



GEORGE E. WAHLEN
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
Salt Lake City Health Care System
500 Foothill Drive
Salt Lake City UT 84148

April 27, 2012

Welcome to the Department of Veterans Affairs (VA) and the VA Salt Lake City Health Care System. You will be given an intermittent appointment at our facility as a Medical Student beginning July 1, 2012.

Acceptance of the stipulations in this letter, as signified by your signature below, and completion of the Standard Form (SF) 61 prior to the start of your training, serves as your appointment authorization for this training period.

The following enclosed forms must be completed and signed for all trainees paid indirectly through a disbursement agreement:

- a) Without Compensation Letter (WOC)
- b) VA Form 10-2850c, Application for Students
- c) SF 61, Appointment Affidavits Standard Form
- d) SF 306, Declaration of Federal Employment
- e) Patient Abuse Memo and Acknowledgement
- f) Sexual Harassment Memo and Acknowledgement
- g) Standards of Ethical Conduct and Acknowledgement
- h) Mandatory Training (Print certificate)
- i) CT/PIV Information

As a newly appointed medical student who will be rotating at the VA, you are required to be finger printed. New Federal Regulations require that the fingerprinting be completed prior to your rotation at the VA. If possible, please report to the Human Resources building 4 highlighted on the map enclosed, ten (10) days (if possible) but at a minimum of three (3) days prior to your appointment date and orientation date to avoid delays. Available times for fingerprinting are Tuesday through Friday between the hours of 8:00 a.m. to 3:30 p.m. Plan on approximately 1 hour to do your paperwork and fingerprints. You must bring two (2) forms of picture ID; such as a drivers license or a student ID badge (see included Homeland Security for a listing of appropriate id's).

I strongly encourage you to complete the fingerprint process as soon as possible. Remember many other newly appointed residents and students will need to have fingerprints taken as well.

If you have any questions, please feel free to call Janette Sprankle at (801) 584-1284 ext. 2255, Shauna Wicks at (801) 584-1284 ext. 2214 and or Joyce Erskine (801) 584-1284 ext. 4405.

Sincerely,

//Signed//

LISA L. PORTER

Director, Human Resource Leadership & Education

Resident Signature

(Date)

(Printed or Typed Name)

Enclosures

VA Campus Map

Homeland Security List

*****NOTE: All paperwork (Including Training Certificate) must be received
by Human Resources before you can be fingerprinted.**

**MEDICAL STUDENT TRAINING PROGRAM
VA SALT LAKE CITY HEALTH CARE SYSTEM
Checklist for orientation at VAMC Salt Lake City Health Care System**

HUMAN RESOURCES - Paperwork, Fingerprinting, and Mandatory Training. Plan for up to 2 hours or less for processing with human resources.

Location: Bldg. 4

Contact: Janette Sprankle (801) 584-1284 x4-2255 or her backup Shauna Wicks, x4-2214

Time: Tuesday - Friday, 8:00 a.m. to 3:30 p.m.

Paperwork Processing and Fingerprinting with Human Resources:

You will need to complete the paperwork in your VA packet attached here to. If you have questions on this checklist or any of the forms, please call Janette or Shauna at the above numbers.

YOU CANNOT GET A NON-PIV BADGE WITHOUT THIS PROCESS BEING COMPLETED

NON-PIV Badge

IMPORTANT: Complete CT / PIV Registration Form and email (preferred) or fax to Janette or Shauna as soon as you receive your VA packet. The information from this form has to be entered into our system here before you can start the fingerprint / badge process. **The rest of the packet needs to be completed as soon as possible and sent to or brought with you no less than two (2) weeks before your VA rotation starts. It is taking longer than normal for fingerprints to be adjudicated and results sent back to the VA:**

Email to: Janette.Sprankle@va.gov , with cc to: Shauna.Wicks2@va.gov or

Fax #: 801-584-2588 **Attn:** Janette Sprankle/Shauana Wicks or

Mail Address: Department of Veterans Affairs
Salt Lake City Health Care System
500 Foothill Drive
Salt Lake City, UT 84148
MAIL STOP 05 - ATTENTION: JANETTE or SHAUNA

Once we have your fingerprint results, you will be able to pick your badge up in HR at the VA.

VA MANDATORY TRAINING for MEDICAL RESIDENTS AND MEDICAL STUDENTS

VA Mandatory Training Certificates: Please see the attached TMS User Job Aid with complete instructions. Individuals appointed to the VA Salt Lake City Health Care System, both paid and non-paid, must be compliant with mandatory training required by the Joint Commission, the Occupational Safety Health Administration and the Department of Veterans Affairs. The VA requires you to complete the mandatory training. Completion certificates for the VA Mandatory Training **must** be included in your VA application paperwork or taken with you when reporting to our Human Resource office upon processing/fingerprinting. **It is advised to complete this training before reporting to Human Resources in SLC, as the training can take up to 2 hours to complete.** If you have questions regarding the mandatory training requirements, please contact Janette Sprankle, Human Resources Assistant at 801-584-1284, Ext. 4-2255 or Shauna Wicks at x2214.

COMPUTER TRAINING (CPRS) and VA Computer Access Codes

CPRS is the charting program used at the VA. You must attend computer training class in order to receive access codes for this program to be able to do patient charting. Training for this program may be scheduled up to three months in advance of your VA rotation.

Location: Trailer 1 Computer Training Room or as arranged on campus

Contact: Nina Morris: 582-1565, ext. 1965 or pager 339-4742

Time: Flexible, to be arranged with Nina Morris. Plan for 1hr and 30 min for this training.

Without Compensation Letter (WOC)

Complete date:
Complete name:
Complete address:
Complete blanks with the appropriate rotation dates
Complete Veterans Status
Sign and date it
Complete SSN & Date of Birth

VA Form 10-2850 (c) Application form for Associated Health

Application must be filled in where applicable and please be sure to signed and date.

Appointment Affidavit SF-61

Resident name printed after I, _____.
Name signed on the appointee line.
Appointment Affidavit does not need to be signed by a notary.

Declaration of Federal Employment – OF-306

Complete items: 1 thru 6
If male need to complete items 7-A thru 7-C.
Complete item 8, if Resident has military service.
Complete items: 9 thru 16 (as appropriate)
Signed and dated item 17a.
Note: Complete items 18 thru 18-C “only if Resident had been employed by the Federal Government”

Patient Abuse Memo and Acknowledgement

Signed original for our records
Keep policy

Sexual Harassment Memo and Acknowledgement

Sign original for our records
Keep policy

Standards of Ethical Conduct

Signed original for our records
Keep policy

Parking Sticker

Location: Trailer 1 VA Police
Contact: Police Staff - 582-1565 Ext. 4233
Time: Monday to Friday, 7:00 a.m. - 11:00 a.m.

There is no charge for parking at the VA medical center, but you **MUST** have a parking sticker or you will be ticketed. To receive a parking sticker, you will need to bring your driver's **license, vehicle registration, and proof of vehicle insurance** to the police administration office in Trailer T-1.

LONG DISTANCE TELEPHONE ACCESS NUMBER

Location: Building 1 Room GA03 – Telecommunications Specialist.
Contact: Yvonne Woods - 582-1565 Ext. 1015
Time: Monday to Friday, 7:00 a.m. - 3:30 p.m.

Long distance telephone access number: Patient related long distance calls may be charged to the VA medical center by using a long distance telephone access number. This telephone access cannot be used for personal long distance calls. Personal calls that must be made during working hours may be made over the commercial long-distance network, but must be made by using a personal telephone credit card, collect, an 800 toll-free number or third party billed.

TELEPHONE USAGE AND ACCESS CODES: The government provided long distance service is to be used only to conduct official VA business. You must have an Access Code to use this network. A signature and ID will be required when picking up an Access Code. **Failure to obtain an Access Code will deny usage of the FTS network.**

Note: Pin Codes & Signature sheet may be issued to incoming Medicine Housestaff upon VISTA/CPRS orientation training.



