

# Health Professions Trainee (HPT) Registration WJB Dorn VA Medical Center

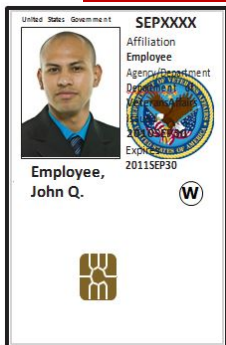
*Please print, complete and sign this document before returning to Education Service or faculty member.  
All information is for official use only and will be kept confidential.*

<b>Last Name</b>		<b>First Name</b>	
<b>Email</b>		<b>Date of Birth</b>	<b>Sex</b>
<b>Street Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>VA Rotation Location (Ward or Department)</b>		<b>Name of VA Preceptor</b>	
<b>Rotation Start Date</b>		<b>Rotation End Date</b>	
<b>Pay/Salary/Stipend</b>	<input type="checkbox"/> Yes, paid by school <input type="checkbox"/> Yes, paid by VA <input type="checkbox"/> No		
<b>Educational Institution</b>			
<b>Discipline (Major)</b>			
<b>Degree Level</b>		<b>Graduation Date</b>	

**(Initial in the space provide.)**

<ul style="list-style-type: none"> <li>I understand that I am required to wear my VA ID Badge whenever I am on duty at the VA.</li> <li>I understand that I am <b>STRICTLY PROHIBITED</b> from disclosing my computer access codes to <u>ANYONE</u>, including my family, friends, fellow workers, supervisor(s), and subordinates, for <u>ANY</u> reason.</li> <li>I understand that I must go to the Education Service Line to complete out-processing requirements at the end of my training at the VA. I understand I must surrender my VA ID Badge and parking decal/card. I understand also that my computer access will be withdrawn at the end of my training at the VA.</li> <li>HIPAA Minimum Necessary Standard for Protected Health Information: I understand I am assigned to the Direct Patient Care Functional Category which allows me access to the entire medical record for treatment purposes.</li> </ul>	
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**VERY IMPORTANT - Please answer the following with check mark next to your reply:**



Have you ever received a VA PIV type ID badge (see image)? \_\_\_ Yes No \_\_\_

If Yes, expiration date: \_\_\_\_\_ Facility where issued: \_\_\_\_\_

Do you still have this badge in your possession? \_\_\_ Yes No \_\_\_

Have you ever held a VA computer account? \_\_\_ Yes No \_\_\_

If Yes, under what name if different than above: \_\_\_\_\_

Facility / city and state? \_\_\_\_\_

Previous VA email account address: \_\_\_\_\_@va.gov

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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