

## VA Greater Los Angeles VAGLAHS Research Guide and Checklist for New WOC Application

Thank you for your interest in becoming a Research Service Without Compensation (WOC) employee. Individuals requiring WOC appointments include, but are not limited to, students, university employees, non-paid interns, fellows, residents, other non-VA employees working at VA sites, volunteers, and visiting scientists who are not compensated by the VA for their employment. To participate in the unique research programs of the VA and advance the health of our nation's veterans, you must be appointed as a paid VA employee or WOC employee. To be WOC appointed, the following 4 steps must be completed:

- 1) Work with Young Kyu "Eddie" Lee or Charisma Franklin to complete the WOC Application (New).
  - a. Due to staffing shortages, on average new WOC applications are taking +90 days.
- 2) Work with HR to get fingerprinted and background cleared. After submitting the application -
  - a. **Fingerprint:** Set an appointment with Security ([here](#)), and fingerprint (Bldg 218, 1<sup>st</sup> Room to left).
  - b. **Background Check:** Security will reach you to initiate a background check. Please provide all requested documents in a timely manner.
  - c. **NOTE:** Both Fingerprinting and background must be cleared before a WOC appointment is given.
- 3) Work with Employee Health to complete a physical and possible drug test.
- 4) Work with HR to take Oath of Office and submit any additional requested documents.

As a guide to the WOC Application (New), please use the list below to complete your application:

### **Forms**

Job Title Suggestions

Certificate, License, Education Verification

LEAF Information

OF178 Certificate of Medical Examination

SF181 Ethnicity Identification

SF256 Disability Identification

Drug Test Memo

Scope of Practice

Animal Exposure

Resume / CV Examples

WOC Approval Memo

WOC Appointment Request Memo

OF306 / Security Tips for OF306 / I-9

Self-Certification Continuous Service

VA0710 Authorization for Release of Information

Intellectual Property Agreement

Fingerprint Prep – Sheet Request Form

Health Screening Certification for Light Duty Work Form

VA4637 Educational Data

### **Required TMS Trainings (see TMS Portal Enrollment Guide) (Contact TMS Coordinator [Young.Lee3@va.gov](mailto:Young.Lee3@va.gov))**

Government Ethics – The Essentials

VA Privacy and Information Security Awareness and Rules of Behavior

VA Privacy and HIPAA

### **Required CITI Training (See CITI Portal Enrollment Guide)**

Human - VA Human Subjects Protection (for human subject contact)

Laboratory - Laboratory Hazard (for lab contact)

## VA Greater Los Angeles VAGLAHS Research Checklist for New WOC Application

Please use this checklist as a guide to fill the required documents for your new WOC application.

### Forms

- 0 Certificate, License, Education Verification
- 0 LEAF Information
- 01 OF178 Certificate of Medical Examination
- 02 SF181 Ethnicity Identification
- 03 SF256 Disability Identification
- 04 Drug Test Memo
- 06 Scope of Practice
- 07 Animal Exposure
- 08 Resume / CV
- 09 WOC Approval Memo ([Please leave start and end dates blank](#))
- 10 WOC Appointment Request Memo
- 12 OF306
- 13 I-9
- 14 Self Certification Continuous Service
- 15 VA0710 Authorization for Release of Information
- 16 Intellectual Property Agreement
- 17 Fingerprint Prep – Sheet Request Form
- 18 Health Screening Certification for Light Duty Work Form
- ZZ VA4637 Employee Educational Data

### TMS Trainings (see TMS Portal Enrollment Guide)

- Government Ethics – The Essentials
- VA Privacy and Information Security Awareness and Rules of Behavior
- VA Privacy and HIPAA

### CITI Training (See CITI Portal Enrollment Guide)

- Human - VA Human Subjects Protection (for human subject contact)
- Laboratory - Laboratory Hazard (for lab contact)

## **Job Title Suggestions**

Please contact your PI or supervisor if you have questions about your job title.

### **High school Degree:**

- Research Associate
- Biological Lab Aide

### **Bachelor's degree:**

- Research Coordinator
- Biological Lab Tech
- Health Science Specialist

### **Masters or Doctorate:**

- Program Coordinator
- Health Science Specialist
- Research Scientist



# VA GREATER LOS ANGELES HEALTHCARE SYSTEM

## CERTIFICATION, LICENSE AND EDUCATION VERIFICATION FORM PERMISSION FOR RELEASE OF INFORMATION

As part of the credentialing process, it is necessary to verify educational credentials. To assist us in completing this process, please provide the following information:

<b>EMPLOYEE NAME</b>	
<b>SOCIAL SECURITY NUMBER</b>	<b>DATE OF BIRTH</b>

### CERTIFICATION VERIFICATION:

<b>CERTIFICATION STATE</b>	<b>TYPE OF CERTIFICATION</b>
<b>ISSUE/AWARD DATE</b>	<b>EXPIRATION DATE</b>
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>CITY/STATE/COUNTRY</b>	

### LICENSE VERIFICATION:

<b>LICENSE/REGISTRATION STATE</b>	<b>TYPE OF LICENSE</b>
<b>ISSUE/AWARD DATE</b>	<b>EXPIRATION DATE</b>
<b>AGENCY NAME</b>	
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>CITY/STATE/COUNTRY</b>	

### EDUCATION VERIFICATION:

<b>UNIVERSITY/PROGRAM ATTENDED</b>	
<b>ADDRESS</b>	<b>TELEPHONE NUMBER</b>
<b>CITY/STATE/COUNTRY</b>	
<b>DEGREE/TRAINING</b>	<b>DATE EDUCATION COMPLETED</b>

I authorize the above named institution(s) to release verifying educational information to the VA Greater Los Angeles Healthcare System.

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>

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### FOR OFFICE USE ONLY

<b>DATE OF VERIFICATION</b>	<b>DEGREE/CERTIFICATION VERIFIED</b>
<b>SOURCE OF VERIFICATION</b>	<b>VERIFICATION COMPLETED BY</b>

## WOC Application Appointee Information

3.1: Appointee Name (Last, First, M.I.) *	
3.2: Position Title *	
3.3: SSN# (in ###-##-#### Format) *	
3.4: Date of Birth *	3.5: Address *
3.6: Place of Birth *	
3.7: Phone Number (in ###-###-#### format) *	
3.8: Email Address	3.9: Current Degree level *
3.10: Program of Study *	

## Work Area

4.1: Supervisor's name *	4.2: Sponsor's Name *
4.3: Location of work area (i.e. GLA, CBOC name) *	

### Privacy Act Statement

Solicitation of this information is authorized by Section 552a of Title 5, United States Code, regarding records maintained on individuals; Section 3301 of Title 5, United States Code, regarding determination as to an individual's fitness for employment with regard to age, health, character, knowledge and ability; and Section 3312 of Title 5 United States Code, regarding waiver of physical qualifications for preference eligibles. This form is used to collect medical information about individuals who are incumbents of positions in the Federal Government which require physical fitness testing and medical examinations, or individuals who have been selected for such a position contingent upon successful completion of physical fitness testing and medical examinations as a condition of their employment. The primary use of this information will be to determine the nature of a medical or physical condition that may affect safe and efficient performance of the work described. Additional potential routine uses of this information include using it to ensure fair and consistent treatment of employees and job applicants, to adjudicate requests to pass over preference eligibles, or to adjudicate claims of discrimination under the Rehabilitation Act of 1973, as amended. Completion of this form is voluntary; however, failure to complete the form may result in no further consideration of an applicant, or a determination that an employee is no longer qualified for his or her position. In addition, incomplete, misleading, or untruthful information provided on the form may result in delays in processing the form for employment, termination of employment, or criminal sanction.

### Public Burden Statement

We estimate an average of two to three hours per response to complete, including the time for reviewing instructions, getting needed information, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the U.S. Office of Personnel Management (OPM), Employee Services, Recruitment and Hiring, Hiring Policy, Attn: OMB Number (3206-0250), 1900 E Street, NW, Washington, D.C. 20415. The OMB number, 3206-0250, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

### Instructions

There are five parts in this form:

- Part A** - To be completed by applicant or employee. Signature of the applicant or employee certifies that the information provided is complete and accurate; and that the applicant or employee consents to the release of the examination results to the employing agency.
- Part B** - To be completed by the appointing officer before the medical examination: identifies the purpose of the examination; the position title, series and grade; generally describes the position; and shows the specific functional requirements and environmental factors that the work requires.
- Part C** - To be completed and signed by the examining physician, and returned to the employing agency in the pre-paid/pre-addressed "Confidential-Medical" envelope provided. Access to protected health information may be restricted to the agency medical officer in accordance with existing and applicable legal requirements.
- Part D** - To be completed by the agency medical officer who reviews the examination results and recommends action. Upon completion of Part D, an agency medical officer forwards Parts A, B, D and E to the agency human resources officer. A copy of the entire form, to include Part C, is retained in the medical record.
- Part E** - To be completed by the agency human resources officer in order to document the personnel action that is rendered. If the examining physician/physician assistant/nurse practitioner or reviewing agency medical officer requires additional space, he/she may add a page titled "See attached continuation with heading 'OF-178 Attachment: Worker Name \_\_\_\_\_; Date: \_\_\_\_\_'", and create the attachment.

**CERTIFICATE OF MEDICAL EXAMINATION**  
**U.S. OFFICE OF PERSONNEL MANAGEMENT**

**Part A. TO BE COMPLETED BY APPLICANT OR EMPLOYEE**

1. Name (Last, First, Middle Initial)

2. Federal Employee Number	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Birth Date ( <i>month, day, year</i> )
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5. Do you have any medical disorder or physical impairment which may interfere in any way with the full performance of duties shown in Part B, Number 3?

Yes     No

(If your answer is YES, explain in writing below, and verbally explain to the physician performing the examination)

6. Address (including City, State, Zip Code)

7. E-mail Address	8. Telephone Numbers (with Area Code)
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9. Applicant or Employee Consent and Certification

I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge, and that submitting information that is incomplete, misleading, or untruthful may result in termination, criminal sanctions, or delays in processing this form for employment. Furthermore, consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this examination form and all other forms generated as a direct result of my examination.

10. Signature (Do not print)	11. Date ( <i>month, day, year</i> )
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**Part B. TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER**

1. Purpose of examination <input type="checkbox"/> Pre-placement <input type="checkbox"/> Other (Specify) _____	2. Position Title, Series, and Grade
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3. Brief description of what the position requires the employee to do.

**CERTIFICATE OF MEDICAL EXAMINATION**  
**U.S. OFFICE OF PERSONNEL MANAGEMENT**

**Part B. CONTINUED - TO BE COMPLETED BEFORE EXAMINATION BY APPOINTING OFFICER**

4. Check the box for each functional requirement in section 4a and each environmental factor in section 4b essential to the duties of this position. List any additional essential factors in the blank spaces. Provide complete reference to applicable medical standards and requirements in Block 4a and ensure the examining physician/physician assistant/nurse practitioner has immediate and complete access to these materials when performing this assessment. If the position involves law enforcement, air traffic control, or firefighting, attach the specific medical standards for the information of the examining physician.

