

VA Connecticut Healthcare System West Haven, CT

Welcome to VACT Healthcare system. We are happy that you will be rotating with us. In an effort to process your application for residency/fellowship in a timely manner, and to prevent any delay in your practicing at the VACT Healthcare System. Here are a few things to keep in mind:

- Please do not leave any gaps of time from the time you graduated medical school until the present time will not be processed. All the months and years must be accounted for on the application.
- Please note the appointment affidavit (SF61) does not need to be notarized.
- July 1st appointee's MUST get fingerprinted by MAY 15th. You can get this done at VACT Healthcare System or at another VA hospital. (please see optional fingerprint form for directions) We are not able to get computer codes until this is done and the prints are back. It takes about 10 days for your fingerprints to come back and then another 7 days for the approval process for computer access.
- If you currently have a PIV card – it will be much easier for you to renew it at your current facility. Please let me know and I will enter the information into the system for you. Please **DO NOT** hand in your card to your local facility, you need to take it with you to CT. If you have any problems, please let me know. If you are renewing a PIV badge, you DO NOT need to be fingerprinted.
- You must be fingerprinted at VA hospital and the prints are then transferred to us. For a list of local facility's you can go to https://www.osp.va.gov/Badge_Office_Locations.asp
- If you are a naturalized citizen please include a copy of your certificate or passport
- If you are on a J1, H1B, Greencard, please include a copy of that when you return your paperwork

Please note: Your application cannot be processed unless completed!!! Applications take at least 30 days to process. You cannot practice medicine at the VA without your application signed off.

If you have any questions, please email us at VACTMedcoordinators@va.gov

Thanks

Liz Castellon – Fellowship Coordinator
Seanna Watson – Housestaff Coordinator

Trainee – fill in/sign in ink where highlighted
only

electronic signature not accepted



**DEPARTMENT OF VETERANS AFFAIRS
VA Connecticut Healthcare System
950 Campbell Avenue
West Haven, Connecticut 06510**

Dear _____, MD,

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as **WOC** from 7/1/2022 through 6/30/2025 under the authority of 38 U.S.C. 7406. During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief of Medicine

In accepting this assignment you will receive no monetary compensation and will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Administration, such as leave, retirement, etc.

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,

Leyni Rosario
Senior Strategic Business Partner (SSBP)
VACT
Cell 475-201-8029
Leynisha.Rosario@va.gov

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

Veteran Status-Please circle one

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 _____

FL 10-294

Revision Date: 1/21/2022

APPOINTMENT AFFIDAVITS

INTERN RESIDENT FELLOW

(Position to which Appointed)

(Date Appointed)

Department of Veterans Affairs

(Department or Agency)

Veterans Health Administratic

(Bureau or Division)

VACT Healthcare System

(Place of Employment)

I, _____, MD, do solemnly swear (or affirm) that--

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

X

(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this ___ day of _____, 2___

at _____ (City) _____ (State)

(SEAL)

(Signature of Officer)

Commission expires _____

(If by a Notary Public, the date of his/her Commission should be shown)

(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



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) <input checked="" type="checkbox"/> UNKNOWN	7C. VA TRAINING END DATE (mm/yyyy) <input checked="" type="checkbox"/> UNKNOWN

II - U.S. MILITARY DUTY STATUS

8A. ARE YOU NOW IN U.S. MILITARY? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO	8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO	8C. BRANCH OF SERVICE
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III - CITIZENSHIP

9A. 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 9B)	9B. COUNTRY OF CITIZENSHIP
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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? <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

11A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL).	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11B. Incomplete items on the TQCVL have been addressed and resolved.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
11F. Comments:		
12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE	12B. TITLE ACOS/Education	12C. DATE

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO	19B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER	19C. ECFMG CERTIFICATE DATE
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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
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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
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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*