GEORGE E. WAHLEN
DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
VA Salt Lake City Health Care System
500 Foothill Drive
Salt Lake City, UT 84148

April 27, 2012

Name: _____

Address: _____

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as a Medical Student from _____ to _____ under Authority of 38 USC, 7405 (a) (I) (A). During your period of affiliation with our facility, you are authorized to perform services as directed by the Program Director / Program Coordinator of your department and/or division.

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

If you agree to these conditions, please sign the statement below and return the letter. 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,

//signed//

Director, HRL&E

Enclosure:

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

Circle One

1. Veteran Status:
2. Other Veteran
3. Non-Veteran

Signature: _____

Date: _____

SSN: _____ DOB: _____

For this purpose, a Vietnam Veteran is one with service between August 5, 1964 and May 7, 1975



Department of Veterans Affairs

APPLICATION FOR ASSOCIATED HEALTH OCCUPATIONS

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 to determine your eligibility for appointment in Veterans Health Administration.

Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. OCCUPATION FOR WHICH APPLYING

- | | | |
|---|---|--|
| A <input type="checkbox"/> CERTIFIED RESPIRATORY THERAPY TECHNICIAN | E <input type="checkbox"/> LICENSED PHARMACIST | <input type="checkbox"/> OTHER (Specify) |
| B <input type="checkbox"/> REGISTERED RESPIRATORY THERAPIST | F <input type="checkbox"/> PHYSICIAN ASSISTANT | |
| C <input type="checkbox"/> LICENSED PHYSICAL THERAPIST | G <input type="checkbox"/> EXPANDED-FUNCTION DENTAL AUXILIARY | |
| D <input type="checkbox"/> LICENSED PRACTICAL/VOCATIONAL NURSE | H <input type="checkbox"/> OCCUPATIONAL THERAPIST | |

2. NAME (Last, First, Middle)

3. APPLICATION FOR (Check one)

☐ GENERAL PRACTICE ☐ SPECIALTY (Identify Below)

4. PRESENT ADDRESS (Include ZIP Code) STREET ADDRESS 2 APT. NO.

5. TELEPHONE NUMBER (Include Area Code)

CITY STATE ZIP CODE COUNTRY

5A. RESIDENCE

5B. BUSINESS

6. DATE OF BIRTH

7. PLACE OF BIRTH (City) STATE COUNTRY

8. SOCIAL SECURITY NUMBER

9A. CITIZENSHIP

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

9B. COUNTRY OF WHICH YOU ARE A CITIZEN

10A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA

☐ YES ☐ NO (If "YES" complete items 10B and 10C)

10B. NAME OF OFFICE WHERE FILED

10C. DATE FILED

11. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER

12. DATE AVAILABLE FOR EMPLOYMENT

I - ACTIVE MILITARY DUTY

13A. DATE FROM

13B. DATE TO

13C. SERIAL OR SERVICE NO.

13D. BRANCH OF SERVICE

13E. TYPE OF DISCHARGE

☐ HONORABLE ☐ OTHER (Explain on separate sheet)

II - LICENSURE, DEA CERTIFICATION, REGISTRATION AND CLINICAL PRIVILEGES (As applicable)

14A. LIST ALL STATES/TERRITORIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED (If not held now, explain on separate sheet)

14B. LICENSE NO.

14C. CURRENT REGISTRATION (If "NO" explain on separate sheet)

14D. EXPIRATION DATE

YES NO NOT REQUIRED

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

☐ ☐ ☐

15A. ARE YOU FULLY LICENSED IN EVERY STATE IN WHICH YOU RECEIVED A LICENSE (If restricted, limited or probational in any State(s), explain on separate sheet)

☐ YES ☐ NO ☐ NOT APPLICABLE

15B. DO YOU HAVE PENDING OR HAVE YOU EVER HAD A STATE LICENSE TO PRACTICE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED ON A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED

☐ YES ☐ NO (If "YES" explain on separate sheet)

15C. HAVE YOU EVER HELD A REGISTRATION TO PRACTICE THAT IS NO LONGER HELD OR CURRENT

☐ YES ☐ NO (If "YES" explain on separate sheet)

16A. NAME THE CERTIFYING BODY FOR YOUR HEALTH OCCUPATION

16B. DATE OF MOST RECENT REGISTRATION/ CERTIFICATION (Give Month and Year)

16C. WHAT IS YOUR REGISTRY/ CERTIFICATION NUMBER

16D. HAS ACTION EVER BEEN TAKEN AGAINST YOUR CERTIFICATION OR REGISTRATION (If "YES" explain on separate sheet)

☐ YES ☐ NO

17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION, AGENCY OR ORGANIZATION

☐ YES ☐ NO (If "YES" complete item 17B)

17B. NAME OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD

17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, OR VOLUNTARILY RELINQUISHED

☐ YES ☐ NO (If "YES" explain on separate sheet)

III - THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE



CERTIFICATION:

I certify that I have verified licensure and registration with State boards, and sighted visa or evidence of citizenship. Board certification has been verified (if appropriate).

18. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO:

- | | |
|--|---|
| <input type="checkbox"/> CERTIFICATION OR REGISTRATION | <input type="checkbox"/> VISA |
| <input type="checkbox"/> NATURALIZED CITIZENSHIP | <input type="checkbox"/> CURRENT OR MOST RECENT CLINICAL PRIVILEGES |
| <input type="checkbox"/> LICENSURE/REGISTRATION FOR ALL STATES LISTED BY APPLICANT | <input type="checkbox"/> NO CURRENT OR PREVIOUS CLINICAL PRIVILEGES |

19A. SIGNATURE OF AUTHORIZED OFFICIAL

19B. TITLE

19C. DATE (MONTH, DAY, YEAR)

IV - LIABILITY INSURANCE (As applicable)					
20A. PRESENT LIABILITY INSURANCE CARRIER	20B. DATE COVERAGE BEGAN	20C. NAMES OF PRIOR CARRIERS	20D. DATE OF COVERAGE		21. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" explain on separate sheet)
			FROM	TO	
V - QUALIFICATIONS					
BASIC ALLIED HEALTH EDUCATION (Continue on separate sheet, if necessary)					
22A. NAME OF SCHOOL	22B. ADDRESS (City, State and ZIP Code)	22C. LENGTH OF PROGRAM	22D. DATE COMPLETED	22E. DIPLOMA OR DEGREE RECEIVED	
ADDITIONAL EDUCATION (Continue on separate sheet, if necessary)					
23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP Code)	23C. MAJOR	23D. DATE COMPLETED	23E. CREDITS	23F. DEGREE
VI - PROFESSIONAL EXPERIENCE					
24A. EMPLOYER	24B. ADDRESS (City, State and ZIP Code)	24C. POSITION (Where applicable, also specify whether General Practitioner or Specialist)	26D. FULL-TIME	26E. PART-TIME AVERAGE HOURS PER WEEK	26F. DATES EMPLOYED
					FROM TO
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
VII - GENERAL INFORMATION					
25. NAMES UNDER WHICH YOU WERE EMPLOYED, IF DIFFERENT FROM NAME GIVEN IN ITEM 1.					
26. LIST ALL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS, FELLOWSHIPS (If additional space is required, attach separate sheet).					
VIII - REFERENCES					
27. REFERENCES: List at least four persons living in the United States who are not related to you by blood or marriage and who have been in a position to judge your qualifications during the past five years.					
27A. NAME	27B. ADDRESS (Number, Street, City, State and ZIP Code)	27C. AREA CODE/PHONE NO.	27D. BUSINESS OR OCCUPATION		