**4a. Functional Requirements**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Heavy lifting, 45 pounds and over  | <input type="checkbox"/> Repeated bending (____hours)   | <input type="checkbox"/> Both eyes required                      |
| <input type="checkbox"/> Moderate lifting, 15-44 pounds     | <input type="checkbox"/> Climbing, legs only (____hours)                                      | <input type="checkbox"/> Depth perception                        |
| <input type="checkbox"/> Light lifting, under 15 pounds     | <input type="checkbox"/> Climbing, use of legs and arms                                       | <input type="checkbox"/> Ability to distinguish basic colors     |
| <input type="checkbox"/> Heavy carrying, 45 pounds and over | <input type="checkbox"/> Both legs required   | <input type="checkbox"/> Ability to distinguish shades of colors |
| <input type="checkbox"/> Moderate carrying, 15-44 pounds    | <input type="checkbox"/> Operation of crane, truck, tractor, or motor vehicle                 | <input type="checkbox"/> Hearing (aid may be permitted)          |
| <input type="checkbox"/> Light carrying, under 15 pounds    | <input type="checkbox"/> Ability for rapid mental and muscular coordination simultaneously    | <input type="checkbox"/> Hearing without aid                     |
| <input type="checkbox"/> Straight pulling (____hours)       | <input type="checkbox"/> Ability to use and desirability of using firearms                    | <input type="checkbox"/> Specific hearing requirements (specify) |
| <input type="checkbox"/> Pulling hand over hand (____hours) | <input type="checkbox"/> Near vision correctable at 13" to 16" to Jaeger 1 to 4               | Other (specify)  |
| <input type="checkbox"/> Pushing (____hours)                | <input type="checkbox"/> Far vision correctable in one eye to 20/20 and to 20/40 in the other | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Reaching above shoulder            | <input type="checkbox"/> Specific visual requirement (specify)                                | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Use of fingers                     |   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Both hands required                |   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Walking (____hours)                |   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Standing (____hours)               |   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Crawling (____hours)               |   | <input type="checkbox"/> _____                                   |
| <input type="checkbox"/> Kneeling (____hours)               |   | <input type="checkbox"/> _____                                   |

**4b. Environmental Factors**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Outside                        | <input type="checkbox"/> Electrical energy                          | <input type="checkbox"/> Working alone                         |
| <input type="checkbox"/> Outside and inside             | <input type="checkbox"/> Slippery or uneven walking surfaces        | <input type="checkbox"/> Protracted or irregular hours of work |
| <input type="checkbox"/> Excessive heat                 | <input type="checkbox"/> Working around machinery with moving parts | Other (specify)  |
| <input type="checkbox"/> Excessive cold                 | <input type="checkbox"/> Working around moving objects or vehicles  | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Excessive humidity             | <input type="checkbox"/> Working on ladders or scaffolding          | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Excessive dampness or chilling | <input type="checkbox"/> Working below ground                       | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Dry atmospheric conditions     | <input type="checkbox"/> Unusual fatigue factors (specify)          | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Excessive noise, intermittent  |   | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Constant noise                 | <input type="checkbox"/> Working with hands in water                | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Dust                           | <input type="checkbox"/> Explosives                                 | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Silica, asbestos, etc.         | <input type="checkbox"/> Vibration                                  | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Fumes, smoke, or gases         | <input type="checkbox"/> Working closely with others                | <input type="checkbox"/> _____                                 |
| <input type="checkbox"/> Solvents (degreasing agents)   |   |  |
| <input type="checkbox"/> Grease and oils                |   |  |
| <input type="checkbox"/> Radiant energy                 |   |  |



Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER. Final examination results must be reviewed and certified by the Agency Medical Officer.

NOTE TO EXAMINING PHYSICIAN: The person you are about to examine will have to cope with the functional requirements and environmental factors checked in Part 4 of this form. Please take these, and the brief description of the job duties, into consideration as you make your examination and report your findings and conclusions.

1. Height \_\_\_\_\_ Feet, \_\_\_\_\_ Inches. Weight: \_\_\_\_\_ Pounds.

2. Eyes:

a. Distant vision (Snellen): without corrective lenses: right 20 left 20 ; with corrective lenses, if worn; right 20 left 20

b. Depth perception Type of test: \_\_\_\_\_
\_\_\_\_\_ Seconds of Arc

Number correct: \_\_\_\_\_ of \_\_\_\_\_ tested

Interpretation [ ] Normal [ ] Abnormal

c. Peripheral vision Right Nasal \_\_\_\_\_ degrees Temporal \_\_\_\_\_ degrees
Left Nasal \_\_\_\_\_ degrees Temporal \_\_\_\_\_ degrees

d. What is the longest and shortest distance at which the following specimen of Jaeger No. 2 type can be read by the applicant?

Test each eye separately.

Jaeger No. 2 Type
The President may -
(1) prescribe such regulations for the admission of individuals into the civil service in the executive branch as will best promote the efficiency of that service; (2) ascertain the fitness of applicants as to age, health, character, knowledge, and ability for the employment sought; and (3) appoint and prescribe the duties of individuals to make inquiries for the purpose of this section.
(Title 5 U.S. Code 3301)

without corrective lenses:

L \_\_\_\_\_ in. to \_\_\_\_\_ in.

R \_\_\_\_\_ in. to \_\_\_\_\_ in.

with corrective lenses, if used:

L \_\_\_\_\_ in. to \_\_\_\_\_ in.

R \_\_\_\_\_ in. to \_\_\_\_\_ in.

e. Color vision:

Is color vision normal by Ishihara or other color plate test? [ ] Yes [ ] No

If not, can applicant pass lantern test? [ ] Yes [ ] No

Can see red/green/yellow? [ ] Yes [ ] No

**Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER. Final examination results must be reviewed and certified by the Agency Medical Officer**

3. Ears: (Include certified audiogram results with the examination package).

Right Ear \_\_\_\_\_;      Left Ear \_\_\_\_\_  
                    20 ft.                      20 ft.

4. Other Findings: Describe any abnormality (including diseases, scars, and disfigurations). Include brief pertinent history. If normal, so indicate.

- a. Eyes, ears, nose, and throat (including tooth and oral hygiene)
- b. Abdomen
- c. Head and back (including face, hair, and scalp)
- d. Peripheral blood vessels
- e. Speech (note any malfunction)
- f. Extremities (including strength, range of motion)
- g. Skin and lymph nodes (including thyroid gland)
- h. Urinalysis (if indicated)

SP. Gr. \_\_\_\_\_      Sugar \_\_\_\_\_      Blood Albumen \_\_\_\_

                    Casts\_                      Pus \_\_\_\_\_

- i. Respiratory tract (X-ray if indicated)
- j. Heart (size, rate, rhythm, function)

Blood pressure \_\_\_\_\_

Pulse \_\_\_\_\_

EKG (if indicated)

- k. Back (special consideration for positions involving heavy lifting and other strenuous duties)
- l. Neurological (including reflexes, sensation) and mental health

**CERTIFICATE OF MEDICAL EXAMINATION**  
**U.S. OFFICE OF PERSONNEL MANAGEMENT**

**Part C. TO BE COMPLETED BY EXAMINING PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER. Final examination results must be reviewed and certified by the Agency Medical Officer**

5. Conclusions: Summarize below any medical findings that in your opinion, would limit this person's ability to perform these job duties or make them a hazard to themselves or others. If none, so indicate.

- No limiting conditions for this job
- Limiting conditions as follows:

6. Examining Physician's Name

7. E-Mail Address

8. Address (Including Street, City, State and ZIP Code)

9. Telephone Number

10. Signature of Examining Physician

11. Date (Month, Day, Year)

**IMPORTANT:** After signing, return the entire form intact in the pre-addressed "Confidential-Medical" envelope which the person you examined gave you.

**CERTIFICATE OF MEDICAL EXAMINATION**  
**U.S. OFFICE OF PERSONNEL MANAGEMENT**

**FOR AGENCY USE ONLY**

**Part D. TO BE COMPLETED BY AGENCY MEDICAL OFFICER** (if one is available)

NOTE: Review the attached certificate of medical examination and make your recommendations in item 1 below.

1. Recommendation:

- Medically Qualified
- Medically Qualified if restrictions accommodated (list restrictions)
- Medically Disqualified

2. Agency Medical Officer's Name

3. E-Mail Address

4. Address (Including Street, City, State and ZIP Code)

5. Telephone Number

6. Signature of Agency Medical Officer

7. Date (Month, Day, Year)

**FOR AGENCY USE ONLY**

**Part E. TO BE COMPLETED BY AGENCY HUMAN RESOURCES OFFICER**

1. Action Taken:

- Hired or Retained
- Non-Selected for Appointment, or Eligibility Objected To
- Action Taken to Separate

2. Agency Human Resources Officer's Name

3. E-Mail Address

4. Address (Including Street, City, State and ZIP Code)

5. Telephone Number

6. Signature of Agency Human Resources Officer

7. Date (Month, Day, Year)

U.S. Office of Personnel Management Guide to Personnel Data Standards	<b>ETHNICITY AND RACE IDENTIFICATION</b> (Please read the Privacy Act Statement and instructions before completing form.)		
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)	
Agency Use Only			
<p><b>Privacy Act Statement</b></p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<p><b>Specific Instructions:</b> The two questions below are designed to identify your ethnicity and race. <b>Regardless of your answer to question 1, go to question 2.</b></p>			
<p><b>Question 1. Are You Hispanic or Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>Question 2.</b> Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>			
<b>RACIAL CATEGORY</b> (Check as many as apply)		<b>DEFINITION OF CATEGORY</b>	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

Standard Form 181  
Revised August 2005  
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

# SELF-IDENTIFICATION OF DISABILITY

(Please read the Privacy Act information and additional instructions on Page 2)

Name (Last, First, Middle Initial)	Date of Birth (MM/YYYY)	Social Security Number
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**Purpose:**

Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

**ENTER CODE HERE** →

Targeted Disabilities or Serious Health Conditions:	Other Disabilities or Serious Health Conditions:
<ul style="list-style-type: none"> <li>02- Developmental Disability, for example, autism spectrum disorder</li> <li>03- Traumatic Brain Injury</li> <li>19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports</li> <li>20- Blind or serious difficulty seeing even when wearing glasses</li> <li>31- Missing extremities (arm, leg, hand and/or foot)</li> <li>40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports</li> <li>60- Partial or complete paralysis (any cause)</li> <li>82- Epilepsy or other seizure disorders</li> <li>90- Intellectual disability</li> <li>91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression</li> <li>92- Dwarfism</li> <li>93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders</li> </ul>	<ul style="list-style-type: none"> <li>13- Speech impairment</li> <li>41- Spinal abnormalities, for example, spina bifida or scoliosis</li> <li>44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body</li> <li>51- HIV Positive/AIDS</li> <li>52- Morbid obesity</li> <li>59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis</li> <li>80- Cardiovascular or heart disease</li> <li>81- Depression, anxiety disorder, or other psychiatric disorder</li> <li>83- Blood diseases, for example, sickle cell anemia, hemophilia</li> <li>84- Diabetes</li> <li>85- Orthopedic impairments or osteo-arthritis</li> <li>86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema</li> <li>87- Kidney dysfunction</li> <li>88- Cancer (present or past history)</li> <li>94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)</li> <li>95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia</li> <li>96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis</li> <li>97- Liver disease, for example, hepatitis or cirrhosis</li> <li>98- History of alcoholism or history of drug addiction (but not currently using illegal drugs)</li> <li>99- Endocrine disorder, for example, thyroid dysfunction</li> </ul>
<p><b>Other Options:</b></p>	
<ul style="list-style-type: none"> <li>01- I do not wish to identify my disability or serious health condition.</li> <li>05- I do not have a disability or serious health condition.</li> <li>06- I have a disability or serious health condition, but it is not listed on this form.</li> </ul>	

## **Definition**

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

## **The Rehabilitation Act of 1973**

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

## **Privacy Act Statement**

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.



**DEPARTMENT OF VETERANS AFFAIRS**  
**Greater Los Angeles Healthcare System**  
**11301 Wilshire Boulevard**  
**Los Angeles, CA 90073**

**In Reply Refer To:**

**DATE:**

**FROM:** Human Resources Officer (10A2)

**SUBJ:** Notice that Position is Subject to Random Drug Testing

**TO:**

1. On September 15, 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees, whether on or off duty. In accordance with the Executive Order, VA has established a Drug-Free Workplace Program to include random testing for the use of illegal drugs by employees in sensitive positions.

2. This is to notify you that your position is sensitive as defined in Section 7(d) of the Executive Order and has been designated as a testing designated position; therefore, you will be subject to random drug testing for illegal drug use. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs. Random testing will begin no sooner than 30 days from the date you receive this notice.

3. In accordance with the VA Secretary's memorandum, "Drug Free Workplace Program – Authorization Form for Drug Testing and Employee Assistance Program Participation for Illegal Drug Use," signed August 22, 2018 (<http://go.va.gov/hawp>), you will be required to sign VA Form 10-5345, "Request for and Authorization to Release Health Information," prior to being drug tested. This form authorizes your drug test results to be shared with VA officials, and others who have a need to know. Failure to sign the authorization form may result in disciplinary action up to and including removal.

4. The term "illegal drugs" means a controlled substance included in Schedule I or II, as defined by section 802(6) of Title 21 of the United States Code, the possession of which is unlawful under chapter 13 of that Title. The term "illegal drugs" does not mean the use of a controlled substance pursuant to a valid prescription or other uses authorized by Federal law. Although some state laws allow for the use of marijuana, it is still illegal under the Controlled Substances Act, and drug testing of federal employees is mandated by Executive Order and Public Law. As Federal employees, we must abide by Federal law which states

West Los Angeles  
Healthcare Center  
11301 Wilshire Boulevard  
Los Angeles, CA 90073  
(310) 478-3711

Bakersfield Community  
Based Outpatient Clinic  
1801 Westwind Drive  
Bakersfield, CA 93301  
(661) 632-1800

Los Angeles Ambulatory  
Care Center  
351 E. Temple Street  
Los Angeles, CA 90012  
(213) 253-2677

Gardena Community Based  
Outpatient Clinic  
1149 W. 190<sup>th</sup> St.  
Gardena, CA 90248  
(310) 851-4704

San Luis Obispo Community  
Based Outpatient Clinic  
1288 Morro Street, Suite 200  
San Luis Obispo, CA 93401  
(805) 543-1233

Santa Barbara Community  
Based Outpatient Clinic  
4440 Calle Real  
Santa Barbara, CA 93110  
(805) 683-1491

Santa Maria Community  
Based Outpatient Clinic  
1550 East Main Street  
Santa Maria, CA 93454  
(805) 354-6000

Oxnard Community Based  
Outpatient Clinic  
1690 Universe Circle,  
Oxnard, CA 93033  
(805) 204-9135

Lancaster Community Based  
Outpatient Clinic  
340 E. Ave I  
Lancaster, CA 93535  
(661) 729-8655

East Los Angeles Community  
Based Outpatient Clinic  
5426 East Olympic Blvd,  
Suite 150  
Commerce, CA 90040  
(323) 725-7557

Sepulveda Ambulatory Care  
16111 Plummer Street  
North Hills, CA 91343  
(818) 891-7711



marijuana is an illegal drug. The use of marijuana by VA employees is still considered illegal even if an employee has a prescription.