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

VACT TRAINEES ADDITIONAL INFORMATION FORM

First Name: _____

Last Name: _____

Cellphone Number: _____ Preferred Email: _____

Emergency Contact Information

Please list a Primary Emergency Contact as well as a Secondary

Name _____ Cellphone Number: _____ Relationship _____

Name _____ Cellphone Number: _____ Relationship _____

Current VA PIV Badge Transfer Information

(Fill this Section out ONLY if you have previously been at another VA Facility)

Per VA Handbook 0735- Homeland Security Presidential Directive 12 (HSPD - 12) Program, VA PIV credentials shall not be confiscated when a VA Cardholder transfers between VA Facilities, organization, or offices. VA Credentials will transfer with the VA Cardholder to the new VA Facility.

VA Location: _____

VA Badge Issue Date: _____ VA Badge Expiration Date: _____

VA Computer Account Information

VA E-Mail Address: _____

Network Code or (VHA Code) example VHACONSMITHJ: _____

VA Talent Management System (TMS)

Directions are enclosed if you need to set up a new account

Please ensure the following items are completed: Your TMS account must be active, you know your user name and password, and you have completed the Mandatory Training For Trainees (MTT / MTT Refresher) requirement (**please include a copy of your MTT / MTT Refresher certificate**) at least thirty days prior to your Seattle VA rotation start date.

TMS Account User ID: _____ Date of Completed MTT or MTT Refresher: _____

Please Note: We will not transfer TMS accounts that are inactive. Please contact your current VA Facility TMS Administrator or the VA TMS Help Desk to reactivate your TMS account (and/or reset your TMS password). To contact the VA TMS Help Desk, e-mail vatmshelp@va.gov or via phone (855)673-4357, opt. 7. The VA TMS Help Desk is available every day, 24x7. To complete your MTT / MTT Refresher requirement, login with your TMS user name and password at www.tms.va.gov

CPRS Training Information (Computer Patient Record System)

Have you ever used CPRS? Yes No Do you need additional CPRS training? Yes No

If you currently DO NOT have a PIV Card - you will need to be fingerprinted - Please see attached form for obtaining fingerprints at a facility other than VACT. Your application can not be processed without fingerprint

I will get fingerprinted at VA Connecticut: Yes No

I will get fingerprint at my local VA hospital: Yes No VA Location: _____

**Department of
Veterans Affairs**

Memorandum

From: VHA Office of Academic Affiliations (OAA)

Subj: Random Drug Testing Notification and Acknowledgement

To: Health Professions Trainee (HPT) in a Testing Designated Positions (TDP)

1. On September 15, 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees, whether on or off duty. In accordance with the Executive Order, VA has established a Drug-Free Workplace Program to include random testing for the use of illegal drugs by employees (to include trainees) in sensitive positions.
2. This is to notify you that as an HPT in a sensitive position you may be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs.
 - a. The only VHA Training Programs exempt from Random Drug Testing per policy are: Clinical Pastoral Education (Chaplain), Social Work, Dietetics, Occupational Therapy, Optometry, Audiology, Speech Pathology, Non-Clinical and Administrative
3. You can be assured that the quality of testing procedures is tightly controlled, that the test used to confirm use of illegal drugs is highly reliable and that the test results will be handled with maximum respect for individual confidentiality, consistent with safety and security.
4. As a trainee subject to random drug testing you should be aware of the following:
 - Counseling and rehabilitation assistance are available to all trainees through existing Employee Assistance Programs (EAP) at VA facilities (information on EAP can be obtained from your local Human Resources office).
 - You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer (MRO).
 - VA will initiate termination of VA appointment and/or dismissal from VA rotation proceedings against any trainee who is found to use illegal drugs on the basis of a verified positive drug test.
 - Termination and/or dismissal from VA rotation proceedings will be initiated against any trainee who refuses to be tested.
5. Random testing will begin no sooner than 30 days from the date you sign this acknowledgement.
6. Visit the US Office of Personnel Management (OPM) Work-Life webpage for information on Services Available for You, Guidance & Legislation as well as Substance User Disorder.
<https://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/>

I acknowledge receiving and reading the notice which states that my position may be designated for random drug testing, and that, if selected, refusal to submit to testing will result in termination and/or dismissal from the VA.