REFERENCES (Continued)				
27A. NAME	27B. ADDRESS (Number, Street, City, State and ZIP Code)	27C. AREA CODE/PHONE NO.	27D. BUSINESS OR OCCUPATION	
ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET		YES	NO
28.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service ?		<input type="checkbox"/>	<input type="checkbox"/>
29.	Does the Department of Veterans Affairs employ any relative of yours (by blood or marriage)? If "YES" give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.		<input type="checkbox"/>	<input type="checkbox"/>
30.	<p>ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.)</p> <p>(As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of malpractice are proven groundless. Any conclusion concerning your answer as it relates to your qualifications will be made only after a full evaluation of the circumstances involved.)</p>		<input type="checkbox"/>	<input type="checkbox"/>
<p>NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 33, 34 or 35 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 33 or 34, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.</p>				
31.	Within the last five years have you been discharged from any position for any reason?		<input type="checkbox"/>	<input type="checkbox"/>
32.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?		<input type="checkbox"/>	<input type="checkbox"/>
33.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)		<input type="checkbox"/>	<input type="checkbox"/>
34.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 33 above?		<input type="checkbox"/>	<input type="checkbox"/>
35.	While in the military service were you ever convicted by a general court-martial?		<input type="checkbox"/>	<input type="checkbox"/>
36.	If you were in the military service in one of these health occupations, did you ever receive a non-judicial punishment (Article 15)?		<input type="checkbox"/>	<input type="checkbox"/>
37.	<p>Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.)</p> <p>If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.</p>		<input type="checkbox"/>	<input type="checkbox"/>
IX - SIGNATURE OF APPLICANT				
<p>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).</p>				
<div style="display: flex; align-items: center;"> <div style="width: 10%; text-align: center;">▶</div> <div> CERTIFICATION: </div> <div style="margin-left: 20px;"> I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH. </div> </div>				
38A. SIGNATURE OF APPLICANT (Sign in dark ink)			38B. DATE (Month,Day,Year)	

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 concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;
- ☐ Authorize release of such information and copies of related records and/or 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; and
- ☐ 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.

SIGNATURE	DATE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

AUTHORITY: The information requested on the attached application 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 primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and the published notice of the system of records "Applicants for Employment under Title 38, U.S.C.-VA" (02VA135)

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also 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. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

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

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. 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 your 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. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

APPOINTMENT AFFIDAVITS

MEDICAL STUDENT

(Position to which Appointed)

(Date Appointed)

Dept. of Veterans Affairs

(Department or Agency)

SLC Health Care System

(Bureau or Division)

Salt Lake City, UT

(Place of Employment)

I, _____, 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.

(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.

Declaration for Federal Employment

Form Approved:
O.M.B. 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 a 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:
O.M.B. No. 3206-0182

GENERAL INFORMATION

1 FULL NAME (First, middle, last) ▶	2 SOCIAL SECURITY NUMBER ▶
3 PLACE OF BIRTH (Include City and State or Country) ▶	4 DATE OF BIRTH (MM/DD/YY) ▶
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", skip 7b and 7c. If "YES", go to 7b.*
7b. Have you registered with the Selective Service System? ☐ YES ☐ NO *If "NO", go 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 *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 *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 10 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.) <i>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.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Have you been convicted by a military court-martial in the past 10 years? <i>(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.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	Are you now under charges for any violation of law? <i>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.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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? <i>If "YES", use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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.) <i>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.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment

Form Approved:
O.M.B. 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 ▶ _____ Date ▶ _____
(Sign in ink)

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

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 (VA)
SALT LAKE CITY HEALTH CARE SYSTEM
Salt Lake City, Utah

MEMORANDUM 05.12

March 4, 2010

PATIENT ABUSE

1. PURPOSE:

To outline a policy on patient abuse for the VA Salt Lake City Health Care System (VASLCHCS).

2. POLICIES:

a. An absolute requirement of the VASLCHCS is that patients receiving medical care services always be treated with kindness and sincere interest. Respect is essential for the delivery of high-quality medical care. Mistreatment and abuse of a patient, whether or not provoked, will result in disciplinary action.

b. A fundamental policy of the VASLCHCS is that no patient is to be mistreated or abused in any way by an employee.

c. Any employee who witnesses an act of patient abuse has an obligation to report it to the proper authorities. Employees who make false or unfounded charges against another employee are subject to disciplinary action in accordance with appropriate regulations.

d. An Administrative Investigation Board (AIB) is required in allegations of patient abuse except when:

(1) The employee admits full responsibility.

(2) The allegation is determined to be groundless because the patient is delusional or is using the allegations to manipulate staff.

3. DEFINITION:

Patient Abuse is defined as an act against a patient that involves physical, psychological, sexual, or verbal abuse, including:

(1) Any action or behavior that conflicts with patient rights.

(2) Intentional omission of patient care.

(3) Willful violations of the privacy of a patient.

(4) Intimidation.

(5) Harassment or ridicule of a patient.

- (6) Willful physical injury of a patient.

Employee intent to abuse is not a requirement for patient abuse. The patient's perception of how he/she was treated is an essential component of the determination of abuse. However, the fact that a patient has limited or no cognitive ability does not exclude the possibility that abuse has occurred.

4. RESPONSIBILITIES:

- a. Employees will be responsible for:

- (1) Being respectful in all communication and interaction with patients.
- (2) Being familiar with VASLCHCS regulations on patient abuse.
- (3) Immediately reporting to their supervisor allegations of patient abuse, or reporting acts they witness that may constitute patient abuse.
- (4) Cooperating with investigations.

- b. Supervisors will be responsible for:

- (1) Informing employees of patient abuse policies on an annual basis during inservice orientations or staff meetings.
- (2) Reporting and investigating cases of alleged and actual patient abuse.
- (3) Promptly initiating disciplinary action in patient abuse cases.

- c. Director, Human Resources Leadership and Education will be responsible for:

- (1) Ensuring that all new employees are aware of the VASLCHCS Policy on Patient Abuse, and obtaining written acknowledgement of such.
- (2) Periodically informing all employees of the VASLCHCS Policy on Patient Abuse.
- (3) Assisting Service Directors and Supervisors in preparing disciplinary action in patient abuse cases and preparing actions if indicated.

- d. Patient Safety Improvement Coordinator will ensure that investigation and reporting requirements under the Patient Adverse Event Reporting Program are carried out.

5. PROCEDURES:

- a. The supervisor will do a preliminary review to determine facts associated with the report received.

- b. If the allegation involves an act, the act which meets the definition of patient

abuse above, but is determined to be groundless because the patient is delusional or is using the allegation to manipulate staff, the supervisor will submit VA Form 10-2633, "Report of Special Incident Involving a Beneficiary," to the Director through the Patient Safety Improvement Coordinator within 24 hours, with a memorandum requesting approval to waive the AIB.

c. If the allegation involves an act which meets the definition of patient abuse above, but the employee involved admits full responsibility, the supervisor will submit VA Form 10-2633 "Report of Special Incident Involving a Beneficiary," to the Director through the Patient Safety Improvement Coordinator within 24 hours, with a memorandum requesting approval to waive the Administrative Investigation. The care team/service center will promptly initiate a request to Director, Human Resources Leadership & Education for appropriate action.

d. If the allegation involves an act, which meets the AIB definition of patient, abuse above, and conditions for waiver of the AIB under paragraph 5. c. or 5. d. are not met, the supervisor will submit VA Form 10-2633 "Report of Special Incident Involving a Beneficiary," to the Director through the Patient Safety Improvement Coordinator within 24 hours, with a request for an administrative investigation.

6. REFERENCES:

M-2, Part I, Chapter 35, "Patient Incident Review"
38 CFR 17.34a, 38 CFR 0.735-11, and 38 CFR 0.735-12
VA handbook 5021, Part II, Appendix A
Center Policy Memorandum 00Q.65, "Administrative Investigations"

7. RESCISSION: Center Policy Memorandum 05.12, "Patient Abuse," dated February 1 2006.

8. AUTOMATIC RESCISSION DATE: March 4, 2013

9. FOLLOW-UP RESPONSIBILITY: Director, Human Resources Leadership & Education (05)

/S//

STEVEN W. YOUNG, FACHE
Director

Department of Veterans Affairs

Memorandum

Date:

From: VA Salt Lake City Health Care System Director (660/00)

Subj: Acknowledgement of Receipt for Policy Memorandum 05/12, "Patient Abuse"

To: All Medical Residents

I hereby acknowledge receipt of the Department of Veterans Affairs (VA) Salt Lake City Health Care System memorandum, 05.12, dated March 4, 2010, entitled "Patient Abuse". I certify that I have read all of the policies and instructions in this memorandum, and I will abide by them during the term of my employment. I promise to report to my immediately to the Health Care System Director, through my supervisor, any instance of abuse of patients. This will include a full description of the circumstances.

