

REQUEST FOR DUAL VA EMPLOYEE AND TRAINEE APPOINTMENT

INSTRUCTIONS: Please submit this request furnishing all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility for dual employee and trainee appointment. If additional space is needed, please attach a separate sheet and refer to items being answered by the corresponding number. All information required by the training program to which you are applying, as well as information requested on all application forms, must be provided. This electronic form must be signed and submitted via email.

I. REQUEST FOR WORK WITHOUT COMPENSATION (WOC) TRAINEE APPOINTMENT

Completed by VA Employee

1A. ARE YOU A CURRENT PERMANENT VA EMPLOYEE?

1B. As a permanent VA employee, I affirm attainment of a Fully Successful or higher proficiency rating/performance appraisal during the last annual performance rating period.

1C. I voluntarily affirm my request for a VA WOC temporary trainee appointment.

2A. NAME (Last, First, Middle)

2B. DOB (Month, Day)

3A. WORK PHONE (Include area code)

3B. HOME/CELL PHONE (Include area code)

4A. WORK EMAIL ADDRESS

4B. PERSONAL EMAIL ADDRESS

5A. VA EMPLOYMENT FACILITY
(City, State, Zip Code)

5B. VA EMPLOYMENT SUPERVISOR NAME (Last, First, Middle)

5C. VA EMPLOYMENT SUPERVISOR EMAIL ADDRESS

5D. VA EMPLOYMENT SUPERVISOR PHONE (Include area code)

6A. ACADEMIC INSTITUTION
(City, State, Zip Code)

6B. ACADEMIC PROGRAM LEVEL

6C. PROFESSION/SPECIALTY
(e.g., Nurse Practitioner/FNP)

6D. ACADEMIC FACULTY/CLINICAL COORDINATOR NAME
(Last, First, Middle)

6E. ACADEMIC FACULTY/CLINICAL COORDINATOR EMAIL ADDRESS

6F. ACADEMIC FACULTY/CLINICAL COORDINATOR PHONE

7A. REQUESTED VA TRAINING FACILITY (City, State, Zip Code)

7B. REQUESTED VA TRAINING START DATE

7C. REQUESTED VA TRAINING END DATE

8A. TYPE OF TRAINING (*A new request MUST be filled out for EACH type of training*)

8B. TRAINING REQUIREMENTS (For clinical experiential training request, list total number of required training hours. For scholarly projects, indicate a type of project: research vs. non-research).

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my current academic enrollment and suitability for dual employee-trainee VA appointment, I authorize VA to make inquiries about me to my current academic institution or training program officials listed above.

SIGNATURE OF APPLICANT

DATE

RULES FOR VA EMPLOYEE IN DUAL TRAINEE STATUS

Completed by VA Employee. Please initial after reading and agreeing to each item.

9A. As a VA employee in a dual VA WOC trainee status, I certify that I will:

Notify my VA employment supervisor of my intent to apply for WOC temporary trainee appointment	
Obtain a separate VA WOC temporary trainee appointment	
Start VA training rotation ONLY following approval of the WOC trainee appointment and after receiving permission from my assigned training supervisor	
Strictly abide by VA Human Resources and the Office of Academic Affiliations 1400 series policies and practices pertaining to both permanent employee and WOC trainee roles and responsibilities	
Comply with the Standards of Ethical Conduct understanding that these standards apply to both permanent employee and WOC trainee positions	
Ensure my VA employee duty hours do not overlap with my academic training hours at VA	
Ensure my VA work duty unit is physically separate from my VA training unit	
Ensure my training at VA will not have an adverse impact or conflict with my official VA duties	
Establish a VA training schedule to meet the required number of academic training hours	
Report to my VA employment supervisor/Service line manager(s) during my VA employee duty hours	
Report to my assigned VA training supervisor/VAMC Education Service line manager(s) during my VA WOC training hours	
Track my VA work and VA training hours daily while being appointed in a dual VA employee trainee status by completing VA Dual Employee Trainee Appointment Time Tracking Sheet	
Provide VA Dual Employee Trainee Appointment Time Tracking Sheet to my work and training supervisors for verification and signatures at the end of each pay period	