Yale University School of Medicine

Training Program

Affiliate

, MD

Printed Name

Date of Signature

Signature

Mandatory Training for VA Health Professions Trainees (HPT)

In order to be granted access to VA resources, you must first complete all of your assigned mandatory training. Required courses are accessed via the VA Talent Management System (TMS).

To access the TMS, you must first create a TMS user profile. Once you have created a user profile, you will see the list of specific training courses and the date by which each must be completed.

In order to access the TMS, you must use one of the following browsers:

- Internet Explorer (7.0 to 11.0)
- Mozilla Firefox (3.6.x.x and above)
- Safari on Mac (6.0 and above)
- Google Chrome (23.0.x.x and above)

To ensure that the training courses operate correctly, your system must also have the following software installed and enabled:

- Flash player version 10.0.0 and above
- Adobe Reader 9.0 and above

You will be required to provide specific information about yourself as well as information related to the work you will be doing. Your VA Point of Contact should have provided you with the following information:

- The VA Location being supported.
- Your Trainee Type and Specialty/Discipline.
- The VA Point of Contact's First Name, Last Name, Email Address, and Telephone Number.

The above information is required in order to create your profile. Make sure that you have it before starting this TMS User Profile creation process.

Step-by-step instructions for creating your TMS profile and then launching and completing the required training follow.

If You Need Assistance

If you have any questions about the information to be provided or experience difficulties creating a profile or completing the mandatory training(s), contact the Enterprise Service Desk by going to the yourIT Services website or via phone at 1 (855) 673-4357.

A. Create Your TMS Profile

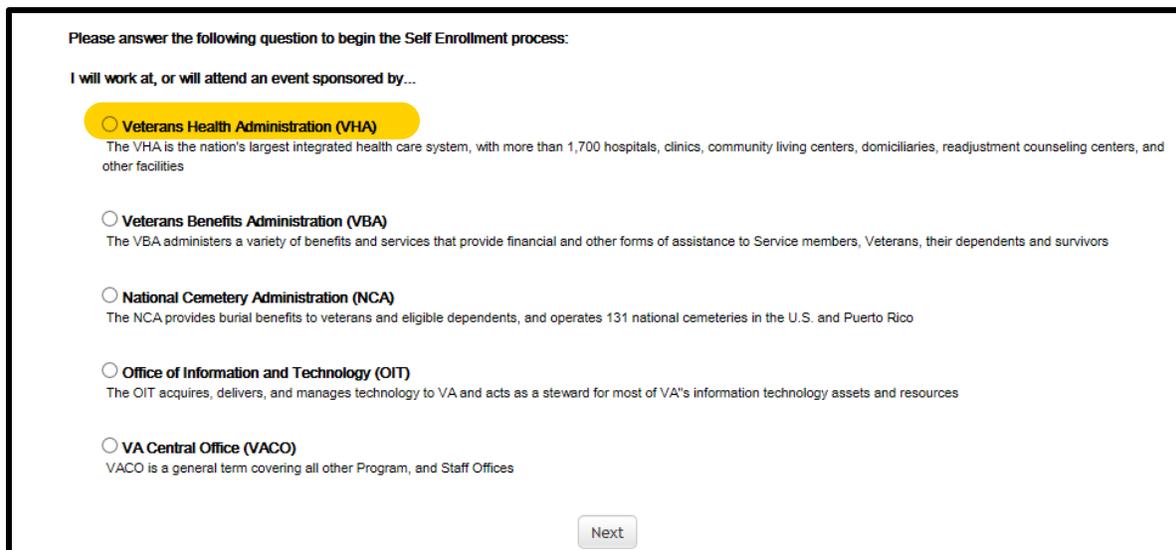
1. From one of the above browsers, access <https://www.tms.va.gov/SecureAuth35/>
2. Select the **CREATE NEW USER** button.