Signature

Date

DEPARTMENT OF VETERANS AFFAIRS (VA)
Salt Lake City Health Care System
Salt Lake City, Utah

MEMORANDUM 00.18

March 23, 2011

POLICY STATEMENT ON SEXUAL HARASSMENT

1. PURPOSE:

To provide guidelines and definition of what constitutes sexual harassment at the VA Salt Lake City Health Care System (VASLCHCS).

2. POLICY:

a. It is the policy of the George E. Wahlen Department of Veterans Affairs Medical Center that all employees enjoy a working environment free from all forms of discrimination, including sexual harassment and discrimination based upon one's sexual orientation. No employee, either male or female, should be subject to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical. Sexual harassment lowers morale and is damaging to the work environment; it also is illegal. Therefore, this Medical Center will treat sexual harassment like any other form of employee misconduct; it will not be tolerated.

b. Specifically, it is illegal and against the policies of the VA for any employee, male or female, to sexually harass another employee by

(1) Making acceptance of unwelcome sexual advances or request for sexual favors or other verbal or physical conduct of a sexual nature, a condition of an employee's continued employment, or

(2) Making submission to or rejections of such conduct the basis for employment decisions affecting the employee, or

(3) Creating an intimidating, hostile, or offensive working environment by such conduct.

c. Management will enforce disciplinary action against any person who threatens or insinuates, either explicitly or implicitly that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any condition of employment or career development. This discipline can include termination. The VA recognizes that the question of whether a particular action or incident is purely personal, social relationship without a discriminatory employment effect requires a factual determination based on all facts in each case. Therefore, this Medical Center will act positively to investigate alleged sexual harassment claims and to effectively remedy them when an allegation is

determined to be valid. Given the nature of this type of discrimination, the VA also recognizes that false accusations of sexual harassment can have serious effects on innocent men and women. Therefore, false accusations will result in the same severe disciplinary action applicable to one found guilty of sexual harassment.

d. Persons believing they have been subjected to sexual harassment should discuss concerns with their immediate supervisor, service center director, AFGE Representative, the EEO Program Manager, Director HRL&E or an Office of Resolution Management EEO counselor. All information disclosed during the discussion will be held in the strictest confidence and will only be disclosed on a "need to know" basis in order to investigate and resolve the matter. Reprisal against one who engages in protected activity will not be tolerated, and this facility supports the rights of all employees to exercise their rights under the civil rights statutes.

3. PROCEDURES:

a. All complaints concerning sexual harassment will be processed in a fair and impartial manner.

b. The procedure outlined in Center Policy Memorandum 00.17 "Equal Opportunity Program" will be implemented to process sexual harassment complaints.

4. REFERENCES:

Code of Federal Regulation, 19CFR, Part 1614
EEOC Management Directive 110
MP-7, Part 1, Chapter 2, Section F
Section 703 of Title VII of the Civil Rights Act of 1964
Reorganization Plan No. 1 of 1978
Executive Order 12106 (44 F.R. 1053, January 3, 1979)
VA Directive 5975 (January 2007)

5. RESCISSION: Center Policy Memorandum 00.18 "Policy Statement of Sexual Harassment," dated February 8, 2005.

6. AUTOMATIC RESCISSION DATE: March 23, 2014

7. FOLLOW-UP RESPONSIBILITY: Equal Employment Opportunity Program Manager (05)

/S//

STEVEN W. YOUNG, FACHE
Director

Department of Veterans Affairs

Memorandum

Date: April 11, 2012

From: VA Salt Lake City Health Care System Director (660/00)

Subj: Acknowledgement of Receipt for Policy Memorandum 00.18 "Sexual Harassment"

To: All Medical Residents

I hereby acknowledge receipt of the Department of Veterans Affairs (VA) Salt Lake City Health Care System memorandum, 00.18 dated February 11, 2009, entitled "Sexual Harassment". I certify that I have read all of the policies and instructions in this memorandum, and I will abide by them during the term of my employment. I promise to report to my immediate supervisors, service center director, AFGE Representative, the EEO Program Manager, Director HRL&E, or an Office of Resolution Management counselors any instance of sexual harassment. This will include a full description of the circumstances.

Signature

Date

DEPARTMENT OF VETERAN AFFAIRS (VA)
SALT LAKE CITY HEALTH CARE SYSTEM
Salt Lake City, Utah

MEMORANDUM 05.20

March 5, 2012

ETHICAL CONDUCT RESPONSIBILITIES

1. PURPOSE

To outline the policy for Ethical Conduct of all Medical Center employees.

2. PHILOSOPHY

Intimidating and disruptive behaviors undermine a culture of safety and quality and will not be tolerated. It is the expectation that all employees will conduct themselves in a manner which creates a professional workplace and reflects positively upon the individual and VA. Breaches in conduct will be managed through the disciplinary process.

3. POLICY

a. Employees are expected to observe the highest possible standards of honesty, integrity, impartiality, compassion, courtesy, and ethical behavior towards patients, visitors, and fellow employees.

b. Leadership promotes a culture of civility and discourages behaviors that undermine effective teamwork and patient safety. Any employee who violates established conduct requirements may be subject to appropriate disciplinary or adverse action, pending the outcome of an administrative investigation.

c. Management is committed to enforcement of conduct requirements, including the Standard of Ethical Conduct for employees of the Executive Branch, 5 CFR Part 2635 and the facility Code of Conduct (Attachment 1).

4. RESPONSIBILITIES

a. Facility Director and senior leadership are responsible to communicate expectation to clinicians and all staff that disruptive, inappropriate, intimidating and uncivil behavior compromises Veterans Health Administration (VHA) mission of high quality care and service to Veterans.

b. Managers and Supervisors are responsible to communicate expectations to clinicians and all staff that disruptive, inappropriate, intimidating and uncivil behavior compromises VHA mission of high quality care and service to Veterans. Investigation of any allegation of violation of ethical codes must be initiated immediately, but no later than 2 working days from date of notification.

c. Employees are responsible for demonstrating behaviors that reflect a

commitment to continuous professional development, ethical practice and understanding and sensitivity to diversity and a responsible attitude toward patients, their profession and their workplace.

5. PROCEDURES.

a. Human Resources, Leadership & Education (HRL&E) will furnish a copy of this policy to all new employees during their orientation. All employees will review the content of this policy during annual in-service training held within their Service, as well as during the annual rating period.

b. Employees with questions about acceptable conduct should first check with their supervisor for advice. If the supervisor cannot answer an employee's question, the employee should be referred to a HRL&E consultant and/or Union Representative for assistance.

c. Any employee at any level, noting apparent violations of conduct requirements, should consult with their higher level supervisors within their respective Service and the appropriate HRL&E consultant and Union Representative for advice and assistance in addressing the misconduct.

d. The Code of Conduct (Attachment 1) has been developed for employees to clarify their responsibilities in support of the Medical Center's commitment to prevent misbehavior. In addition to the Code of Conduct, the following conduct requirements continue to be applicable for all VA Salt Lake City Health Care System (VASLCHCS) employees.

(1) Employees are required to familiarize themselves with 5 CFR Part 2635, Standards of Ethical Conduct for Employees of the Executive Branch, through in-service training processes.

(2) Employees are not permitted to bring into the VASLCHCS, to include the Community Based Outpatient Clinics (CBOCs), or have in their possession while on VASLCHCS grounds, firearms or other weapons, ammunition, narcotics, alcoholic beverages, or items of like nature. The use or possession of such articles on VASLCHCS grounds, whether on the person of the individual, in a locker, or in a vehicle for which the individual employee is responsible, will be sufficient basis for disciplinary or adverse action.