If you are an employee requesting CLINICAL EXPERIENTIAL TRAINING, please complete section 9B

9B. As a clinical trainee in a VA WOC status, I certify that I will:

Switch my signature block in the VA Electronic Health Record to TRAINEE status during my clinical training hours	
Ensure my clinical notes in VA Electronic Health Record are co-signed by my supervising provider	

If you are an employee requesting COMPLETION OF RESEARCH, please complete section 9C

9C. As a trainee in a VA WOC status, I certify that I will:

Strictly abide by the VA Office of Research & Development 1200 series policies and practices	
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If you are an employee requesting COMPLETION OF NON-RESEARCH PROJECT, please complete section 9D

9D. As a trainee in a VA WOC status, I certify that I will:

Strictly abide by local VA medical facility operation and management practices for non-research scholarly activities	
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CERTIFICATION	BY SIGNING I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE VA EMPLOYEE- TRAINEE DUAL APPOINTMENT RULES LISTED ABOVE.
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SIGNATURE OF APPLICANT	DATE
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II. ELIGIBILITY VERIFICATION FOR DUAL VA EMPLOYEE AND TRAINEE APPOINTMENT

Completed by employee's current employment supervisor

10A. Employee maintained a VA permanent employment status for minimum of one year	
10B. Employee attained a Fully Successful or higher proficiency rating/performance appraisal during the last rating period	
10C. Employee and VA employment supervisor fully understands the separation requirement between work duty unit and training unit	
10D. Employee and VA employment supervisor fully understands the separation requirement between work duty hours and training hours	
10E. Employee was informed that any adverse impact or conflict with official VA duties during the training period might result in the termination of WOC trainee appointment	
10F. Employment supervisor agrees to review and verify the work record of attendance at the end of each pay period as documented in the VA Dual Employee Trainee Appointment Time Tracking Sheet	

CERTIFICATION	BY SIGNING I CONFIRM ELIGIBILITY CRITERIA AND DO NOT SEE PROHIBITIONS FOR THIS EMPLOYEE'S DUAL WOC TRAINEE APPOINTMENT.
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NAME OF EMPLOYMENT SUPERVISOR (Last, First)	SIGNATURE OF EMPLOYMENT SUPERVISOR	DATE
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III. EDUCATIONAL INSTITUTION ACCREDITATION AND AFFILIATION REQUIREMENTS VERIFICATION

Completed by VAMC ACOS/E or Designee

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| 11A. Employee is enrolled in a non-profit educational institution | |
| 11B. Employee is enrolled in a for-profit educational institution and completed "Do I need to submit a waiver?" OGC survey | |
| 11C. Employee is enrolled in an educational program approved by an accrediting body recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation | |
| 11D. The listed VA facility and the listed educational program have a current Affiliation Agreement in place for the academic purposes of enhanced patient care and education | |

CERTIFICATION	BY SIGNING I ACKNOWLEDGE THAT EDUCATIONAL RELATIONSHIP AND AFFILIATION REQUIREMENTS FOR THIS EMPLOYEE/TRAINEE EDUCATIONAL PROGRAM HAVE BEEN VERIFIED AND APPROVED.
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NAME OF ACOS/E OR DESIGNEE (Last, First)	SIGNATURE OF ACOS/E OR DESIGNEE	DATE

IV A. REQUIREMENTS FOR INITIATING VA CLINICAL EXPERIENTIAL TRAINING

Completed by VAMC ACOS/E or Designee

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| 12A. Employee was assigned a qualified training supervisor per guidelines outlined in the Office of Academic Affiliations 1400 series policies | |
| 12B. Employee was assigned to a training unit other than his/her primary work duty unit | |
| 12C. Training hours schedule has been established for an employee by the assigned training supervisor to avoid scheduling conflict between work duty hours and training hours | |

CERTIFICATION	BY SIGNING I CERTIFY THAT REQUIREMENTS FOR INITIATING VA EXPERIENTIAL TRAINING FOR THIS EMPLOYEE HAVE BEEN MET.
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NAME OF ACOS/E OR DESIGNEE (Last, First)	SIGNATURE OF ACOS/E OR DESIGNEE	DATE