Figure 1: VA TMS Login Screen with Arrow pointing to the Create New User Button

3. The first screen requires you to select the overall VA organization that you will be supporting.

Select the **VETERANS HEALTH ADMINISTRATION (VHA)** radio button.

A screenshot of a web form titled "Please answer the following question to begin the Self Enrollment process:". The question is "I will work at, or will attend an event sponsored by...". There are five radio button options, each with a brief description:

- Veterans Health Administration (VHA)**
The VHA is the nation's largest integrated health care system, with more than 1,700 hospitals, clinics, community living centers, domiciliarys, readjustment counseling centers, and other facilities
- Veterans Benefits Administration (VBA)**
The VBA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans, their dependents and survivors
- National Cemetery Administration (NCA)**
The NCA provides burial benefits to veterans and eligible dependents, and operates 131 national cemeteries in the U.S. and Puerto Rico
- Office of Information and Technology (OIT)**
The OIT acquires, delivers, and manages technology to VA and acts as a steward for most of VA's information technology assets and resources
- VA Central Office (VACO)**
VACO is a general term covering all other Program, and Staff Offices

A "Next" button is located at the bottom right of the form.

Figure 2: VA Organization Screen

Then select the **NEXT** button.

The next screen requires you to identify your enrollee type. If you selected the incorrect organization, select the BACK button to return to the previous screen. This is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

- Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)
- Volunteer** (Those volunteering for VA without VA compensation)
- WOC** (Those working for the VA without VA compensation)
- Clinical Contractor** (Medical professionals working for the VA on a contractual basis)
- Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)
- Veterans Service Officer** (Non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)
- DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)
- Conference Attendee** (Those attending a VA-sponsored conference)
- Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)

Figure 3: VHA Enrollee Types

4. Select the **HEALTH PROFESSIONS TRAINEE** radio button. Then select the **NEXT** button.

Health Professions Trainee (Health professionals in VA training programs, including WOC trainees)

Figure 4: Health Professions Trainee Radio Button Option

5. You must provide information related to MY ACCOUNT and MY JOB. All of the fields marked with an asterisk must be completed.

Note: The **Email Address** that you enter here will be used as your Username to log into the system. Please ensure that the email address you use is one which you will be able access. **Please use personal email, not university email**

Note: Fields marked with * are required

MY ACCOUNT INFORMATION

- The length of the password must be between 12 and 20 characters.
- The password must contain the following types of characters:
 - a. English lowercase letters.
 - b. English uppercase letters.
 - c. Arabic numerals(0,1,2,...9).
 - d. Non alphanumeric special characters (!@#%&*_+=~{}|[]:;?.,/)
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name(login ID).
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Security answer must be at least 5 characters.

* Password :

* Re-enter Password :

* SSN : (Click here to view the VA TMS Privacy Act Notice.) - -

(If you are foreign national and do not have an SSN please click here)

* Re-enter SSN : - -

* DOB (MM/DD/YYYY) :

* Legal First Name :

* Legal Last Name :

Middle Name(Optional) :

* Email Address :

* Re-enter Email Address :

* Phone Number (do not include hyphens i.e 1112223333) : - - Check here to enter an International Phone Number

* Time Zone ID :

Figure 5: MY ACCOUNT INFORMATION Screen

Make sure that your **Password** complies with the requirements listed on the screen and that the re-entered password is identical.

Your password must comply with all of the following:

- Length must be 12 to 20 characters
- MUST contain:
 - Lowercase letters (a through z)
 - Uppercase letters (A through Z)
 - Numerals (0 through 9)
 - Non-alphanumeric characters to include: ! @ # \$ % ^ & * _ + = ? , . / ' [] { }
- Cannot include more than two repeated characters in a row
- Cannot include your User Name
- Cannot include your first or last names

Make sure to read the Privacy Act Notice regarding use of SSNs.