5. You can be assured the quality of testing procedures is tightly controlled, the test used to confirm use of illegal drugs is highly reliable and the test results will be handled with maximum respect for individual confidentiality, consistent with safety and security.

6. As an employee subject to random drug testing you should be aware of the following:

- a. Counseling and rehabilitation assistance will continue to be available to all employees through existing Employee Assistance Programs (EAP) at VA facilities. You may contact Leona Payton-Franklin, EAP Coordinator at (213) 253-2677 x24726. You will be required to sign a release form authorizing EAP to share information with VA officials and others with a need to know about your participation in the program. Failure to sign the authorization form may result in disciplinary action up to and including removal;
- b. You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer;
- c. VA will initiate action to discipline any employee who is found to use illegal drugs on the basis of a verified positive drug test except that VA will not initiate any disciplinary action against an employee who voluntarily identifies himself or herself as a user of illegal drugs prior to being notified of a scheduled drug test, obtains counseling or rehabilitation, and thereafter refrains from using illegal drugs;
- d. Removal action will be initiated against an employee who is found to use illegal drugs and who refuses to obtain counseling or rehabilitation through an Employee Assistance Program;
- e. You have the opportunity to voluntarily identify yourself as a user of illegal drugs willing to receive counseling or rehabilitation, in accordance with paragraph 4c of this notice, in which case disciplinary action will not be taken;
- f. An employee found to use illegal drugs will be referred to VA Employee Assistance Programs. Such referral, however, does not preclude institution of disciplinary proceedings;
- g. VA will initiate action to remove from service any employee who is found to use illegal drugs a second time;
- h. An employee found to use illegal drugs will not be allowed to remain on duty in a sensitive position prior to successful completion of rehabilitation through an EAP. However, as part of an EAP, the authorized VA official may, in his/her discretion, allow an employee to

return to duty in a sensitive position if it is determined this action would not pose a danger to public health or safety or national security;

i. Disciplinary action up to and including removal will be initiated against any employee who refuses to be tested;

7. You may contact Devin Dodson (310) 478-3711 ext. 48935 for additional information regarding the VA Drug-Free Workplace Program.

A copy of the previously issued 60-Day General Notice required by executive Order 12564 is attached.

  
\_\_\_\_\_  
Andre L. Gray  
Human Resources Officer

1/14/2020  
Date

**Attachment**

I acknowledge receiving and reading the notice which states my position has been designated for random drug testing and understand refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**PREVIOUSLY ISSUED 60-DAY GENERAL NOTICE TO ALL EMPLOYEES  
AS REQUIRED BY EXECUTIVE ORDER 12564 AND VA HANDBOOK 5383**

1. All employees are hereby notified that a program designed to implement Executive Order 12564, Drug-Free Federal Workplace, dated September 15, 1986, has been established in the Department of Veterans Affairs (VA). Testing for illegal drugs will be part of VA's comprehensive drug prevention program to achieve the President's goal of a drug-free Federal workplace with due consideration for the rights of the employee and the government. VA's employee testing program, which will include both mandatory and voluntary drug testing, will begin no sooner than 60 days from the date of this posting.
2. Testing may occur under the following circumstances:
  - a. **Random Testing of Employees in Testing Designated Positions.** Employees who hold positions identified for random testing will receive an individual notice no later than 30 days prior to the commencement of testing, indicating that their positions have been identified as testing designated positions.
  - b. **Reasonable Suspicion Testing.** An employee in a Testing Designated Position may be directed to undergo drug testing when there is a reasonable suspicion that the employee uses, or is impaired by, illegal drugs, whether that use or impairment is on or off duty. Employees who are not in Testing Designated Positions may be directed to undergo drug testing when there is a reasonable suspicion that the employee is using or impaired by illegal drugs while on duty.
  - c. **Testing in Connection with An Injury, Illness, Unsafe or Unhealthful Practice Investigation.** Any employee involved in an accident or unsafe practice will be directed to take a drug test as part of an authorized investigation into an accident or unsafe practice, when the accident or unsafe act meets the following criteria:
    - (1) The accident results in a death or personal injury requiring immediate hospitalization; or
    - (2) The accident results in damage to government or private property estimated to be in excess of \$10,000.
  - d. **Follow-Up Testing.** All employees who undergo a counseling or rehabilitation program for illegal drug use through the Employee Assistance Program will be subject to unannounced testing both during and after such a program.
  - e. **Applicant Testing.** Applicants who are tentatively selected for VA employment in a Testing Designated Position are subject to drug testing.
  - f. **Voluntary Testing.** Employees may volunteer for unannounced random testing by notifying their Human Resources Management Officer.
3. The laboratory testing methodology is a series of scientific and technical procedures which are highly accurate and reliable. In addition, a Medical Review Officer will review and interpret positive test results reported by the testing laboratory. Employees will be afforded the opportunity to submit medical documentation of lawful use of an otherwise illegal drug. Positive

test results verified by the Medical Review Officer may only be disclosed to the employee, the appropriate Employee Assistance Program Coordinator, the appropriate management officials necessary to process any disciplinary or adverse action against the employee, or a court of law or administrative tribunal in an adverse personnel action.

4. Counseling and rehabilitative assistance is available to all employees through existing Employee Assistance Programs (EAPs) at VA facilities. Employees found to be using illegal drugs will be referred to the EAP for assessment, and for counseling and referral to treatment or rehabilitation, as appropriate. Employees who wish to seek assistance voluntarily may do so through existing program arrangements at their facility or through the employee's servicing human resources management office.

5. All medical and rehabilitation records in an EAP will be deemed confidential "patient" records and may not be disclosed without the prior written consent of the patient.

6. Tests for employees working in drug treatment programs in accordance with MP-5, part I, chapter 792, or other programs which were authorized prior to the issuance of Executive Order 12564, dated September 15, 1986, will continue in effect and are not subject to this advance notice.

7. The VA Drug-Free Workplace Program should be consulted for specific information on the program.



## SCOPE OF PRACTICE FOR VHAGLA RESEARCH STAFF

The scope of practice is specific to the duties and responsibilities of the individual as an agent of the listed principal investigator and/or alternate supervisor. As such he/she is specifically authorized to conduct research involving human subjects, animal subjects, laboratory specimens, and or data with the responsibilities outlined below. The supervisor must complete Sections I-III, sign and date this scope of practice.

SECTION I: GENERAL INFORMATION	
<b>Employee's Name</b>	<b>Employee's Title</b>
<b>Principal Investigator (PI)/ Primary Supervisor</b>	<b>Alternate/Secondary Supervisor (if applicable)</b>
<b>VA Credentialing and Privileging</b>	<b>Licensure Type</b>
<p>Are you currently credentialed and privileged at VHAGLA to perform patient care activities?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, do you have a clinical scope of practice or functional statement that include those activities?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b><u>If no, you must obtain clinical credentials before applying for these activities as part of your Research Scope of Practice</u></b></p>	<p>Are you a licensed professional? <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If yes, indicate type of license:  <input type="checkbox"/> MD; <input type="checkbox"/> PhD; <input type="checkbox"/> DNP; <input type="checkbox"/> NP/PA; <input type="checkbox"/> RN;  <input type="checkbox"/> PN;  <input type="checkbox"/> Other (specify): _____</p>
<b>Certification Eligibility</b>	<b>Type of Research: Clinical (Human Subjects), Animal, Laboratory, or Other</b>
<p>Are you eligible for certification that would be required for clinical practice in your health care profession (i.e., degree)?  <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p><input type="checkbox"/> Clinical (Human Subjects)  <input type="checkbox"/> Animal  <input type="checkbox"/> Laboratory  <input type="checkbox"/> Data only research  <input type="checkbox"/> Other: _____</p>

Indicate the employee's interaction with research Participants	
<p><input type="checkbox"/> <b>PERSONNEL WITH DIRECT CONTACT:</b> Research employees who perform procedures, interviews, telephone calls to research subjects, clinical interventions with patients during the conduct of a research project.  <b>Proceed to Section II</b></p>	<p><input type="checkbox"/> <b>PERSONNEL WITH INDIRECT CONTACT:</b> Research employees who do not interact directly with research subjects, but only manage study data, only have access to medical records, or handle human specimens, for research purposes.  <b>Proceed to Section III</b></p>

## SECTION II: DELEGATION OF DUTIES

The above individual may be authorized to perform the following duties/procedures on a regular and ongoing basis under protocols approved. The Principal Investigator should review and discuss the duties that he/she is assigning to the employee.

Please indicate whether this Research Scope of Practice is:

- NEW** (A Research Scope of Practice has not been completed for this individual previously)
- REVISED** (A Research Scope of Practice exists for this individual, but there are changes in duties)

**The Principal Investigator must \*\*\*\*\*initial\*\*\*\*\* each item assigned.**

Routine Duties: Clinical (Human Subjects)	Assigned
1) Screens subjects to determine study eligibility criteria by reviewing subject medical information or interviewing subjects.	
2) Develops and/or implements recruitment methods to be utilized in the study.	
3) Performs venipuncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies below)	
4) Initiates submission of regulatory documents to the IRB, R&D and/or the study sponsor.	
5) Prepares study initiation activities.	
6) Provides education and instruction of study medication use, administration, storage, and side effects and notify adverse drug reactions to study site.	
7) Provides education regarding study activities to patient, relative and Medical Center staff as necessary per protocol.	
8) Maintains complete and accurate data collection in case report forms and source documents.	
9) Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval.	
10) Obtains and organizes data such as test results, diaries/card or other necessary information for the study.	
11) Uses CPRS computer system.	
12) Monitor patients' clinical condition and report findings.	
13) Is authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process".	
14) Administers questionnaires or conducts mental status or psychosocial exams	
15) Initiates intravenous (IV) therapy and Administers IV solutions. <b>(Must be an RN)</b>	
16) Administers medication (not involving IV). <b>(Must be an RN, LVN)</b>	
17) Collects and handles various types of human specimens	
18) Packaging, transporting, and shipping of human blood, blood components, tissues, or other body fluids. <b>(Additional training required:</b>	
19) Ensures that adverse events are reported to Cooperative Studies Program (CSP), sponsors, VA research department and the IRB according to protocol.	
20) Input data into:	
21) Input data into:	
22) <i>Other duties not listed above but included in the Protocol (for example: invasive procedures)</i>	
a)	
b)	
c)	

### Routine Duties: Animal Research

**Assigned**

- 1) Conducts research involving live or dead animals or their unfixed tissues (organs, skin, blood, cultures, etc.) or products (urine, feces, other body fluids, cell lines, etc.).

Species	Mice	Pigs
	Rats	Rabbits
	Dogs	Other-specify

- 2 Performs surgical procedures
- 3 Handles or administers controlled substances.
- 4 Trains or supervises others in carrying out research activities
- 5 Performs statistical analysis
- 6 Develops articles or presentations of research results
- 7 *Other duties not listed above but included in (approved protocols)*
  - a)
  - b)
  - c)

### Routine Duties: Laboratory Research

**Assigned**

- 1 Uses and stores chemicals.
- 2 Orders biological materials or chemicals
- 3 Operates laboratory equipment
- 4) Uses and stores biomaterials (for example: tissues, secretions, cell lines, microbiological or viral agents, pathogens or toxins, recombinant or synthetic DNA, etc.
- 5 Use radioactive materials and/or radiation generating equipment.
- 6 Uses controlled substances
- 7 Trains or supervises others in carrying out research activities
- 8 Collects, records, or analyzes research data.
- 9 Processes and/or ships infectious and or biological reagents and materials.
- 10) Performs statistical analysis
- 11) Develops articles or presentations of research results
- 12) *Other duties not listed above but included in (approved protocols)*
  - a)
  - b)
  - c)

**MISCELLANEOUS DUTIES (IF APPLICABLE):**

\_\_\_\_\_ (WOC Employee) is authorized to perform in the following miscellaneous duties not otherwise specified in this scope of practice.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**VERIFICATION OF SPECIMEN COLLECTION (IF APPLICABLE):**

I \_\_\_\_\_ have observed \_\_\_\_\_  
Principal Investigator WOC Employee

using proper aseptic technique when performing venipuncture on research subjects. She/he uses universal precautions when executing blood drawing skills and proper disposal of biological waste used. \_\_\_\_\_ (WOC Employee) follows all policy and procedure guidelines when performing this skill.

