Department of Veterans Affairs

CLINICAL TRAINEE REGISTRATION FORM

Response is mandatory. This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. This information will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (VistA). This form may also be printed from the OAA website: http://yaww.va.gov/oaa/policies.asp
Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. 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 clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

	1					
First Name	MI	Last Na	me			
Social Security Number		Home E	mail Address			
Street Address 1						
Street Address 2						
Street Address 3						
City		State		Zip		
5						
Current Degree Level: (mark only one)						
O Certificate/Diploma			Post-master's fellow	/ship		
O Associate		-	Doctoral			
O Baccalaureate			Postdoctoral (other		s)	
O Master's		C	Residency/Fellowsh	ip		
B						
Program of Study: (mark only one)						
(Discipline that best describes the current program of study						
O Audiology		_	Medical/Surgical S	upport (Poen	iratory	
O Chaplaincy			Tech, Biomedical		ii atoi y	
O Dentistry			Nurse Anesthetist	recii, etc.)		
O Dietetics		_	Nursing			
O Health Information		_	Optometry			
O Health Services Research & Development			Other			
O Imaging (Radiologic/Ultrasound Tech, etc.)		_	Pharmacy			
O Laboratory		_	Physician Assista	nt		
O Medical Student		_	Podiatry			
Medical Resident/Fellow			Psychology			
O Medical Post-residency Physician in a VA			Rehabilitation (OT	PT. KT. etc.)		
Special Fellowship (Ambulatory Care, National		_	Social Work	, , , ,		
Quality Scholars, Women's Health, etc.)		-	Speech-Language	Pathology		
,,,,		_				
What is the LAST YEAR that you anticipate be	ing in a tra	aining (2003	2004		2005
program at this VA facility?	U		2006	2007	Ö	2008
program at time transmity i		•			_	

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