Privacy Act Notice

Authority: The Department of Veterans Affairs (VA) is authorized to collect this information under the authority of Executive Order 9397 as amended by Executive Order 13478; Title III, Section 301, Subchapter III of Public Law 107-347 (Federal Information Security Management Act of 2002); Section 7406(c)(1) of Title 38 of the U.S. Code; and Sections 4103, 4115, and 4118 of Title 5 of the U.S. Code.

Purpose: The Department of Veterans Affairs (VA) will use this information to ensure your training records are properly documented and retained into one system, the VA Talent Management System (TMS); and, accurately credited to your TMS profile to acknowledge and provide verification training requirements are met.

Routine Uses: This information will be used by and disclosed to VA personnel and contractors who need the information to assist with activities related to the training management purposes. Additionally, this information will become a part of your permanent personnel record and is included in the respective government-wide, [OPM/GOVT-1 - General Personnel Records \(71 FR35356\)](#) and VA-specific, [76VA05 General Personnel Records -Title 38 \(65 FR 45131\)](#) electronic system of records notices (SORNs), and is subject to all published routine uses within these SORNs.

Disclosure: Furnishing this information is voluntary, including Social Security Number; however, failure to furnish the requested information may prevent you from establishing a TMS profile and delay the completion of training that would be assigned as a result of the completion of this form.

Social Security Number (SSN): Your SSN may be requested under the authority of Executive Order 9397 as amended by Executive Order 13478. The SSN is used as a unique identifier to ensure that each individual's record in the system is unique, complete and accurate and the information is properly attributed. The SSN is not used by, nor displayed in, the TMS for any other purpose.

Figure 6: TMS Privacy Act Notice

6. After completing the MY ACCOUNT INFORMATION fields, you must complete the MY JOB INFORMATION fields. As indicated earlier, you should have received this information from your VA Point of Contact. If you do not have this information, please reach out to your VA Point of Contact as you will not be able to create your TMS User Profile without it.

MY JOB INFORMATION

* VA Location : (Supplied by your VA Contact)

* Trainee Type :

* Specialty/Discipline :

* VA Point of Contact First Name :

* VA Point of Contact Last Name :

* VA Point of Contact Email Address :

* Point of Contact Phone Number (do not include hyphens i.e. 1112223333): - - Check here to enter an International Phone Number

Medical Sharing Type :

* School/University/Program :

* School/Program Start Date (MM/DD/YYYY) :

* Estimated School/Program Completion Date (MM/DD/YYYY) :

Figure 7: MY JOB INFORMATION Screen

7. Once all of the required fields have been completed, select the **SUBMIT** button.
8. If there were any errors identified after selecting **SUBMIT**, you must fix those and then select **SUBMIT** again. Keep making corrections until you succeed.
9. Once any errors have been corrected, you should see the **Congratulations** screen. At this point you should make note of your TMS Username (which will be the Email Address that you entered).

Talent Management System

[VA Learning University Home](#) | [TMS Resources](#) | [Locate Your Local Administrator](#) | [Help Desk](#)

VA TMS Self Enrollment

Congratulations!

You have successfully created a profile in the VA TMS. Please make note of your Username indicated below as you will need it to log into the system.
 Your TMS 2.0 Username is **test@testconfirm.com**

Note: You will need to wait for 20 minutes for your profile to become active. After that, you will be able to login using the following link: <https://www.tms.va.gov/SecureAuth35>

Figure 8: Congratulations Screen

10. After 20 minutes have passed, please return to <https://www.tms.va.gov/SecureAuth35/> and enter your Username and click Submit. You will be able to send a one-time Passcode to your Email Address.