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**SECTION III: CERTIFICATIONS**

**NOTICE TO LICENSED PROFESSIONALS:**

Licensed professionals should be credentialed by VA Human Resources – Credentialing Office. Individuals found to be working outside their privileges as granted may be subject to disciplinary action.

**PRINCIPAL INVESTIGATOR STATEMENT:**

\_\_\_\_\_ (WOC Employee) Scope of Practice was reviewed and discussed with him/her on the date signed below. After reviewing his/her education, clinical competency, qualifications, research practice involving human subjects, animal subjects, laboratory skills, peer reviews, and individual skills. I certify that he/she possesses the skills to safely perform the aforementioned duties/ procedures. The above named individual and I are familiar with all duties/procedures granted or not granted in this scope of practice. We agree to abide by the parameters of this scope of practice, all-applicable hospital policies and regulations.

_____	_____	_____
Principal Investigator	Signature	Date
_____	_____	_____
Employee Signature		Date
_____	_____	_____
ACOS/R&D	Signature	Date





### Animal Exposure Baseline History

1. Name: \_\_\_\_\_ Social Security Number (Last 4): \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_  Male  Female  Pregnant

3. Service: \_\_\_\_\_ Job Title: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_ E-mail: \_\_\_\_\_

5. Facility: \_\_\_\_\_ Building Number: \_\_\_\_\_ Room Number: \_\_\_\_\_

6. Name of Supervisor: \_\_\_\_\_ Telephone: \_\_\_\_\_

7. Below, please check all of the animals you come into contact with at the VA Medical Center:

- |                                       |                                      |  |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Mice         | <input type="checkbox"/> Rabbits     | <input type="checkbox"/> Swine             |
| <input type="checkbox"/> Rats         | <input type="checkbox"/> Guinea Pigs | <input type="checkbox"/> Sheep             |
| <input type="checkbox"/> Hamsters     | <input type="checkbox"/> Cats        | <input type="checkbox"/> Goat              |
| <input type="checkbox"/> Gerbils      | <input type="checkbox"/> Dogs        | <input type="checkbox"/> Nonhuman Primates |
| <input type="checkbox"/> Other: _____ |                                      |  |

8. Have you ever contracted a disease from animals, or experienced an animal related injury, for example, scratches, needle sticks, etcetera:  
 Yes  No

9. Please check all of the activities that apply:

- I have direct hands-on contact with animals.
- I work with unfixed animal tissues/fluids.
- I am accessing the animal facility, but I am not entering the animal holding rooms.
- I am accessing the animal holding rooms, but I have no direct contact with animals.
- I work on the ventilation system, including changing filters, but I have no direct contact with animals.

10. Please select the amount of contact time spent with animals, including contact time with animal tissues, waste, body fluids, carcasses, or animal quarters:

- More than one hour per week
- One hour or less per week
- Other

11. Does your work with animals involve any human or animal pathogens or infectious diseases:

- Yes  No

### Animal Exposure Baseline History

12. If you are in contact with nonhuman primates:

- a. Have you ever contracted tuberculosis (TB):  Yes  No
- b. Have you been immunized with Bacillus Calmette-Guerin (BCG) for tuberculosis:  Yes  No
- c. Have you ever had a positive reaction to a tuberculosis test, tine test, PPD, tuberculin skin test:  
 Yes  No

13. Are you undergoing immunosuppressive therapy, such as, prednisone, steroids, or anti-cancer medication:  Yes  NO

14. Below, please select how frequently you wear personal protective equipment when working with animals:

- Gloves: Sometimes  Always  Never  Rarely
- Gown: Sometimes  Always  Never  Rarely
- Mask: Sometimes  Always  Never  Rarely
- Cap: Sometimes  Always  Never  Rarely
- Goggles/Glasses: Sometimes  Always  Never  Rarely

15. Do you smoke, eat or drink in the animal areas:  Yes  No

16. How often do you practice the following behavior after handling animals at work:

- Wash Hands: Sometimes  Always  Never  Rarely
- Change Clothing: Sometimes  Always  Never  Rarely
- Shower: Sometimes  Always  Never  Rarely

17. Do you currently have or have you ever been diagnosed with the following conditions:

- Hay Fever  Asthma  Allergic Skin Problems  Eczema  Sinusitis  Other Chronic Respiratory Infections

18. Has anyone in your family ever been diagnosed as having hay fever, asthma, eczema or allergic skin problems:

- Yes  No

19. Are you afflicted with any of the conditions detailed below:

- Sneezing Spells  Runny Nose  Stuffy Nose  Watery Eyes  Itchy Eyes
- Coughing  Wheezing  Shortness of breath  Skin Rash  Hives
- Difficulty swallowing after working with laboratory animals and their cages

20. Below, please list the animal(s) that cause the conditions detailed above (question 19):

## Animal Exposure Baseline History

21. How frequently do the conditions detailed below afflict you:

- |                       |                                |                                 |                                 |                                |
|-----------------------|--------------------------------|---------------------------------|---------------------------------|--------------------------------|
| Watery Eyes           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Itchy Eyes            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Runny Nose            | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Stuffy Nose           | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Sneezing Spells       | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Dry, Frequent Cough   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Wheezing in Chest     | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Rash                  | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Hives                 | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Shortness of Breath   | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |
| Difficulty Swallowing | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Weekly | <input type="checkbox"/> Daily |

22. Do you have any house pets:  Yes  No

23. Do your pets cause you to have any type of reaction:  Yes  No

24. Are you afflicted by a chronic respiratory disease:  Yes  No

25. Have you ever had a hernia or a rupture:  Yes  No

26. Have you ever experienced back problems or back pain necessitating treatment, surgery or leave time from work:  Yes  No

27. Are you currently experiencing joint problems or any form of arthritis:  Yes  No

28. Do you use chemicals at work:  Yes  No

29. Below, please detail any other health history you consider significant:

30. Tuberculosis and Immunization screening history. If you were never immunized or tested, please check never.

- Tetanus Date Taken: \_\_\_\_\_  Never
- Rabies Series, Initial, Date Taken: \_\_\_\_\_  Never
- Rabies Booster Date Taken: \_\_\_\_\_  Never
- Rabies Immune Globulin Date Taken: \_\_\_\_\_  Never
- Hepatitis B Series, Initial, Date Taken: \_\_\_\_\_  Never
- Hepatitis B, 2nd Series, Date Taken: \_\_\_\_\_  Never
- Tuberculin Skin Test, Date Taken: \_\_\_\_\_  Never
- Chest X-Ray, Date Taken: \_\_\_\_\_  Never

## Animal Exposure Baseline History

\_\_\_\_\_  
Above, please enter the employee name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Digital signature of employee:

\_\_\_\_\_  
Above, please enter the name of the interviewer:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Digital signature of interviewer:

# VANCE REY

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[v.rey@live.com](mailto:v.rey@live.com) | (716) 555-0100 | [www.linkedin.com/in/v.rey](http://www.linkedin.com/in/v.rey)  
4567 Main St Buffalo, New York 98052

## PROFILE

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Organized, dedicated and ambitious budding professional with excellent attention to detail, and thirst for learning interesting in working closely with experienced attorneys and contribute to the success of a dynamic law firm. Offering a degree in paralegal studies and over four years of work experience in legal support and legal research, seeking an entry-level paralegal position at a mid-sized law firm.

## EXPERIENCE

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- |                           |  |
|---------------------------|--|
| September<br>2016-Present | Paralegal Intern, <i>Wingtip Law Firm PC</i><br>Support senior paralegals with legal research and document management in preparation for civil and criminal trials. for trials. Schedule and conduct client, witness, and attorney interviews in preparation for depositions and trial. Administrative support, including database and file management, answering phones and general office duties |
| June 2014-<br>August 2016 | Legal Secretary, <i>XYZ Law LLC</i><br>Legal document preparation and management. Administrative and scheduling for senior partners. Coordinated conferences and meetings between attorneys and attorneys and current and prospective clients. Maintained firm's master calendar   |

## EDUCATION

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- Bellows Community College, *Tin, Texas*  
June 2014: Bachelor of Science in Paralegal Studies  
June 2012: Associate in Arts in Paralegal Studies
- Certified Registered Paralegal, National Federation of Paralegal Associations

## KEY SKILLS AND CHARACTERISTICS

---

- |                     |                          |
|---------------------|--------------------------|
| · Critical Thinking | · Microsoft Office Suite |
| · Handling Pressure | · LexisNexis & Westlaw   |
| · Leadership        | · 90 WPM Typing Speed    |
| · Problem Solving   | · Adaptability           |

## ACTIVITIES AND INTERESTS

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Literature, environmental conservation, art, yoga, skiing, travel

**DEPARTMENT OF  
VETERANS AFFAIRS**

**Memorandum**

Date:  
From: Chief, Medical Research Service (151)  
Subj: Without Compensation Appointment Director  
To: Senior Strategic Business Partner (10A2)

1. Approval is requested for the appointment of \_\_\_\_\_ to the position of \_\_\_\_\_ beginning \_\_\_\_\_ to \_\_\_\_\_.  
Start Date End Date

Selection of this candidate is in accordance with DVA regulations concerning citizenship and veteran preference requirements.

2. As a WOC (without compensation) appointee, the candidate will receive no monetary compensation, does/does not receive payment-in-kind, and will not be entitled to benefits normally given to paid employees, such as leave, retirement, etc.

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

I request appointment to the position indicated above and agree to the conditions specified.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACOS for Research

\_\_\_\_\_  
Date

TO: Research and Development Service (151) \_\_\_\_\_  
Date

FROM: Senior Strategic Business Partner

The WOC appointment requested above is approved. All regulatory requirements have been met and this individual may be appointed as of today. This agreement may be terminated at any time by either party by written notice of such intent. Please give a copy of this letter to the employee with instructions to obtain an identification badge from the Human Resources Security Service, building #218, and vehicle registration if the employee will be driving on the facility grounds from Police and Security, Building. # 236



## WOC APPOINTMENT REQUEST FORM & CONTACT INFORMATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title (Home Agency): \_\_\_\_\_ Job Title (VA): \_\_\_\_\_  
(e.g., Bio Lab Tech, Program Analyst)

Tasks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Request patient care responsibilities. (Candidate makes clinical decisions.) | <input type="checkbox"/> Request permission to use radioisotopes. (Must take radiation safety course prior to handling). |
| <input type="checkbox"/> Candidate has clinical degree and/or license.                                | <input type="checkbox"/> Will be listed as co-investigator on study.   |

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(Spouse, Mother, Father, Sister, etc.)

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

### OCCUPATION HEALTH AND SAFETY PROGRAM: OCCUPATIONAL EXPOSURE TO ANIMALS IN A RESEARCH ENVIRONMENT

Employees who are exposed to animals in a research environment must be screened by the VA Employee Health Physician according to their exposure level. Please classify the exposure level of the above-named employee by checking the blank next to the appropriate description below. The Employee Health Physician will screen the employee accordingly.

- |   |  |
|---|--|
| <p><input type="checkbox"/> <b>1. Animal care employee.</b> Any person who is employed by the VA, a VA non-profit organization, or Person Working Without Compensation (WOC) who has as a major component of the job, the care and handling of animals. These persons would include, but not be limited to, veterinarians, animal care supervisors, employees who have the word "animal" in their job title, and other animal care persons.</p> <p><input type="checkbox"/> <b>2. Other persons with significant laboratory animal contact.</b> Any person who works with live animals or unfixed animal tissue for one (1) hour a day for more than 20 days in a one- year period is considered to have significant animal contact. Persons working only with fixed animal tissues may have risks, but his person is not the focus of this SOP.</p> <p><input type="checkbox"/> <b>3. Persons with limited laboratory animal exposure, who do not meet the time requirements above, but that for whom the nature of exposure creates a</b></p> | <p><b>significant risk.</b> Examples would include working with known human pathogens in animals even n if very brief exposure or potential exposure: or working with animals that are naturally dangerous to humans such as certain non-human primates.</p> <p><input type="checkbox"/> <b>4. Certain persons with casual laboratory animal contact.</b> Janitors and other lab personnel will be included in the initial screening to determine if any risks are present. These persons will have a health history on file and notification of possible risks from being exposed to animals.</p> <p><input type="checkbox"/> <b>5. Supervisors of any of other classes of employees with laboratory animal contact.</b> These persons need training to be familiar with the requirements for their employees.</p> <p><input type="checkbox"/> <b>6. No exposure or risk from laboratory animals.</b></p> |
|---|--|

IF YOU CHECKED 1-5, YOU MUST COMPLETE THE RESEARCH MEDICAL HISTORY QUESTIONNAIRE FORM. The Occupational Health Program for Research is now entirely electronic. Please complete the Medical History Questionnaire Form and email it directly to [mirasol.button@va.gov](mailto:mirasol.button@va.gov) in the Occupational Health Office. Occupational Health will review your health history and reply by email with your clearance (if appropriate).