(3) Peddlers, collectors, newspaper vendors, beggars, solicitors, distributors, and vendors of any article or commodity (i.e., Girl Scout cookies, Avon, candles) will not be permitted to practice their vocations in any activity of the VASLCHCS except when they have a formal written contract with the Medical Center. Infractions should be reported immediately to the Police Service for appropriate action.

(4) Employees (with the exception of relatives), are forbidden from accepting being a beneficiary in the last will and testament of any VASLCHCS patient. Employees will not prepare wills for patients. Those patients or beneficiaries desiring to execute wills will be advised to consult a qualified attorney. Only in an emergency capacity may employees witness wills executed by patients.

(5) Employees of the VASLCHCS, regardless of the type or form of remuneration, will not privately employ patients.

(6) Employees are prohibited from buying, accepting gratis, or having in their possession any item which is donated or furnished tax-free for distribution to patients, i.e., craft kits, playing cards, etc.

(7) Employees will not accept money from patients for the purpose of making purchases for the patient, nor will employees offer to cash checks, money orders, or other similar items. Employees will refrain from entering into financial transactions with patients, including borrowing or lending money.

(8) Employees will not access another facility or work location or use equipment belonging to another facility or work location without permission from the supervisor or person responsible for the facility or equipment.

(9) VA owned recreational equipment, including radio and television sets, will not be moved or used by employees, unless specific authorization is received from the supervisor responsible for the use of such equipment.

(10) Patients will not be permitted to borrow or drive employees' automobiles. Employees are likewise prohibited from driving or borrowing automobiles belonging to patients. This restriction does not apply to VA Police Officers in the performance of their official duty. Patients (with the exception of relatives) will not be transported on or off VASLCHCS grounds by employees in privately-owned automobiles, except for specific official business, and with prior approval.

(11) Under the Privacy Act of 1974, employees may not collect or maintain information about other employees, applicants, patients, or others dealing with the VASLCHCS, unless the information is relevant and necessary to the official purpose for which it was collected. No information, which has been collected concerning an individual, may be disseminated, except in the performance of official duty.

(12) Any employee who witnesses a violation of these rules and does not promptly report such to the proper authority is also subject to disciplinary or adverse action. It is the responsibility of each employee to familiarize him/herself with the Standards of Conduct and the attached Code of Conduct.

e. Dually conflicting relationships and/or the abuse of power within the staff/patient relationship is prohibited. An appropriate relationship with clear boundaries between staff and patients is a necessary component of achieving the mission of the health care system to maintain and improve the health and well-being of network veterans. When a relationship becomes poorly defined, blurred, or compromised by outside interests of a staff member, a violation of relationship boundaries may occur. A conflictual, dual relationship exists when the parties involved in the relationship interact socially, romantically, or in business in addition to the relationship occurring as part of a staff member's job with the VASLCHCS and would be reasonably expected to interfere with or have a negative impact on the patient, other patients, employees, or the health care system. Employees must inform their supervisor and/or the treatment team of any existing relationship at the time of a patient's admission, or as soon as the employees is aware of the admission, and remove themselves from a role in the patient's care.

f. Employees in supervisor and manager positions are prohibited from engaging in romantic, sexual, or financial relationships with subordinates. Employees must inform their appropriate Pentad member of any existing relationship.

6. REFERENCES:

5 CFR, Part 735, Employee Responsibilities and Conduct

5 CFR, Part 2635, Standards of Ethical Conduct

VHA IL 10-2010-002, Under Secretary for Health's Information Letter Intimidating and Disruptive Behaviors that Undermine a Culture of Patient Safety

7. AUTOMATIC RESCISSION DATE: March 5, 2015

8. FOLLOW-UP RESPONSIBILITY: HRL&E (05)

/S//

STEVEN W. YOUNG, FACHE

Director

Attachments: A. Code of Conduct for Employees of the VA Salt Lake City Health Care System

ATTACHMENT A

**Code of Conduct
For
Employees of the VA Salt Lake City Health Care System**

As an employee, you are the VA Salt Lake City Health Care System (VASLCHCS). You are what veterans see when they enter our facility for care. We are judged as a health care system by your performance and conduct. We are the care you provide, the attention you give, and the courtesy you show.

As a result of your key role in determining what quality is at the VASLCHCS, the following Code of Conduct has been established to define the expectations of every employee of the health care system – at all levels of the organization:

As an employee of the VA Salt Lake City Health Care System, you are expected to:

- * Exhibit courteous, professional, and compassionate behavior toward patients, co-workers and visitors as a requirement of your position, not as an option.
- * Refrain from emotional, romantic, sexual, and financial involvement with patients or patients' family members.
- * Employees shall put forth honest effort in the performance of their duties.
- * Treat your supervisor(s) with courtesy and professionalism, following their directions and guidance in completing assignments. Supervisors are expected to afford their employees the same degree of professionalism, provide them a role in decision-making and be responsive to their issues of concern.
- * Consider yourself as an employee of the VASLCHCS, not just of a single Service/Care Line, and promptly report any circumstances which might compromise patient care or effective and safe health care system operations.
- * Take issues of fire, safety, and security seriously and promptly report any unusual situations or emergencies.
- * Review and adhere to local policies and procedures related to the Code of Conduct.

STANDARDS OF ETHICAL CONDUCT

The following is a very brief summary of the major ethics-rules for government employees. The secretary for your Service has the full text and you are strongly encouraged to take the time to review its contents. The Library also maintains a copy of the full text on its "reserved shelf for employees to review.

1. A Government employee must place loyalty to the public trust above anyone's private gain.
 - Prevent conflicts of interest. ("Don't serve two masters.")
 - Avoid the appearance of conflict of interest. ("Employees must be above reproach.")
2. Restriction on gifts: With some exceptions, an employee must not accept a gift from a prohibited source or given because of the employee's official position. (Subpart B)
3. Gifts to official superiors are prohibited. (Subpart C)
4. An employee must not take any official action which affects his or her financial interests. (Subpart D)
5. An employee should not take any official action in circumstances where a reasonable person would question the employee's impartiality in that action. (Subpart E)
6. An employee must not take any official action which affects the financial interest of any person or entity with whom the employee's impartiality in that action. (Subpart E)
7. An employee must not use his or her public office – including official time, information, property or endorsements – for personal gain or the private gain of anyone. (Subpart G)
8. An employee must not engage in any outside employment or outside activity which conflicts with his or her official duties. (Subpart H)
9. An employee must comply with all ethics laws and regulations. (Subpart I)

When in doubt, seek advice from your supervisor or Human Resources. It could save you and the VA a lot of trouble!

* * * * *

I have read and understand the above information and the consequences of my failure to comply.