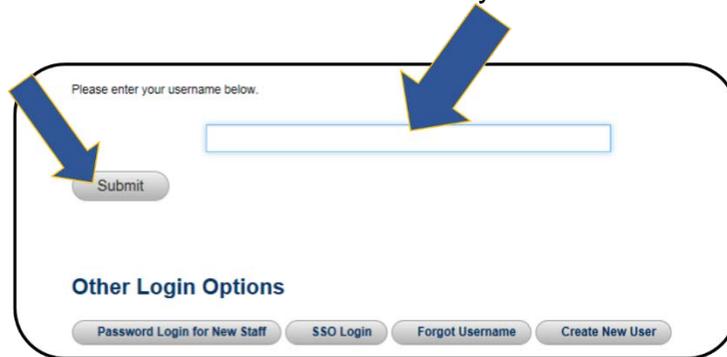


Figure 9: TMS 2.0 Login Screen

11. Once your Passcode arrives, enter it using your keyboard, or the on-screen number pad, and click Submit.

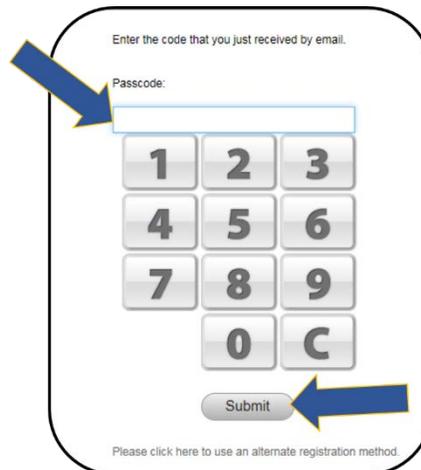


Figure 10: Enter Passcode Screen

12. You will be asked to select and provide answers to two security questions. These will be used if you need to reset your TMS password.

Set Security Questions

In order to simplify resetting your password in the future, you must select 2 security questions and provide answers for them below. Make sure your answers are something you will remember, are at least 5 characters long, and that you type them the way you always type them as they WILL be case sensitive.

* = Required Fields

* Question 1

* Response

* Confirm Response

* Question 2

* Response

* Confirm Response

Figure 11: Set Security Questions Screen

After selecting your questions and entering your answers, select the **SAVE** button.

At this point, you have now created your TMS User Profile. Now, you must complete the mandatory training assigned to you.

B. Launch and Complete Mandatory Training

Follow these steps to launch and complete all of your assigned training.

1. Your TMS home screen displays. It lists the mandatory training you must complete and the date by which completion must occur.

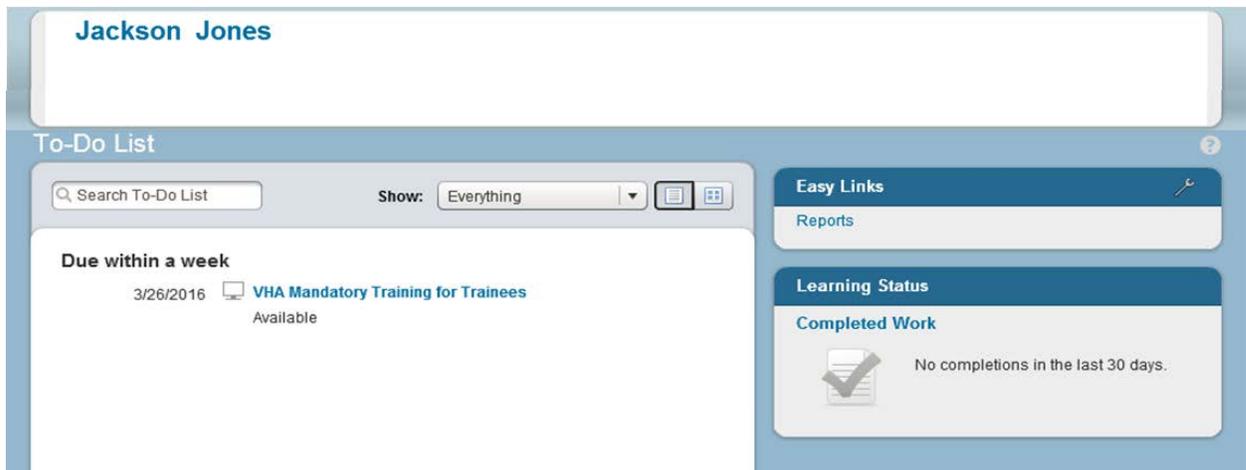


Figure 12: TMS Home Screen

As an HPT, only one course is required – ***VHA Mandatory Training for Trainees***.