PI Name

Signature of Principal Investigator

Date

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## 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 an 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:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## General Information

**1. FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



**2. SOCIAL SECURITY NUMBER**



**3a. PLACE OF BIRTH** (Include city and state or country)



**3b. ARE YOU A U.S. CITIZEN?**

YES  NO (If "NO", provide country of citizenship) ◆

**4. DATE OF BIRTH** (MM / DD / YYYY)



**5. OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)



**6. PHONE NUMBERS** (Include area codes)

Day ◆

Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Were you born a male after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below)  NO

*If your only active duty was training in the Reserves or National Guard, answer "NO."*

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

## Background Information

**For all questions, provide all additional requested information under item 16 or on attached sheets.** The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*  YES  NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the charges, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*  YES  NO

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## 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 relativeworks.  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 received a tentative/conditional job offer or have not yet been selected, carefully review your answers on this form and any attached sheets.

**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) (MM / DD / YYYY)
- 17b. Appointee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign in ink) (MM / DD / YYYY)

<b>Appointing Officer:</b> 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

### **Tips on filling out 306 from Security – Most common errors**

Fillable 306. This method is preferred for this form to be used because it cures one major problem – legible handwriting.

Full Name – their legal name. For example If their first name is Charles and they want to be known as Chuck, they have to enter Charles. If they have a middle name it must be entered. If they have only a middle initial then they enter “IO” and if no middle name “NMN”. Again their legal name, if they don’t want to use their middle name it still goes on the form.

Place of Birth – city and state for those born in the US, city and country for those born outside the US.

Are You A U.S. Citizen- If “NO” they need to enter the name of the country of citizenship.

Females will check 7a “NO” and leave 7b unchecked.

Males 7b, if they answer “NO” it must be explained. I suggest they look at the Selective Service site and read the reasons for not registering. If they are required to register and they did not, they are not qualified for employment. Most US born have registered and they just don’t realize it.

Items 9 through 15, if checked “YES” must have an explanation in Block 16. They must provide ALL the requested information asked for in each item.

Applicant’s signature – either needs to be a digital signature or a wet signature. I can’t except anything else like a computer font generated signature.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

STOP *Employer Completes Next Page* STOP



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



DEPARTMENT OF VETERANS AFFAIRS  
SECURITY AND INVESTIGATIONS CENTER

## Self Certification of Continuous Service

I hereby certify my break in service from my last federal employment is indicated by the block checked below.

**Federal employment** is defined as any branch of the United States military (Active, Guard or Reserve), federal government civilian employee (any federal government agency), or a contractor working for the federal government.

(Check One)

- I have NOT had a break in service.
- My break in service was less than 60 days.
- My break in service was greater than 60 days, but less than 2 years. (You are required to submit the OF 306, Declaration for Federal Employment, with this form.)
- My break in service is greater than 2 years or; I have never had employment through the federal government.

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Social Security Number:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

---

VA Personnel Security/HR Use Only:

\_\_\_\_\_  
Current Investigation in PIPS:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Risk level of current position:

\_\_\_\_\_  
Verified by:

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**PROTECTED UNDER THE FAIR CREDIT REPORTING ACT (TITLE 15, SECTION 1681)**

**STATEMENT OF AUTHORIZATION AND CLARIFICATION OF PURPOSE**

**I Authorize** the Department of Veterans Affairs Security Office to obtain Credit Reports from the Credit Bureau and other Consumer Reporting Agencies, Collection Agencies, and Retail Business Establishments which hold financial and credit information.

The Security Office will not take adverse action against the subject of investigation, based in whole or in part upon the results of the credit report. Should adverse action occur, the VA will provide a copy of the report and a written description of the subject's rights as described by the FTC under Section 1681g (c)(3) of Title 15. Any information from the consumer report, in violation of any applicable equal employment opportunity law or regulation, will not be used in the adjudication of the investigation.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon the request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Department of Veterans Affairs, Office of Security and Law Enforcement, only for the purposes of the adjudication and establishment of eligibility/security clearance.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for (5) years from the date signed or upon the termination of my affiliation with the Department of Veterans Affairs, whichever is sooner.

SIGNATURE OF EMPLOYEE <i>(Sign in ink)</i>		TYPE OR PRINT LEGIBLY FULL NAME	DATE SIGNED
OTHER NAMES USED		HOME TELEPHONE NUMBER <i>(Include Area Code)</i>	
CURRENT ADDRESS <i>(Include Street, City, State, and ZIP Code)</i>			



Department of

# Veterans Affairs **Memorandum**

Date: AUG 30, 2000

From: Chief Research and Development Officer (12)

Subj: Intellectual Property and Invention Disclosure

To: See List Attached

The VA Technology Transfer Program (TTP) has the mission of serving the American public by translating the results of worthy discoveries made by employees of VA (including WOC's) into practice. This requires a program that rigorously evaluates all inventions, educates inventors concerning their rights and obligations, obtains patents, and assists in the commercialization of new products. It also requires consistent policies that govern the necessary relationships between investigator/inventor, Academic Partners, local VA Medical Centers, Industry and Department of Commerce.

Several recent incidents have revealed considerable confusion on the part of VA employees concerning their legal responsibilities relevant to disclosure of potential intellectual property. As a result, we are requesting your help in ensuring that all staff assigned to your research program are educated concerning current VA intellectual property policy. To assist you we have enclosed a copy of the document Patents: Government and Employee Rights and Responsibilities. Additional information is also available at the web site [www.vard.org](http://www.vard.org) under the Intellectual Property link.

The corner stone of a successful Program requires full and timely disclosure of potential intellectual property. Under **Executive Order 10096** the Government has the right to obtain the entire right, title and interest in and to all inventions made by any Government employee (1) during working hours, or (2) with a contribution by the Government of facilities, equipment, materials, funds, or information, or of time or services of other Government employees on official duty, or (3) which bear a direct relation to or are made in consequence of the official duties of the inventor. It should be noted that disclosure does not automatically mean VA will assert ownership. A formal decision can only be made by the Office of General Counsel after disclosure has been made.

Managers at all levels must assume responsibility for protecting Federal rights to intellectual property developed using VA funds, facilities, equipment, and/or employees. This includes adequate training and education of staff. To ensure that current VA requirements have been conveyed to members of your staff please submit an alphabetical list of all VA supported (salary, space, equipment, WOC) investigators trained, including their social security number and signature acknowledging receipt of the information provided. This certification list should be returned no later than Friday, September 29, 2000 to Technology Transfer Program (122), 103 South Gay Street, Baltimore, MD 21202.

VA intends to pursue aggressively patent and ownership rights. I want to make it clear to all parties involved that failure to disclose in a full or timely manner could result in VA taking legal action. Such legal action could culminate in interference with pending applications or overturning existing patents. I cannot overemphasize the importance of all employees (including WOC's) promptly and fully disclosing potential intellectual property developed using VA funds, space, equipment, and/or employees. Employees affiliated with a university are required to disclose to both VA and their university.

If you have questions or need additional information, please contact the Technology Transfer Program at (410) 962-1800, ext. 267 or 268.

John R. Feussner, M.D.  
Chief Research and Development Officer

Attachment

## INSTRUCTIONS

### VA-WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT

This document was developed by the VA Office of General Counsel and shall be executed either simultaneously or before the official WOC document is executed. The agreement provides advance information and notification to WOC's requesting research access to VA facilities and resources about their rights and responsibilities as it relates to any intellectual property developed in a VA facility. This agreement should not be executed by WOC's performing exclusively clinical, attending, or educational activities at the VA medical center.

The appointee's name should be inserted in the first blank. The city and state where the medical center is located should be inserted in the second blank. The affiliated university name should be inserted in the third and final blank. Once the required information has been inserted, the Appointee and the Associate Chief of Staff for R&D (ACOS/R&D) should sign and date the Agreement. The original agreement should be maintained on file in the local R&D Office, and a copy should be given to the Appointee for their records. If a Cooperative Technology Administration Agreement (CTAA) has been executed with the affiliated university, the local R&D Office shall also forward a copy for their records.

## VA-WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT

This agreement is made between \_\_\_\_\_ and the Department of Veterans Affairs (VA) in consideration of my without compensation (WOC) appointment by the VA Medical Center at \_\_\_\_\_, (VAMC) and performing VA-Approved Research (as defined below) utilizing VA resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA-Approved Research), at that VAMC.
2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.
3. I have read and understand the VHA Intellectual Property Handbook 1200.18 (Handbook) [available at [www.vard.org](http://www.vard.org), which provides guidance and instruction regarding invention disclosures, patenting and the transfer of new scientific discoveries.
4. Notwithstanding that I am an employee or appointee at \_\_\_\_\_, I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-Approved Research utilizing VA resources at the VAMC or in VA-approved space.
5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.
6. If VA asserts an ownership interest based on my inventive contribution, then, subject to Paragraph 7 below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with VA, when requested, in drafting the patent applications(s) for such invention and will thereafter sign any documents, recognizing VA's ownership, as required by the U.S. Patent and Trademark Office at the time the patent application is filed.
7. VA recognizes that I am employed or appointed at the entity named in paragraph 4 and have obligations to disclose and assign certain invention rights to it. If that entity asserts an ownership interest, VA will cooperate with it to manage the development of the invention as appropriate.
8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the mentioned entity in paragraph 4, this Agreement will be implemented in accordance with the provisions of that CTAA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACOS for Research

# FINGERPRINT REQUEST FORM

Bring with you two (2) original IDs (Identity Source Documents) from the list below  
[https://www.oit.va.gov/programs/piv/\\_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

Complete all fields on this form to the best of your ability

**Applicant Category: Check One**

<b>EMPLOYEE</b>	<b>CONTRACTOR</b>	<b>HEALTH PROFESSIONS TRAINEE (VHA intern, resident, fellow, student)</b>
<b>AFFILIATE</b>	<b>VOLUNTEER</b>	<b>OTHER:</b>

**ENTER YOUR NAME EXACTLY AS IT APPEARS ON IDs**

Name: (Last, First, Middle)		Other Last Names Used
SSN (use of pseudo number is not permitted)	Position Title	Telephone #
Date of Birth: (mm/dd/yyyy)	City/State and Country of Birth	
E-Mail Address (long-term, sustained E-Mail)	Country of Citizenship	Dual Citizen? (Yes/No)
VA Work Location	POC/COTR/Sponsor/Supervisor	POC Phone #
<b>Contractors Only:</b> Company Name		Company Address
		Contract End Date
<b>Health Professions Trainees Only:</b> School/Affiliate Name		Training Program
		Program End Date

FINGERPRINT LOCATION		FINGERPRINT DATE (mm/dd/yyyy)		PREVIOUS PIV CARD HOLDER (Yes/No)	
GENDER (M/F)	HEIGHT (inches)	WEIGHT (US pounds)	HAIR COLOR	EYE COLOR	RACE/ETHNICITY

**Courtesy Prints for another Facility**

Facility Name/Location:	Facility SOI#	Facility SON#
-------------------------	---------------	---------------

**Personnel Security Specialist USE ONLY**

Date Cleared	Signature
Comments	



U.S. Department  
of Veterans Affairs  
VA Greater Los Angeles Healthcare System

## HEALTH SCREENING/ SELF CERTIFICATION FOR LIGHT DUTY WORK FORM

NOTE: THIS FORM MUST BE SUBMITTED WITH PI'S SIGNATURE EVEN  
IF EMPLOYEE DOES NOT REQUIRE A PHYSICAL EXAMINATION.

NAME OF APPLICANT: \_\_\_\_\_ SOCIAL SECURITY#: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

DUTIES: \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Duties require patient care | <input type="checkbox"/> Human Subject Contact | <input type="checkbox"/> Animal Contact |
|--|--|---|

\_\_\_\_\_  
Principal Investigator Signature Date

- Do you have any problem listed below which might adversely affect your job performance in the position named above? Please check all that apply.

Duties require specific physical abilities checked below: Environmental factors, such as:

- |  |   |
|--|---|
| <input type="checkbox"/> Lifting or carrying objects up to 45 pounds<br><input type="checkbox"/> Sitting or standing for long periods of time<br><input type="checkbox"/> Walking or climbing upstairs<br><input type="checkbox"/> Pushing or pulling motions<br><input type="checkbox"/> Frequent bending or stooping | <input type="checkbox"/> Severe dampness or dryness<br><input type="checkbox"/> Constant or sever intermittent noise<br><input type="checkbox"/> Excessive heat<br><input type="checkbox"/> Excessive cold<br><input type="checkbox"/> Working with hands in water<br><input type="checkbox"/> Some exposure to fumes, smoke or gases |
|--|---|

Specific visual requirement:

- Reading small print with without glasses  
 Distinguish basic color or shades of color

Other specific factors, such as:

- Hearing ordinary conversations, including telephone conversations (hearing aid permitted)  
 Speech impairment  
 Amputation or abnormality of leg, foot, arm, hand, or finger which prevents performance of duties

- Have any disease or disability which would make your employment in this position a hazard to yourself or others.