Signature

Date

CLINICAL TRAINEE / PIV REGISTRATION FORM

(Federal Personal Identity Verification)

Per Homeland Security Regulations **all Information is Mandatory!**



—————→ Do you currently have a VA PIV Badge? ☐ Yes ☐ No

You MUST PRINT LEGIBLY

First Name (Legal Name) NOT nickname		Middle Name (Legal Name)	Last Name (Legal Name)	
Social Security Number (Print Legibly)			Date of Birth	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black— non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> White- non Hispanic		
Height: ____ ft. ____ in.	Weight: _____ lbs.	Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Grey <input type="checkbox"/> Brown <input type="checkbox"/> Hazel		Hair Color: <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> None/Bald <input type="checkbox"/> Blonde <input type="checkbox"/> Red <input type="checkbox"/> Brown <input type="checkbox"/> White
Name of School		City of Birth:		State /Country of Birth:
Street Address			Apartment #	
City	State	Zip	Phone (Home):	
			Phone (Cell):	
Email Address				

Current Degree Level: (Darken the circle for the highest degree you have completed so far)

- ☐ Certificate/Diploma (High School) ☐ Associate ☐ Baccalaureate ☐ Master's
☐ Post-master's Fellowship ☐ Doctoral ☐ Postdoctoral (other than residents) ☐ Residency/Fellowship

Program of Study (Discipline that best describes the current program of study): ☒ _____

Examples: Audiology, Chaplaincy, Dentistry, Dietetics, Health Info, Health Services Research & Development, Imaging, Laboratory, Medical Student, Medical Resident/Fellow, Medical Post-residency Physician in a VA Special Fellowship, Medical/Surgical Support (Respiratory & Bio Med Techs), Nurse Anesthetist, Nursing, optometry, Other, Pharmacy, PA, Podiatry, Psychology, Rehab, Social Work, Speech-Language Pathology

For Office Use Only

☒ Non-Paid Student ☐ Paid Student

Badge Title (Name on ID Badge): ☒ **Medical Student**

Badge Type (mark accordingly): ☐ PIV Badge (6mo-3yrs w/NACI & CPRS) ☒ **NON-PIV** Badge (6mo-3yrs Exp w/CPRS)
☐ **FLASH** Badge (No CPRS up to 1 year) ☐ **ACCESS** Badge (required for doors)

Termination Date (1 day past "Expiration Date"): _____
(Student will be terminated from CPRS and TMS on this date)

VA Point of Contact: Janette Sprinkle, Mail Code 05HL Ext. #2255

PIV APPLICANT TRAINING

for your VA ID Badge

Please read this PIV Training Document
prior to coming to the VA to obtain your ID badge



Keep this training document in your personal files for future reference
Do Not return this document in your Orientee Packet

PIV APPLICANT TRAINING - Federal Personal Identity (PIV) Training

This course provides one hour of **mandatory training** on one of the four core components of the new PIV system.

PIV Applicant: You must review all the pages in this course.

PIV APPLICANT OBJECTIVES - At the end of this course, you will be able to:

- Describe Homeland Security Presidential Directive (HSPD-12) and its purpose
- Describe the (PIV) subsystem and the different types of PIV standards
- Describe the PIV Roles and Issuance Process and the privacy requirements of the PIV process
- Describe the procedures for ID Proofing a PIV card applicant

FIPS-201 and HSPD -12 Overview - Why a FIPS-201 Compliant (PIV) System? What is HSPD-12, FIPS-201, PIV-I and PIV-II?

On August 27, 2004, President Bush signed [Homeland Security Presidential Directive 12 \(HSPD-12\), Policy for a Common Identification Standard for Federal Employees and Contractors](#). Based upon this directive, the National Institute for Standards and Technology (NIST) developed [Federal Information Processing Standards Publication \(FIPS Pub\) 201](#) including a description of the minimum requirements for a Federal Personal Identity verification (PIV) system. FIPS 201 directs the implementation of a new standardized card issuance process, which is designed to enhance security, reduce identity fraud, and protect the personal privacy of those issued government identification

PIV-I & PIV- II - The PIV standard consists of two parts:

PIV-I: PIV-I satisfies the control objectives and security requirements of [HSPD-12](#)

PIV-II: PIV-II specifies implementation and use of identity credentials on integrated circuit cards (Smart Cards) for use in a PIV system .

What is Personal Identity Verification (PIV)

The PIV process provides a commonly accepted, reliable and secure form of identification for all Federal employees that:

- Is issued based on sound criteria for verifying an individual's identity
- Is strongly resistant to identity fraud, tampering, counterfeiting and terrorist exploitation
- Is only issued by providers whose reliability has been established
- Will provide physical and logical access to VA facilities

PIV APPLICANT Role, Description and Requirements

- A PIV Applicant is an individual to whom a PIV card will be issued. To apply for a PIV card, one of the following eligibility requirements must be met:
 - The individual must be a prospective or current Federal employee
 - The individual must be (or will be) under contract to the Federal government, to whom the VA would normally issue a long-term (greater than six months) Federal identity card, consistent with existing security policies
 - The individual must be a guest researcher, volunteer, intern, or intermittent, temporary, or seasonal employee who has been authorized to receive a PIV card

PIV APPLICANT Procedures

- As an Applicant, you will be required to:
 - Complete the Center for Learning's Trainee Registration Form
 - Complete and submit background investigation forms (SF-85, SF-85P, or SF-86 and associated documents), as directed by the VA Center for Learning
 - Appear in person (at the location indicated by the Center for Learning) with two forms of valid identification, one of which must be a Federal or State-issued photo identification Be fingerprinted
 - Have a passport-quality photo taken for placement on your PIV card (Will be taken at the VA Library)
 - Sign for your PIV card and acknowledge understanding of your rights and responsibilities (Done at the VA Library)
 - The Center for Learning will notify you of any other supporting documents or additional information that may be required to receive a PIV card

PIV APPLICANT Rights and Responsibilities

- You will be presented with information about your rights and responsibilities with respect to privacy, security, and protection of your PIV card. Some of your rights include:
 - Notification of how your personal Information in Identifiable Form (IIF) will be protected while being stored or processed, both manually and electronically
 - Correction of errors in the identity source documents and all decisions based on them
 - Notification of the disposition of your application status
 - Notification of the steps required to re-apply for a PIV card if you are denied initially

PIV Applicant Privacy, Protection and Security

All Federal employees and contractors have a responsibility to contribute to the privacy, security, and protection of the PIV Program.

- By *Title 18* of the U.S. Code, it is a Federal offense to counterfeit, alter, or misuse the PIV card and system.
- All personnel issued a PIV card are responsible for:
 - Immediately reporting a lost/missing/stolen card
 - Replacing the card when it has become unusable or worn Protecting the card

STUDENTS MUST READ: *Keep in your personal files for future reference – do not return this document in your packet*

Effective November 1, 2006, fingerprints and approval for a VA ID badge cannot be granted without **two (2)** appropriate forms of identification (*see below table of accepted identification*). **Bring these 2 forms with you to your Orientation!**



If you are NOT a US Citizen, you MUST bring documentation showing you have authorization to be in the United States i.e., Passport!

HOMELAND SECURITY

On August 27, 2004, President Bush signed Homeland Security Presidential Directive 12, which requires all affiliates to have a **Personal Identity Verification (PIV) identification card** (formerly a VA ID Badge). This card will comply with Federal Information Processing Standard 201, which defines the specific procedural and technical requirements associated with this initiative. The PIV card will provide both physical access to government facilities and logical access to government information systems.

Table of Accepted Identification (From Form I-9)

Picture ID From Federal or State Government	Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government
<ul style="list-style-type: none">• State-Issued Drivers License• State DMV-Issued ID Card• U.S. Passport• Military ID Card• Military Dependent's card• US Coast Guard Merchant Mariner card• Foreign Passport with appropriate stamps• Permanent Resident Card or Alien Registration Card with a photograph (INS Form I-151 or I-551)• ID card issued by Federal or state government agencies provided it includes a photograph.	<ul style="list-style-type: none">• Social Security Card• Certified Birth Certificate• State Voter Registration Card• Native American Tribal Document• Certificate of U.S. Citizenship (INS Form N-560 or N-561)• Certificate of Naturalization (INS Form N-550 or N-570)• Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form DS-1350)• Permanent or Temporary resident card.• ID Card issued by local government agencies provided it includes a photograph or includes the following information: name, date of birth, gender, height, eye color, and address• Non-photo ID Card issued by Federal or state government agencies provided it includes the following information: name, date of birth, gender, height, eye color, and address• School ID with photograph• Canadian Drivers License• US Citizen ID Card (Form I-179)

STUDENTS MUST READ:

1. Two forms of identification are required from the list of acceptable documents. At least one ID must be a state or Federal government issued picture ID. Either of the following is accepted:
 - Two forms of identification from the left column (Federal or State Government issued picture ID).
 - One form of identification from the left column (Federal or State Government issued picture ID) and one form From the right column (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government).
2. Any form of identification used for ID proofing cannot not be expired.
3. Hand written or photocopied documents are not accepted.
4. An ID issued before a legal name change (e.g. birth certificate or driver's license) can be presented as one form of ID if a legal document (e.g. marriage certificate/license or a court order) is also presented linking the previous name to the current legal name. The linking document has to display both the former and current legal names. Both documents must be valid and not expired. For example, a married woman may use both a certified copy of her birth certificate and marriage license as one form of ID as long as the marriage license has to display both her maiden name and married name.
5. The Applicant's name listed on the **PDF VA Form 0711**, "*Request for One-VA Identification Card*", must match the name on one of the IDs presented by the Applicant.