2. Hover your mouse over the course title listed on your TMS Home screen. Brief information pertinent to this course displays.

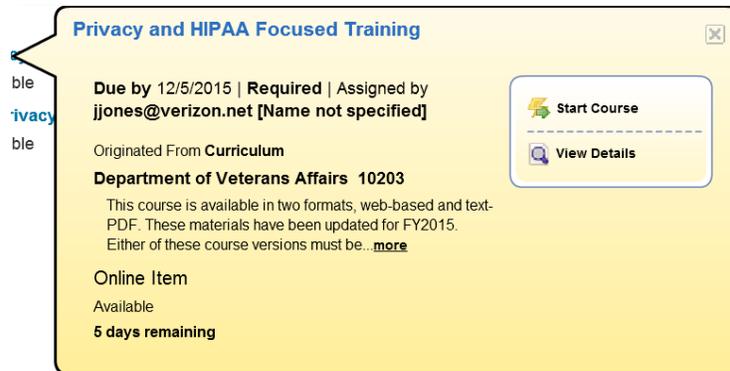


Figure 13: Course Information Pop-up on Mouse Hover

3. Select the **START COURSE** link.

The course windows launch in another browser window. You will see the Online Content Structure screen that is immediately followed by the initial screen of the selected course

Follow the instructions on each of the course screens to complete all modules of the mandatory training course.

4. Once a course has been completed, select the **HOME** link located at the top left of the screen to return to your TMS Home screen.

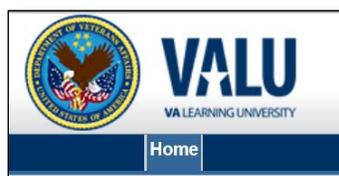


Figure 14: Snapshot of the Home Link

- Once the mandatory training has been completed, you will see the **Learning Status Pod** display information stating that the work is completed.

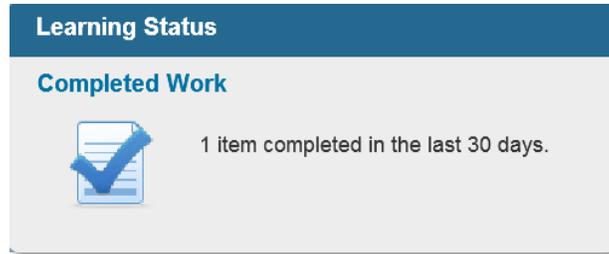


Figure 15: Learning Status Pod Example

- While the completion of the mandatory training is recorded in the TMS, you must also print a Certificate(s) of Completion. To do this, you must select the **Learning Status Pod** to access the **Completed Work** screen.

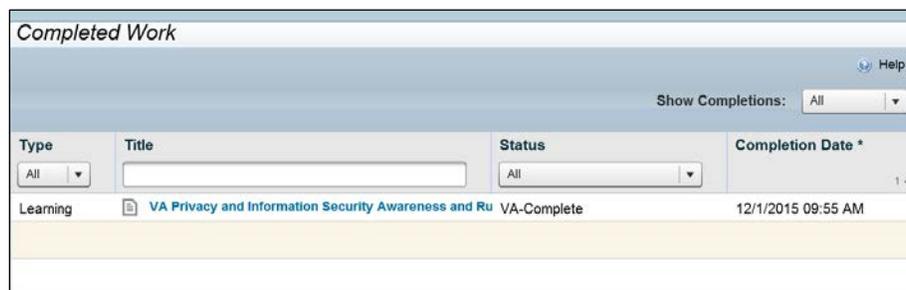


Figure 16: Completed Work Screen

The courses that you have completed and the date when they were completed display on this screen.