Please give details regarding any boxes checked above. (Continue on the reverse page if more space is needed.)

\_\_\_\_\_  
Employee Signature Date

**PRIVACY ACT STATEMENT:** The authority for collecting this information about you is 5 U.S.C. 7201. The information furnished will be used to update your education level to reflect the highest level achieved. The information you furnish is voluntary and will be used for workforce analysis and planning. Executive Order 9397 (November 22, 1943) authorizes use of your Social Security Number. That Order requires use of the SSN for the orderly administration of personnel records. Furnishing your Social Security Number as well as the other data is voluntary. Disclosure of this information may be made in accordance with the disclosure provisions of the Privacy Act of 1974 including the established routine uses for the OPM/GOVT-1, General Personnel Records system of records, or the 76VA05 system for Title 38 employees.

**INSTRUCTIONS** - Please complete this form according to the instructions and if you have any questions, contact your Human Resources (HR) office. Return completed form to your HR office. (Note: In order to keep your education record up-to-date, be sure to notify the HR office whenever you attain a higher level of education than the level you show on this form.)

## PART I - EDUCATION CODES

**INSTRUCTION:** Check the one box next to the code in Section A or B that best represents your highest education level. Then follow instructions in that section.

### SECTION A - GENERAL EDUCATION LEVELS

- |   |  |
|---|--|
| <input type="checkbox"/> 1 - Less than 8th grade or no formal education   | <input type="checkbox"/> C - One academic year of study (30-59 semester hours, 45-89 quarter hours) in a resident college or university.                   |
| <input type="checkbox"/> 2 - 8th grade  | <input type="checkbox"/> D - Two academic years of study (60-89 semester hours, 90-134 quarter hours) in a resident college or university.                 |
| <input type="checkbox"/> A - Some high school -- did not graduate   | <input type="checkbox"/> 7 - Four academic years of study (120 semester hours, 180 quarter hours, or more) but did <b>not</b> receive a bachelor's degree. |
| <input type="checkbox"/> B - High school graduation or equivalency certificate, and no completion of any advanced job training.           | <input type="checkbox"/> L - Bar membership <b>without</b> law degree.   |
| <input type="checkbox"/> 3 - High school graduation and afterwards began additional job training program without completing.              | <input type="checkbox"/> E - Three academic years of study (90-119 semester hours, 135-179 quarter hours) in a resident college or university.             |
| <input type="checkbox"/> 5 - Less than one academic year of study (under 30 semester hours/ 45 quarter hours) in a college or university. |  |

If you checked one of the boxes above go to PART II, otherwise continue in Section B.

### SECTION B - HIGHER EDUCATION CERTIFICATE OR DEGREE

- |   |   |
|---|---|
| <input type="checkbox"/> 4 - Completed high school and afterwards completed additional job training program.                  | <input type="checkbox"/> O - Master's degree in Hospital Administration   |
| <input type="checkbox"/> 6 - Associate degree (including nursing and all other associate degrees.)                            | <input type="checkbox"/> # - Master's degree in Nursing   |
| <input type="checkbox"/> F - Nursing diploma  | <input type="checkbox"/> P - All other master degrees   |
| <input type="checkbox"/> G - Bachelor's degree in Nursing   | <input type="checkbox"/> Q - Some academic work beyond master's degree but no higher degree                           |
| <input type="checkbox"/> H - Bachelor's degree in Engineering or Architecture   | <input type="checkbox"/> R - Doctor of Dental Medicine  |
| <input type="checkbox"/> I - Bachelor's degree in Accounting or Finance   | <input type="checkbox"/> S - Doctor of Dental Surgery   |
| <input type="checkbox"/> J - Bachelor's degree, all other fields  | <input type="checkbox"/> T - Doctor of Medicine   |
| <input type="checkbox"/> 8 - Bachelor's degree and less than 15 semester hours, 23 quarter hours of graduate study            | <input type="checkbox"/> U - Doctor of Osteopathy   |
| <input type="checkbox"/> N - One academic year of graduate study (15 semester hours, 23 quarter hours) but no master's degree | <input type="checkbox"/> V - Doctor of Veterinary Medicine  |
| <input type="checkbox"/> K - Law degree (J.D. or LL.B.) <b>without</b> bar membership   | <input type="checkbox"/> 9 - All other professional degrees (including podiatry, D.P. or D.P.M., and optometry, O.D.) |
| <input type="checkbox"/> L - Bar membership <b>with</b> law degree  | <input type="checkbox"/> * - Doctoral degree in Nursing   |
| <input type="checkbox"/> M - Law degree (J.D. or LL.B.) <b>with</b> bar membership  | <input type="checkbox"/> W - Doctor of Philosophy   |
|   | <input type="checkbox"/> X - Ph.D. in Psychology  |
|   | <input type="checkbox"/> Y - Other doctoral degrees   |
|   | <input type="checkbox"/> Z - Doctoral degree and performed some academic work beyond                                  |

If you checked one of the boxes in Section B, then more specific information is needed. Please review the supplemental (which is either attached or may be provided later by your HR office) and select the most appropriate field of study from the programs listed and record the corresponding 6-digit program code in Part II.

## PART II - EMPLOYEE INFORMATION

1. WHAT IS YOUR ONE DIGIT EDUCATION CODE FROM SECTION A OR SECTION B ABOVE?	<b>COMPLETE IF YOU SELECTED FROM SECTION B</b>	
	2A. WHAT YEAR DID YOU COMPLETE YOUR HIGHEST LEVEL OF EDUCATION?	2B. ENTER THE SIX DIGIT PROGRAM CODE
<input type="text"/> EDUCATION CODE	<input type="text"/> YEAR OF COMPLETION	<input type="text"/> PROGRAM CODE
3. LAST NAME - FIRST NAME - MIDDLE INITIAL OF EMPLOYEE (Print or type)		4. SOCIAL SECURITY NO.
5. SERVICE OR DIVISION		
6. EMPLOYEE'S SIGNATURE		7. DATE

This listing is to be used to supplement VA Form 4637, Employee Educational Data, only when a selection from Section B, Higher Education Certificate or Degree, is made.

**Instructions:** Please review this instruction program supplemental and select the *most appropriate program* from the extensive list and note the corresponding 6-digit program code then return to Part II of VA Form 4637, Employee Educational Data.

This page is an alphabetical listing of categories to assist in finding your special program of study on the following pages. When you find your closest program or closest field of study, copy the 6-digit number in Part II.

<b>FIELD OF STUDY</b>	<b>6-DIGIT CODE</b> <i>(First two digits of 6-digit code on following pages)</i>
Agriculture, Agriculture Operations, and Related Sciences . . . . .	.01
Natural Resources & Conservation . . . . .	03
Architecture and Related Services . . . . .	.04
Area, Ethnic, Cultural, Gender, & Group Studies . . . . .	.05
Communication, Journalism and Related Programs . . . . .	.09
Communications Technologies/Technicians and Support Services . . . . .	.10
Computer and Information Sciences and Support Services . . . . .	.11
Personal and Culinary Services . . . . .	.12
Education . . . . .	.13
Engineering . . . . .	.14
Engineering Technologies & Engineering-Related Fields . . . . .	.15
Foreign Languages, Literatures, and Linguistics . . . . .	.16
Family and Consumer Sciences/Human Sciences . . . . .	.19
Legal Professions and Studies . . . . .	.22
English Language and Literature/Letters . . . . .	.23
Liberal Arts and Sciences, General Studies and Humanities . . . . .	.24
Library Science . . . . .	.25
Biological and Biomedical Sciences . . . . .	.26
Mathematics and Statistics . . . . .	.27
Military Science, Leadership & Operational Art . . . . .	.28
Military Technologies & Applied Sciences . . . . .	.29
Multi/Interdisciplinary Studies . . . . .	.30
Parks, Recreation, Leisure and Fitness Studies . . . . .	.31
Basic Skills & Developmental/Remedial Education . . . . .	.32
Citizenship Activities . . . . .	.33
Health-Related Knowledge & Skills . . . . .	.34
Interpersonal & Social Skills . . . . .	.35
Leisure & Recreational Activities . . . . .	.36
Personal Awareness & Self-Improvement . . . . .	.37
Philosophy and Religious Studies . . . . .	.38
Theology and Religious Vocations . . . . .	.39
Physical Sciences . . . . .	.40
Science Technologies/Technicians . . . . .	.41
Psychology . . . . .	.42
Homeland Security, Law Enforcement, Firefighting & Related Protective Services . . . . .	.43
Public Administration & Social Service Professions . . . . .	.44
Social Sciences . . . . .	.45
Construction Trades . . . . .	.46
Mechanic & Repair Technologies/Technicians . . . . .	.47

**FIELD OF STUDY****6-DIGIT CODE***(First two digits of 6-digit code on following pages)*

Precision Production . . . . .	48
Transportation and Materials Moving . . . . .	49
Visual and Performing Arts . . . . .	50
Health Professions and Related Clinical Programs . . . . .	51
Business, Management, Marketing, and Related Support Services . . . . .	52
History . . . . .	54
Residency Programs . . . . .	60



**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
000410	Real Estate Development	010205	Agricultural Mechanics & Equipment/Machine Tech.
000440	Paper Science & Engineering	010299	Agricultural Mechanization, Other
001441	Electromechanical Engineering	010301	Agricultural Production Operations, General
001442	Mechatronics, Robotics, & Automation Engineering	010302	Animal/Livestock Husbandry & Production
001443	Biochemical Engineering	010303	Aquaculture
001444	Engineering Chemistry	010304	Crop Production
001445	Biological/Biosystems Engineering	010306	Dairy Husbandry & Production
001516	Nanotechnology	010307	Horse Husbandry/Equine Science & Management
002313	Rhetoric & Composition/Writing Studies	010308	Agroecology & Sustainable Agriculture
002314	Literature	010309	Viticulture & Enology
002614	Molecular Medicine	010399	Agricultural Production Operations, Other
002615	Neurobiology & Neurosciences	010401	Agricultural & Food Products Processing
002805	Military Science & Operational Studies	010504	Dog/Pet/Animal Grooming
002806	Security Policy & Strategy	010505	Animal Training
002807	Military Economics & Management	010507	Equestrian/Equine Studies
002899	Military Science, Leadership & Operational Art, Other	010508	Taxidermy/Taxidermist
002902	Intelligence, Command Control & Information Operations	010599	Agricultural & Domestic Animal Services, Other
002903	Military Applied Sciences	010601	Applied Horticulture/Horticultural Operations, General
002904	Military Systems & Maintenance Technology	010603	Ornamental Horticulture
002999	Military Technologies & Applied Sciences, Other	010604	Greenhouse Operations & Management
003000	Multi-/Interdisciplinary Studies, General	010605	Landscaping & Groundskeeping
003026	Cultural Studies/Critical Theory & Analysis	010606	Plant Nursery Operations & Management
003027	Human Biology	010607	Turf & Turfgrass Management
003028	Dispute Resolution	010608	Floriculture/Floristry Operations & Management
003029	Maritime Studies	010699	Applied Horticulture/Horticultural Business Svc., Other
003030	Computational Science	010701	International Agriculture
003031	Human Computer Interaction	010801	Agricultural & Extension Education Services
003032	Marine Sciences	010802	Agricultural Communication/Journalism
003033	Sustainability Studies	010899	Agricultural Public Services, Other
003106	Outdoor Education	010901	Animal Sciences, General
003800	Philosophy & Religious Studies, General	010902	Agricultural Animal Breeding
004100	Science Technologies/Technicians, General	010903	Animal Health
004227	Research & Experimental Psychology	010904	Animal Nutrition
004228	Clinical Counseling & Applied Psychology	010905	Dairy Science
004303	Homeland Security	010906	Livestock Management
004513	Sociology & Anthropology	010907	Poultry Science
004514	Rural Sociology	010999	Animal Sciences, Other
005010	Arts, Entertainment, & Media Management	011001	Food Science
005138	Registered Nursing, Nursing Admin., Nursing Research & Clinical Nursing	011002	Food Technology & Processing
005139	Practical Nursing, vocational Nursing & Nursing Assts.	011099	Food Science & Technology, Other
005221	Telecommunications Management	011101	Plant Sciences, General
006004	Medical Residency Programs - General Certificates	011102	Agronomy & Crop Science
006005	Medical Residency Programs - Subspecialty Certificates	011103	Horticultural Science
006006	Podiatric Medicine Residency Programs	011104	Agricultural & Horticultural Plant Breeding
	<b>Agriculture, Agriculture Operations &amp; Related Sciences</b>	011105	Plant Protection & Integrated Pest Management
010000	Agriculture, General	011106	Range Science & Management
010101	Agricultural Business and Management, General	011199	Plant Sciences, Other
010102	Agribusiness/Agricultural Business Operations	011201	Soil Science & Agronomy, General
010103	Agricultural Economics	011202	Soil Chemistry & Physics
010104	Farm/Farm and Ranch Management	011203	Soil Microbiology
010105	Agricultural/Farm Supplies Retailing & Wholesaling	011299	Soil Sciences, Other
010106	Agricultural Business Technology	019999	Agriculture, Agri. Opers, & Related Sciences, Other
010199	Agricultural Business & Management, Other		
010201	Agricultural Mechanization, General		
010204	Agricultural Power Machinery Operation		