MANDATORY TRAINING for VA Salt Lake City HCS

for Non-Paid Medical Residents and Medical Students

Individuals appointed to the VA Salt Lake City Health Care System, both paid and non-paid, must be compliant with mandatory training required by the Joint Commission, the Occupational Safety Health Administration and the Department of Veterans Affairs. The VA requires the following web-based training program(s) based on your role.

REQUIREMENTS FOR:

Health Professions Trainee

◆ VHA Mandatory Training for Trainees



LINK FOR ACCESS: www.tms.va.gov

Follow the “TMS User Job Aid” instructions included in your student packet

Special Note:

You do **NOT** need to mark “HIPAA Training” as noted on Item #7 in the TMS User Job Aid.

You do **NOT** need to take the module “VA Privacy and Information Security Awareness and Rules of Behavior (VA10176)”

NOTE: We recommend you use a VA computer due to software issues that may arise; however, you can access this training website from your home computer. You cannot gain access using an “Apple Macintosh”, or the web browsers “Mozilla Firefox”, or Netscape. You will need to complete the training using a Microsoft-based PC and web browser Internet Explorer. The computer **MUST** be connected to a printer because you will be required to print your “Certificate of Completion”. Computers in the VA library are available for your use between 7AM - 6PM Monday through Friday.

Failure to take the required mandatory training will result in the suspension of your computer access.

PROOF OF COMPLETION OF TRAINING:

A copy of the **Certificate of Completion** for the applicable role-specific training module **must be submitted** with your student packet to:

- ▶ **Medical Residents and Medical Students** - Send To: Janette Sprankle, Mail Code 05HL
For questions call (801)582-1565 x (4)2255

Please maintain a copy of your certificates in your own personal files in case you must show proof of completion.



User Job Aid for VHASLC WOC: Create New non-paid VA User Record

Purpose

The purpose of this job aid is to guide users through the step-by-step process of creating the Create New User tool in the VA TMS to be used by persons who will be working as Without Compensation (WOC) through the VHASLC. In this job aid you will learn how to:

- A. Create New User Record 9 Steps
- B. Complete Required Training 6 Steps

Task A. Create New User Record

1 Step 1

Log into

www.tms.va.gov. From the Login page, in the **brown** navigation bar click the **Create New User** link.



2 Step 2

In the **VA TMS Self Enrollment** page, select the appropriate employment type:

1. If you are a non-paid trainee, student, or resident at the VHASLC for the purpose of training, education, internship, or externship, *(this includes all Nursing students, Nurse Practitioners, Surgical Techs, Phlebotomists, and Medical Assistants)* select **"Health Professions Trainee"**

VA TMS Self Enrollment

If you are a VA employee and need a VA TMS profile, do not create an account here. Please contact your local VA TMS Administrator.
If you need assistance with self-enrollment, please contact the VA TMS Help Desk at 1 (866) 496-0463 or via email at VAMSEHelp@gpworldwide.com.

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

I am a...

- ☐ Health Professions Trainee
- 2** ☐ Contractor
- ☐ Volunteer
- ☐ WOC(Without Compensation)
- ☐ Others

3 Next

3 Step 3

Click **Next**.



4 Step 4
In **My Account Information** section, fill in all required fields as noted by the red asterisk, taking care to type accurately when entering your Social Security Number, e-mail address, and legal name.

Complete Steps 4a-4c only if you are a foreign national. Otherwise, proceed to Step 5:

4a Step 4a
If you are a foreign national, click the **click here** link.

4b Step 4b
If there is a security pop-up click **Allow**.

4c Step 4c
In the email pop-up add any additional information to assist the Admin like your name and contact information and click **Send**.

Note: Fields marked with * are required

My Account Information

- The length of the password must be between 8 and 12 characters.
- The password must contain the following types of characters:
 - English lowercase letters.
 - English uppercase letters.
 - Arabic numerals(0,1,2,...9).
 - 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 3 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Password cannot be same as the E-Signature PIN.

* Password :

* Re-enter Password :

* Security Question :

* Security Answer :

* Re-enter Security Answer :

* SSN : - -

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

* Re-enter SSN : - -

* DOB (MM/DD/YYYY) :

* Legal First Name :

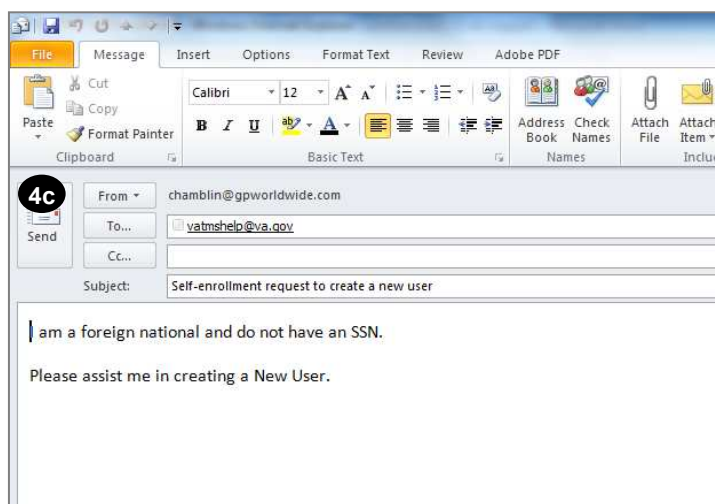
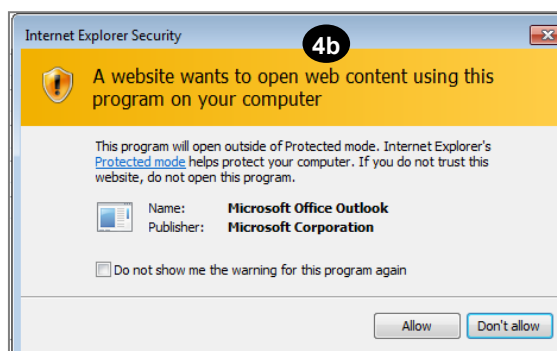
* Legal Last Name :

Middle Name(Optional) :

* Email Address :

* Re-enter Email Address :

Phone Number (do not include hyphens i.e 1112223333) :





5 Step 5

In **My Job Information** section, fill in all required fields as noted by the red asterisk.

- If you will be working for the VHA at the Salt Lake City VA hospital, enter or find **SLC** in the VA Location Code dropdown list.

6 Step 6

Use the VHASLC Contact table (right) to enter the correct VA contact information into TMS:

7 Step 7

Do **NOT** check the *HIPAA Training Required* box. You are not required to take this training.

8 Step 8

Click **Submit**.

9 Step 9

From the congratulations page, **save** your VA TMS USER ID for future use.

10 Step 10

Click **Continue**.