IV B. REQUIREMENTS FOR INITIATING VA RESEARCH PROJECT

Completed by ACOS/R or Designee

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| 13A. Employee was assigned a qualified training supervisor per guidelines outlined in the Office of Academic Affiliations 1400 series policies and VA Office of Research & Development 1200 series policies | |
| 13B. Employee's research was reviewed and approved by the determination official or Institutional Review Board as applicable | |

CERTIFICATION	BY SIGNING I CERTIFY THAT REQUIREMENTS FOR INITIATING VA RESEARCH FOR THIS EMPLOYEE HAVE BEEN MET.
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NAME ACOS/R OR DESIGNEE (Last, First)	SIGNATURE ACOS/R OR DESIGNEE	DATE

IV C. REQUIREMENTS FOR INITIATING VA NON-RESEARCH SCHOLARLY PROJECT

Completed by ACOS/E or Designee

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| 14A. Employee was assigned a qualified training supervisor per guidelines outlined in the Office of Academic Affiliations 1400 series policies and the local VA medical facility non-research scholarly activities supervision policies | |
| 14B. Employee's non-research scholarly project was reviewed and approved by the the process used to make non-research determinations in accordance with the local VA medical facility operation and management practices for non-research scholarly activities | |

CERTIFICATION	BY SIGNING I CERTIFY THAT REQUIREMENTS FOR INITIATING VA NON-RESEARCH SCHOLARLY PROJECT FOR THIS EMPLOYEE HAVE BEEN MET.
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NAME ACOS/E OR DESIGNEE (Last, First)	SIGNATURE ACOS/E OR DESIGNEE	DATE

V. TRAINEE SUPERVISION REQUIREMENTS
 Completed by assigned training supervisor (preceptor/clinical faculty)

15A. Assigned VA training supervisor is knowledgeable of the trainee supervision procedural requirements outlined in the Office of Academic Affiliations 1400 series policies	
15B. Assigned VA training supervisor discussed with employee-trainee the VA trainee supervision and documentation standards and requirements as outlined in the Office of Academic Affiliations 1400 series policies	
15C. Employee-trainee fully understands that whenever the assigned training supervisor is unavailable, such as from sick or annual leave, a substitute supervising practitioner must be identified. All trainees must function under the supervision of supervising practitioners at all times	
15D. Employee-trainee and assigned VA training supervisor fully understand the separation requirement between work duty unit and training unit	
15E. Employee-trainee and assigned VA training supervisor fully understand the separation requirement between work duty hours and training hours	
15F. Assigned VA training supervisor agrees to review and verify the training record of attendance at the end of each pay period as documented in the VA Dual Employee Trainee Appointment Time Tracking Sheet	

CERTIFICATION	BY SIGNING I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE VA EMPLOYEE- TRAINEE SUPERVISION REQUIREMENTS
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NAME OF TRAINING SUPERVISOR (Last, First)	SIGNATURE OF TRAINING SUPERVISOR	DATE

VI. VAMC LEADERSHIP DUAL EMPLOYEE AND WOC TRAINEE APPOINTMENT APPROVAL

DESIGNATED LEARNING OFFICER APPROVAL

NAME (Last, First)	SIGNATURE	DATE

ASSOCIATE CHIEF OF STAFF FOR EDUCATION APPROVAL

NAME (Last, First)	SIGNATURE	DATE

CHIEF OF SERVICE LINE or CHIEF OF STAFF APPROVAL

NAME (Last, First)	SIGNATURE	DATE

VII. ADDITIONAL FORMS AND DOCUMENTS REQUIRED FOR DUAL EMPLOYEE-TRAINEE WOC APPOINTMENT

PLEASE NOTE: Training may not commence until the following documents are reviewed and approved:

- **VA FORM 10-2850D: Application for Health Professions Trainees**
- **Trainee Qualification and Credential Verification Letter**
- **VA Without Compensation Trainee Appointment Letter**