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
	<b>Natural Resources &amp; Conservation</b>		
030101	Natural Resources/Conservation, General	050122	Regional Studies (US, Canadian, Foreign)
030103	Environmental Studies	050123	Chinese Studies
030104	Environmental Science	050124	French Studies
030199	Natural Resources Conservation & Research, Other	050125	German Studies
030201	Natural Resources Management & Policy	050126	Italian Studies
030204	Natural Resource Economics	050127	Japanese Studies
030205	Water, Wetlands, & Marine Resources Management	050128	Korean Studies
030206	Land Use Planning & Management/Development	050129	Polish Studies
030207	Natural Resource Recreation & Tourism	050130	Spanish & Iberian Studies
030208	Natural Resources Law Enforcement & Protective Svcs.	050131	Tibetan Studies
030299	Natural Resources Management & Policy, Other	050132	Ukraine Studies
030301	Fishing & Fisheries Sciences & Management	050133	Irish Studies
030501	Forestry, General	050134	Latin American & Caribbean Studies
030502	Forest Sciences & Biology	050199	Area Studies, Other
030506	Forest Management/Forest Resources Management	050200	Ethnic Studies
030508	Urban Forestry	050201	African-American/Black Studies
030509	Wood Science & Wood Products/Pulp & Paper Tech.	050202	American Indian/Native American Studies
030510	Forest Resources Production & Management	050203	Hispanic-American, Puerto Rican, & Mexican-American/Chicano Studies
030511	Forest Technology/Technician		
030599	Forestry, Other	050206	Asian-American Studies
030601	Wildlife, Fish & Wildlands Science & Management	050207	Women's Studies
039999	Natural Resources & Conservation, Other	050208	Gay/Lesbian Studies
	<b>Architecture &amp; Related Services</b>	050209	Folklore Studies
040201	Architecture	050210	Disability Studies
040301	City/Urban, Community & Regional Planning	050211	Deaf Studies
040401	Environmental Design/Architecture	050299	Ethnic, Cultural Minority, Gender & Group Studies, Other
040501	Interior Architecture		<b>Communication, Journalism, &amp; Related Programs</b>
040601	Landscape Architecture	090100	Communication, General
040801	Architectural History & Criticism, General	090101	Speech Communication & Rhetoric
040901	Architectural Technology/Technician	090102	Mass Communication/Media Studies
040902	Architectural & Building Sciences/Technology	090199	Communication & Media Studies, Other
040999	Architectural Sciences & Technology, Other	090401	Journalism
041001	Real Estate Development	090402	Broadcast Journalism
049999	Architecture & Related Services, Other	090404	Photo Journalism
	<b>Area, Ethnic, Cultural, Gender &amp; Group Studies</b>	090499	Journalism, Other
050101	African Studies	090701	Radio & Television
050102	American/United States Studies/Civilization	090702	Digital Communication & Media/Multimedia
050103	Asian Studies/Civilization	090799	Radio, Television, & Digital Communication, Other
050104	East Asian Studies	090900	Public Relations, Advertising, & Applied Communication
050105	Russian, Central/Eastern Eurasian Studies	090901	Organizational Communication, General
050106	European Studies/Civilization	090902	Public Relations/Image Management
050107	Latin American Studies	090903	Advertising
050108	Near & Middle Eastern Studies	090904	Political Communication
050109	Pacific Area/Pacific Rim Studies	090905	Health Communication
050110	Russian Studies	090906	Sports Communication
050111	Scandinavian Studies	090907	International & Intercultural Communication
050112	South Asian Studies	090908	Technical & Scientific Communication
050113	Southeast Asian Studies	090999	Public Relations, Advertising, & Applied Communication, Other
050114	Western European Studies		
050115	Canadian Studies	091001	Publishing
050116	Balkans Studies	099999	Communication, Journalism, & Related Programs, Other
050117	Baltic Studies		
050118	Slavic Studies		
050119	Caribbean Studies		
050120	Ural-Altaic & Central Asian Studies		
050121	Commonwealth Studies		

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
	<b>Communications Technologies/Technicians &amp; Support Services</b>		
100105	Communications Technology/Technician	120402	Barbering/Barber
100201	Photographic & Film/Video Technology/Techn. & Assistant	120404	Electrolysis/Electrology & Electrolysis Technician
100202	Radio & Television Broadcasting Technology/Techn.	120406	Make-Up Artist/Specialist
100203	Recording Arts Technology/Technician	120407	Hair Styling/Stylist & Hair Design
100299	Audiovisual Commun. Technologies/Techn., Other	120408	Facial Treatment Specialist/Facialist
100301	Graphic Communications, General	120409	Aesthetician/Esthetician & Skin Care Specialist
100302	Printing Management	120410	Nail Technician/Specialist & Manicurist
100303	PrePress/Desktop Publishing & Digital Imaging Design	120411	Permanent Cosmetics/Makeup & Tattooing
100304	Animation, Interactive Technology, Video Graphics & Special Effects	120412	Salon/Beauty Salon Management/Manager
100305	Graphic & Printing Equipment Operator, General Production	120413	Cosmetology, Barber/Styling, & Nail Instructor
100306	Platemaker/Imager	120414	Master Aesthetician/Esthetician
100307	Printing Press Operator	120499	Cosmetology & Related Personal Grooming Arts, Other
100308	Computer Typography & Composition Equipment Operator	120500	Cooking & Related Culinary Arts, General
100399	Graphic Communications, Other	120501	Baking & Pastry Arts/Baker/Pastry Chef
109999	Communications Technologies/Techn. & Support Svcs, Other	120502	Bartending/Bartender
	<b>Computer &amp; Information Sciences &amp; Support Services</b>	120503	Culinary Arts/Chef Training
110101	Computer & Information Sciences, General	120504	Restaurant, Culinary, & Catering Management/Manager
110102	Artificial Intelligence	120505	Food Preparation/Professional Cooking/Kitchen Asst.
110103	Information Technology	120506	Meat Cutting/Meat Cutter
110104	Informatics	120507	Food Service, Waiter/Waitress, & Dining Room Management/Manager
110199	Computer & Information Sciences, Other	120508	Institutional Food Workers
110201	Computer Programming/Programmer, General	120509	Culinary Science/Culinology
110202	Computer Programming, Specific Applications	120510	Wine Steward/Sommelier
110203	Computer Programming, Vendor/Product Certification	120599	Culinary Arts & Related Services, Other
110299	Computer Programming, Other	129999	Personal & Culinary Services, Other
110301	Data Processing & Data Processing Technology/Techn.		<b>Education</b>
110401	Information Science/Studies	130101	Education, General
110501	Computer Systems Analysis/Analyst	130201	Bilingual & Multilingual Education
110601	Data Entry/Microcomputer Applications, General	130202	Multicultural Education
110602	Word Processing	130203	Indian/Native American Education
110699	Data Entry/Microcomputer Applications, Other	130299	Bilingual, Multilingual, & Multicultural Education, Other
110701	Computer Science	130301	Curriculum & Instruction
110801	Web Page, Digital/Multimedia & Info. Resources Design	130401	Educational Leadership & Administration, General
110802	Data Modeling/Warehousing & Database Administration	130402	Administration of Special Education
110803	Computer Graphics	130403	Adult & Continuing Education Administration
110804	Modeling, Virtual Environments & Simulation	130404	Educational, Instructional, & Curriculum Supervision
110899	Computer Software & Media Applications, Other	130406	Higher Education/Higher Education Administration
110901	Computer Systems Networking & Telecommunications	130407	Community College Education
111001	Network & System Administration/Administrator	130408	Elementary & Middle School Administration/Principalship
111002	System, Networking, & Lan/Wan Mgmt/Manager	130409	Secondary School Administration/Principalship
111003	Computer & Info. Systems Security/Info. Assurance	130410	Urban Education & Leadership
111004	Web/Multimedia Management & Webmaster	130411	Superintendency & Educational System Administration
111005	Information Technology Project Management	130499	Educational Administration & Supervision, Other
111006	Computer Support Specialist	130501	Educational/Instructional Technology
111099	Computer/Information Technology Services	130601	Educational Evaluation & Research
	Administration & Management, Other	130603	Educational Statistics & Research Methods
119999	Computer & Information Sciences & Support Services, Other	130604	Educational Assessment, Testing, & Measurement
	<b>Personal &amp; Culinary Services</b>	130607	Learning Sciences
120301	Funeral Service & Mortuary Science, General	130699	Educational Assessment, Evaluation, & Research, Other
120302	Funeral Direction/Service	130701	International & Comparative Education
120303	Mortuary Science & Embalming/Embalmer	130901	Social & Philosophical Foundations of Education
120399	Funeral Service & Mortuary Science, Other	131001	Special Education & Teaching, General
120401	Cosmetology/Cosmetologist, General	131003	Education/Teaching of Individual with Hearing Impairments, Including Deafness
		131004	Education/Teaching of The Gifted & Talented

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
131005	Education/Teaching of Individual with Emotional Disturbances	131318	Social Studies Teacher Education
131006	Education/Teaching of Individuals with Mental Retardation	131319	Technical Teacher Education
131007	Education/Teaching of Individuals with Multiple Disabilities	131320	Trade & Industrial Teacher Education
131008	Education/Teaching of Individuals with Orthopedic & other Physical Health Impairments	131321	Computer Teacher Education
131009	Education/Teaching of Individuals with Vision Impairments, Including Blindness	131322	Biology Teacher Education
131011	Education/Teaching of Individuals w/ Specific Learning Disabilities	131323	Chemistry Teacher Education
131012	Education/Teaching of Individ. w/ Speech or Language Impairments	131324	Drama & Dance Teacher Education
131013	Education/Teaching of Individuals with Autism	131325	French Language Teacher Education
131014	Education/Teaching of Individuals who are Developmentally Delayed	131326	German Language Teacher Education
131015	Education/Teaching of Individuals in Early Childhood Special Education Programs	131327	Health Occupations Teacher Education
131016	Education/Teaching of Individuals w/ Traumatic Brain Injuries	131328	History Teacher Education
131017	Education/Teaching of Individuals in Elem. Spec. Educ. Prog.	131329	Physics Teacher Education
131018	Education/Teaching of Individuals in Junior High/ Middle School Special Ed Programs	131330	Spanish Language Teacher Education
131019	Education/Teaching of Individuals in Secondary Special Education Programs	131331	Speech Teacher Education
131099	Special Education & Teaching, Other	131332	Geography Teacher Education
131101	Counselor Education/School Counseling & Guidance Services	131333	Latin Teacher Education
131102	College Student Counseling & Personnel Services	131334	School Librarian/School Library Media Specialist
131199	Student Counseling & Personnel Services, Other	131335	Psychology Teacher Education
131201	Adult & Continuing Education & Teaching	131337	Earth Science Teacher Education
131202	Elementary Education & Teaching	131338	Environmental Education
131203	Junior High/Intermediate/Middle School Education & Teaching	131399	Teacher Education & Professional Development, Specific Subject Areas, Other
131205	Secondary Education & Teaching	121401	Teaching English as a Second or Foreign Language/ ESL Language Instructor
131206	Teacher Education, Multiple Levels	131402	Teaching French as a Second or Foreign Language
131207	Montessori Teacher Education	131499	Teaching English or French as a Second or Foreign Language, Other
131208	Waldorf/Steiner Teacher Education	131501	Teacher Assistant/Aid
131209	Kindergarten/Preschool Education & Teaching	131502	Adult Literacy Tutor/Instructor
131210	Early Childhood Education & Teaching	131599	Teaching Assistants/Aides, Other
131299	Teacher Education & Professional Development, Specific Levels & Methods, Other	139999	Education, Other
131301	Agricultural Teacher Education		<b>Engineering</b>
131302	Art Teacher Education	140101	Engineering, General
131303	Business Teacher Education	140102	Pre-Engineering
131304	Driver & Safety Teacher Education	140201	Aerospace, Aeronautical & Astronautical Engineering
131305	English/Language Arts Teacher Education	140301	Agricultural Engineering
131306	Foreign Language Teacher Education	140401	Architectural Engineering
131307	Health Teacher Education	140501	Bioengineering & Biomedical Engineering
131308	Family & Consumer Sciences/Home Econ. Teacher Ed.	140601	Ceramic Sciences & Engineering
131309	Technology Teacher Ed./Industrial Arts Teacher Education	140701	Chemical Engineering
131310	Sales & Marketing Operations/Marketing & Distribution Teacher Education	140702	Chemical & Biomolecular Engineering
131311	Mathematics Teacher Education	140799	Chemical Engineering, Other
131312	Music Teacher Education	140801	Civil Engineering, General
131314	Physical Education Teaching & Coaching	140802	Geotechnical & Geoenvironmental Engineering
131315	Reading Teacher Education	140803	Structural Engineering
131316	Science Teacher Education/General Science Teacher Ed.	140804	Transportation & Highway Engineering
131317	Social Science Teacher Education	140805	Water Resources Engineering
		140899	Civil Engineering, Other
		140901	Computer Engineering, General
		140902	Computer Hardware Engineering
		140903	Computer Software Engineering
		140999	Computer Engineering, Other
		141001	Electrical & Electronics Engineering
		141003	Laser & Optical Engineering
		141004	Telecommunications Engineering
		141099	Electrical, Electronics & Commun. Engineering, Other
		141101	Engineering Mechanics