My Job Information

VA City :

VA State :

* VA Location Code : **5**

(Supplied by your VA Contract)

* VA Point of Contact First Name : **6**

* VA Point of Contact Last Name : **6**

* VA Point of Contact Email Address : **6**

Point of Contact Phone Number (do not include hyphens i.e. 1112223333) :

HIPAA Training Required : ☐

7

Back

8

Submit

6 You are a:	First Name	Last Name	Email Address	Phone
Physician Resident	Janette	Sprankle	Janette.Sprankle@va.gov	(801)582-1565 ext (4) 2255
Medical Student	Craig	Wooley	Craig.Wooley@va.gov	(801)582-1565 ext (4) 1277
Nurse, Medical Assistant, Phlebotomist, Surgical Tech	Annette	Arata-Sanchez	Annette.Sanchez@va.gov	(801)582-1565, ext (4) 1545
Researcher	Ruben	Hernandez	Ruben.Hernandez5@va.gov	(801)582-1565, ext (4) 4852
Contractor	Nicole	Fredrickson	Nicole.Fredrickson@va.gov	(801)582-1565, ext (4) 2513
Volunteer	Belinda	Karabatsos	Belinda.Karabatsos@va.gov	(801)582-1565, ext (4) 1075
Other	Craig	Wooley	Craig.Wooley@va.gov	(801)582-1565 ext (4) 1277



VA TMS Self Enrollment

Congratulations! You have successfully created a profile in the VA TMS. Please copy down the User ID indicated below. You will need it if you ever need to log in to the VA TMS in the future.

Your VA TMS User ID is sample.john1105

9

To access your mandatory training content, click on the Continue button.

10 Continue

Task B. Complete Required Training

1 Step 1

From the Home page, hover over item in your To Do List to display the pop-up menu.

2 Step 2

Click Go to Content.

3 Step 3

Complete training per instructions on your flyer.

(if you are a **"Health Professions Trainee,"** you do **NOT** need to do the training module **Information Security and Privacy Awareness 10176**)

The screenshot shows the 'To-Do List' section of the VA TMS interface. A pop-up menu is displayed for the item 'Information Security and Privacy Awareness'. The menu includes the following information: 'Due by 11/9/2011 | Required | Assigned by SAMPLE.JOHN1105 [Name not specified]', 'Originated From Curriculum 10176', 'Information Security and Privacy Awareness', 'Online Item', 'Available', and '1 day remaining'. A 'Go to Content' button is visible in the pop-up menu.

4 Step 4

On the Online Content Structure page, click the Completed Work link.

The screenshot shows the 'Online Content Structure' page. It displays the title 'VA Privacy and Information Security Awareness and Rules of Behavior' and the ID 'VA 10176'. A revision date of '2/8/2007 10:53 AM America/New York' is shown. A yellow warning box states: 'Do not close this page or navigate from this page while you are working with online content. Some content may rely on this window to save your progress. When you have completed the content, you can relaunch the content or use the menus or the links below to navigate elsewhere.' A 'Launch Again' button is at the bottom left. A 'Completed Work' link is at the bottom right.

5 Step 5

From the Completed Work page, hover over the title of the completed training to display the pop-up menu.

The screenshot shows the 'Completed Work' page. It features a table with columns: 'Type', 'Title', 'Status', and 'Completion Date *'. The table contains one row of data: 'Learning', 'VA Privacy and Information Security Awareness and Rule', 'Complete', and '4/29/2011 09:55 AM'. A 'Launch Again' button is visible next to the first row.

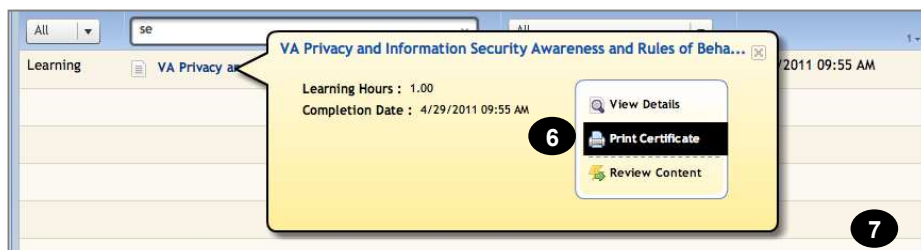
6





Step 6

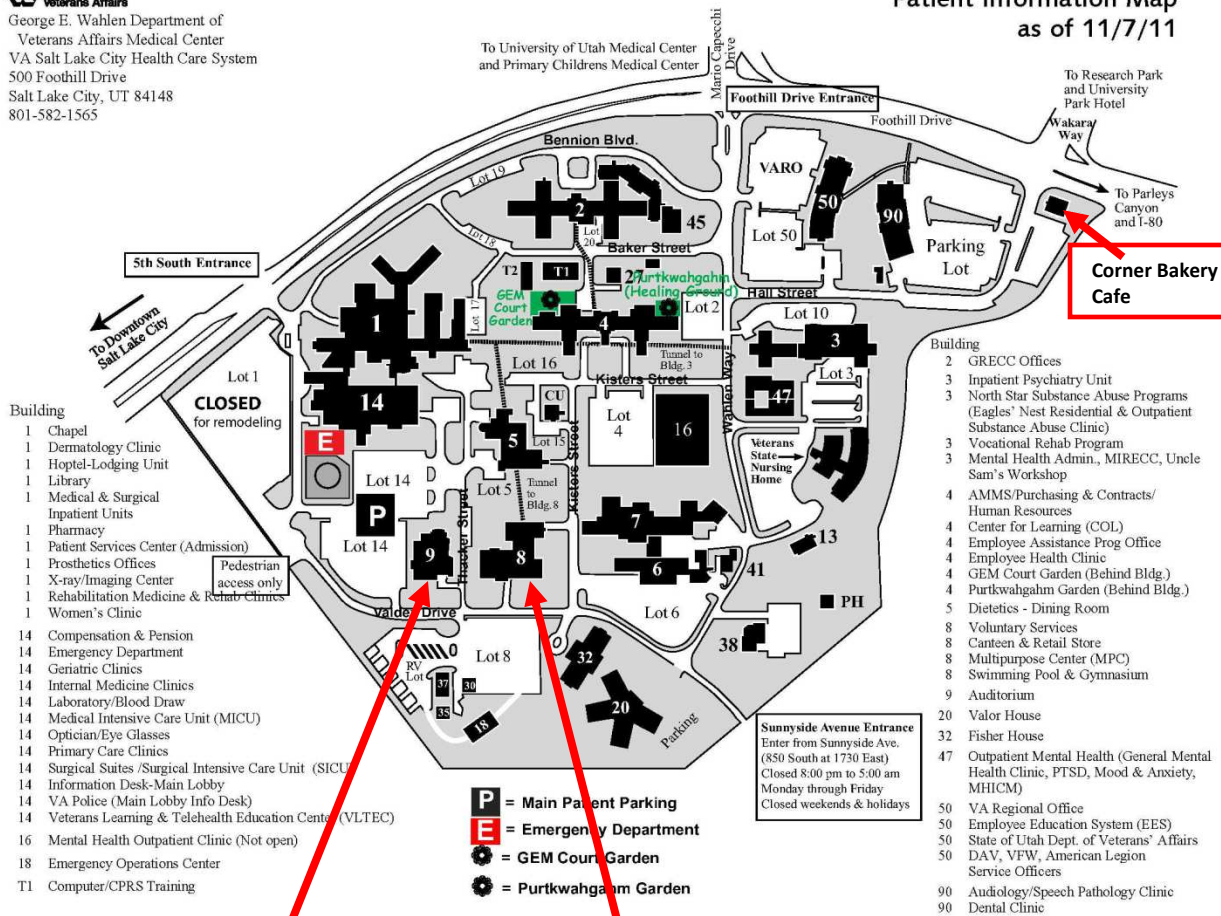
Click Print Certificate.



- 7 You **MUST** include a copy of your completion certificate with your completed student packet.

NOTE: If you have never used TMS, please watch the “Take a Tour of the TMS” video directly under the User ID/Password boxes on the TMS homepage, or read the [TMS Common Task Reference Guide](#) and [TMS tip sheet](#).

Patient Information Map as of 11/7/11



**Bldg 9
Theater/Auditorium**

**Bldg 8 - Multipurpose Center
and Canteen & Retail Store**

Notice

The **MAIN Entrance** off of Foothill Dr. (Valdez Dr.) will be **CLOSED** and converted to a turn around.

There will be NO THROUGH access!!

There will be a detour through Bennion Blvd. to Baker Street to Wahlen Way.

Entrances from Sunnyside Park and Mario Capecchi Dr. will be open.