- Hover the mouse over the course title for which a completion certificate is to be printed to display the Completed Course pop-up window.

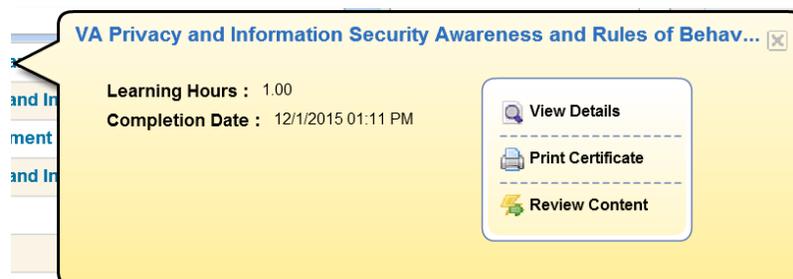


Figure 17: Completed Course Pop-Up

8. Select the **PRINT CERTIFICATE** link. A message indicating the information is being generated.

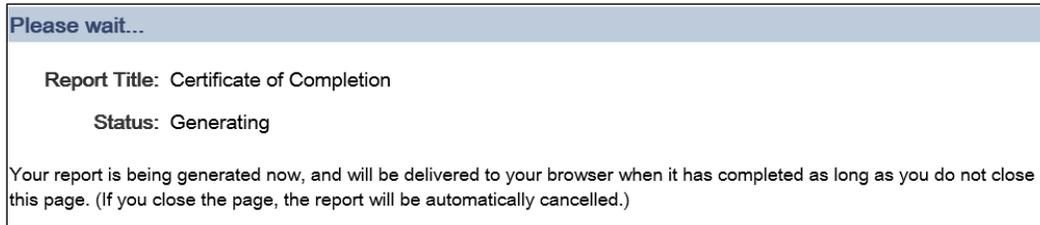


Figure 18: Generating Certificate of Completion Message Screen

Once the necessary information has been gathered, another browser window opens and displays a PDF of the Completion Certificate.

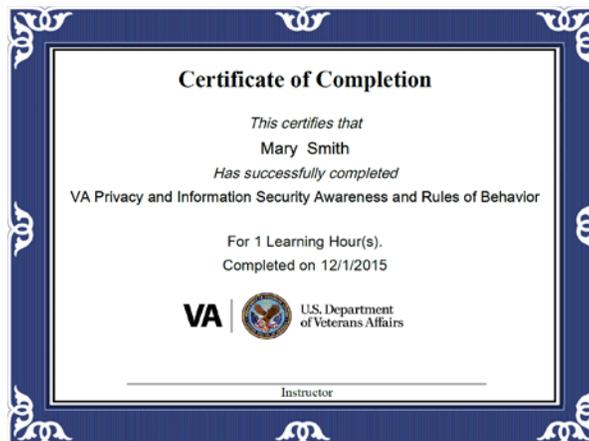


Figure 19: Certificate of Completion PDF

You may save this to your local drive and/or print the certificate to a local printer. Follow the instructions provided by your VA Point of Contact to either save it, print it, or do both.

9. Once you have printed and/or saved your certificate(s), you may log out of the TMS. Select the **SIGN OUT** link located in the upper right portion of your TMS Home screen.

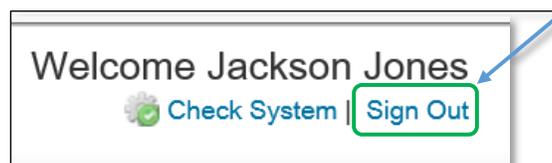


Figure 20: Snapshot of the Sign Out Link