / End Date / Graduation: Enter the start date and end date, or planned date of graduation from your program.

- School / Program of Study: Please select from drop down menu.
6. **FINGERPRINT RECORD PREP SHEET INSTRUCTIONS**

   Purpose: The Fingerprint Request form is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide. This form is required by VA Security Services before a request for investigation can be submitted. As a courtesy, you may be fingerprinted at another VA medical center if convenient. If you choose to do so, you must include the SOI# VAK4 and SON# 1783 on the bottom of the fingerprint record prep sheet.

   - **PrintFullName**: Please provide your full legal name as shown on your driver’s license of a photo ID.
   - **Social Security Number**: Please provide your social security number.
   - **Date of Birth**: Please provide your date of birth in year, month day format (YYYY/DD/MM).
   - **Place of Birth**: Please enter the state and country of your birth.
   - **Sex**: Please select from drop down menu.
   - **Race**: Please select from drop down menu.
   - **Eye Color**: Please select from drop down menu.
   - **Hair Color**: Please select from drop down menu.
   - **Height**: Please select your height by feet and inches from drop down menu.
   - **Weight**: Please provide your weight.
   - **Employment Status**: Please select WOC from drop down menu.
   - **Department**: Please select your department/service you will be rotating with.
   - **PhoneNumber**: Please enter your home or personal cell phone number.
   - **Email address**: Please enter your personal email address.

7. **MEMORANDUM RANDOM DRUG TESTING NOTIFICATION AND ACKNOWLEDGEMENT**

   Purpose: Please review and sign memorandum acknowledging the Veterans Health Administration Office of Academic Affiliation’s (VHA/OAA) random drug testing policy.

8. **APPOINTMENT AFFIDAVITS STANDARD FORM – 61 (SF-61)**

   Purpose: The SF-61 is used by the Office of Personnel Management (OPM) for the onboarding of ALL new employees to the federal government. Please review, complete, and sign, swearing to uphold the oath of office, affidavit as to striking against the federal government, and the affidavit as to the purchase and sale of office, points A., B. and C. respectively.

   - **Sign your name on the signature of appointee line.**
   - **Enter the date on which you are completing the document.**
   - **Enter the city of current residence.**
   - **This document does NOT need to be notarized by a Notary Public.**