**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
141201	Engineering Physics/Applied Physics	150607	Plastics & Polymer Engineering Technology/Technician
141301	Engineering Science	150611	Metallurgical Technology/Technician
141401	Environmental/Environmental Health Engineering	150612	Industrial Technology/Technician
141801	Materials Engineering	150613	Manufacturing Engineering Technology/Technician
141901	Mechanical Engineering	150614	Welding Engineering Technology/Technician
142001	Metallurgical Engineering	150615	Chemical Engineering Technology/Technician
142101	Mining & Mineral Engineering	150616	Semiconductor Manufacturing Technology
142201	Naval Architecture & Marine Engineering	150699	Industrial Production Technologies/Technicians, Other
142301	Nuclear Engineering	150701	Occupational Safety & Health Technology/Technician
142401	Ocean Engineering	150702	Quality Control Technology/Technician
142501	Petroleum Engineering	150703	Industrial Safety Technology/Technician
142701	Systems Engineering	150704	Hazardous Materials Information Systems Technology/Technician
142801	Textile Sciences & Engineering		
143201	Polymer/Plastics Engineering	150799	Quality Control & Safety Technologies/Technicians, Other
143301	Construction Engineering	150801	Aeronautical/Aerospace Engineering Technology/Technician
143401	Forest Engineering	150803	Automotive Engineering Technology/Technician
143501	Industrial Engineering	150805	Mechanical Engineering/Mechanical Technology/Technician
143601	Manufacturing Engineering	150899	Mechanical Engineering Related Tech./Technicians, Other
143701	Operations Research	150901	Mining Technology/Technician
143801	Surveying Engineering	150903	Petroleum Technology/Technician
143901	Geological/Geophysical Engineering	150999	Mining & Petroleum Technologies/Technicians, Other
144001	Paper Science & Engineering	151001	Construction Engineering Technology/Technician
144101	Electromechanical Engineering	151102	Surveying Technology/Surveying
144201	Mechatronics, Robotics, & Automation Engineering	151103	Hydraulics & Fluid Power Technology/Technician
144301	Biochemical Engineering	151199	Engineering-Related Technologies, Other
144401	Engineering Chemistry	151201	Computer Engineering Technology/Technician
144501	Biological/Biosystems Engineering	151202	Computer Technology/Computer Systems Technology
149999	Engineering, Other	151203	Computer Hardware Technology/Technician
	<b>Engineering Technologies &amp; Engineering-Related Fields</b>	151204	Computer Software Technology/Technician
150000	Engineering Technology, General	151299	Computer Engineering Technologies/Technicians, Other
150101	Architectural Engineering Technology/Technician	151301	Drafting & Design Technology/Technician, General
150201	Civil Engineering Technology/Technician	151302	Cad/Cadd Drafting and/or Design Technology/Technician
150303	Electrical, Electronic & Communications Engineering Technology/Technician	151303	Architectural Drafting & Architectural Cad/Cadd
150304	Laser & Optical Technology/Technician	151304	Civil Drafting & Civil Engineering Cad/Cadd
150305	Telecommunications Technology/Technician	151305	Electrical/Electronics Drafting & Electrical/Electronics Cad/Cadd
150306	Integrated Circuit Design	151306	Mechanical Drafting & Mechanical Drafting Cad/Cadd
150399	Electrical & Electronic Engineering Technologies/Technicians, Other	151399	Drafting/Design Engineering Technologies/Technicians, Other
150401	Biomedical Technology/Technician	151401	Nuclear Engineering Technology/Technician
150403	Electromechanical Technology/Electromechanical Engineering Technology	151501	Engineering/Industrial Management
150404	Instrumentation Technology/Technician	151502	Engineering Design
150405	Robotics Technology/Technician	151503	Packaging Science
150406	Automation Engineer Technology/Technician	151599	Engineering-Related Fields, Other
150499	Electromechanical & Instrumentation & Maintenance Technologies/Technicians, Other	151601	Nanotechnology
150501	Heating, Ventilation, A/C & Refrigeration Engineering Technology/Technician	159999	Engineering Technology & Engin.-Related Fields, Other
150503	Energy Management & Systems Technology/Technician		<b>Foreign Languages, Literatures &amp; Linguistics</b>
150505	Solar Energy Technology/Technician	160101	Foreign Languages & Literatures, General
150506	Water Quality & Wastewater Treatment Management & Recycling Technology/Technician	160102	Linguistics
150507	Environmental Engineer. Techn./ Environmental Techn.	160103	Language Interpretation & Translation
150508	Hazardous Materials Management & Waste Technology/Technician	160104	Comparative Literature
150599	Environmental Control Technologies/Technicians, Other	160105	Applied Linguistics
		160199	Linguistic, Comparative, & Related Language Studies & Services, Other
		160201	African Languages, Literatures, & Linguistics
		160300	East Asian Languages, Literatures, & Linguistics, General
		160301	Chinese Language & Literature
		160302	Japanese Language & Literature
		160303	Korean Language & Literature

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
160304	Tibetan Language & Literature	161203	Latin Language & Literature
160399	East Asian Languages, Literatures, & Linguistics, Other	161299	Classics & Classical Languages, Literatures, & Linguistics, Other
160400	Slavic Languages, Literatures, & Linguistics, General	161301	Celtic Languages, Literatures, & Linguistics
160401	Baltic Languages, Literatures, & Linguistics	161400	Southeast Asian Languages, Literatures, & Linguistics, General
160402	Russian Language & Literature	161401	Australian/Oceanic/Pacific Languages, Literatures, & Linguistics
160404	Albanian Language & Literature	161402	Indonesian/Malay Languages & Literatures
160405	Bulgarian Language & Literature	161403	Burmese Language & Literature
160406	Czech Language & Literature	161404	Filipino/Tagalog Language & Literature
160407	Polish Language & Literature	161405	Khmer/Cambodian Language & Literature
160408	Bosnian, Serbian & Croatian Languages & Literature	161406	Lao/Laotian Language & Literature
160409	Slovak Language & Literature	161407	Thai Language & Literature
160410	Ukrainian Language & Literature	161408	Vietnamese Language & Literature
160499	Slavic, Baltic, & Albanian Languages, Literatures, & Linguistics, Other	161499	Southeast Asian & Australasian/Pacific Languages, Literatures, & Linguistics, Other
160500	Germanic Languages, Literatures, & Linguistics, General	161501	Turkish Language & Literature
160501	German Language & Literature	161502	Uralic Languages, Literatures, & Linguistics
160502	Scandinavian Languages, Literatures, & Linguistics	161503	Hungarian/Magyar Language & Literature
160503	Danish Language & Literature	161504	Mongolian Language & Literature
160504	Dutch/Flemish Language & Literature	161599	Turkic, Ural-Altai, Caucasian, & Central Asian Languages, Literatures, & Linguistics, Other
160505	Norwegian Language & Literature	161601	American Sign Language (ASL)
160506	Swedish Language & Literature	161602	Linguistics of ASL & Other Sign Languages
160599	Germanic Languages, Literatures, & Linguistics, Other	161603	Sign Language Interpretation & Translation
160601	Modern Greek Language & Literature	161699	American Sign Language, Other
160700	South Asian Languages, Literatures, & Linguistics, General	169999	Foreign Languages, Literatures, & Linguistics, Other
160701	Hindi Language & Literature		<b>Family &amp; Consumer Sciences/Human Sciences</b>
160702	Sanskrit & Classical Indian Languages, Literatures, & Linguistics	190000	Work & Family Studies
160704	Bengali Language & Literature	190101	Family & Consumer Sciences/Human Sciences, General
160705	Punjabi Language & Literature	190201	Business Family & Consumer Sciences/Human Sciences
160706	Tamil Language & Literature	190202	Family & Consumer Sciences/Human Sciences Communic.
160707	Urdu Language & Literature	190203	Consumer Merchandising/Retailing Management
160799	South Asian Languages, Literatures, & Linguistics, Other	190299	Family & Consumer Sciences/Human Sciences Business Services, Other
160801	Iranian Languages, Literatures, & Linguistics	190401	Family Resources Management Studies, General
160900	Romance Languages, Literatures, & Linguistics, Gen.	190402	Consumer Economics
160901	French Language & Literature	190403	Consumer Services & Advocacy
160902	Italian Language & Literature	190499	Family & Consumer Economics & Related Services, Other
160904	Portuguese Language & Literature	190501	Foods, Nutrition, & Wellness Studies, General
160905	Spanish Language & Literature	190504	Human Nutrition
160906	Romanian Language & Literature	190505	Foodservice Systems Administration/Management
160907	Catalan Language & Literature	190599	Foods, Nutrition, & Related Services, Other
160908	Hispanic & Latin American Languages, Literatures, & Linguistics, General	190601	Housing & Human Environments, General
160999	Romance Languages, Literatures, & Linguistics, Other	190604	Facilities Planning & Management
161001	American Indian/Native American Languages, Literatures, & Linguistics	190605	Home Furnishings & Equipment Installers
161100	Middle/Near Eastern & Semitic Languages, Literatures, & Linguistics, General	190699	Housing & Human Environments, Other
161101	Arabic Language & Literature	190701	Human Development & Family Studies, General
161102	Hebrew Language & Literature	190702	Adult Development & Aging
161103	Ancient Near Eastern & Biblical Languages, Literatures, & Linguistics	190704	Family Systems
161199	Middle/Near Eastern & Semitic Languages, Literatures, & Linguistics, Other	190706	Child Development
161200	Classics & Classical Languages, Literatures, & Linguistics, General	190707	Family & Community Services
161202	Ancient/Classical Greek Language & Literature	190708	Child Care & Support Services Management
		190709	Child Care Provider/Assistant
		190710	Developmental Services Worker

**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
190799	Human Development, Family Studies, & Related Services, Other	250199	Library Science & Administration, Other
190901	Apparel & Textiles, General	250301	Library & Archives Assisting
190902	Apparel & Textile Manufacture	259999	Library Science, Other
190904	Textile Science		<b>Biological &amp; Biomedical Sciences</b>
190905	Apparel & Textile Marketing Management	260101	Biology/Biological Sciences, General
190906	Fashion & Fabric Consultant	260102	Biomedical Sciences, General
190999	Apparel & Textiles, Other	260202	Biochemistry
199999	Family & Consumer Sciences/Human Sciences, Other	260203	Biophysics
	<b>Legal Professions &amp; Studies</b>	260204	Molecular Biology
220000	Legal Studies, General	260205	Molecular Biochemistry
220001	Pre-Law Studies	260206	Molecular Biophysics
220101	Law	260207	Structural Biology
220201	Advanced Legal Research/Studies, General	260208	Photobiology
220202	Programs for Foreign Lawyers	260209	Radiation Biology/Radiobiology
220203	American/US Law/Legal Studies/Jurisprudence	260210	Biochemistry & Molecular Biology
220204	Canadian Law/Legal Studies/Jurisprudence	260299	Biochemistry, Biophysics & Molecular Biology, Other
220205	Banking, Corporate, Finance, & Securities Law	260301	Botany/Plant Biology
220206	Comparative Law	260305	Plant Pathology/Phytopathology
220207	Energy, Environment, & Natural Resources Law	260307	Plant Physiology
220208	Health Law	260308	Plant Molecular Biology
220209	International Law & Legal Studies	260399	Botany/Plant Biology, Other
220210	International Business, Trade, & Tax Law	260401	Cell/Cellular Biology & Histology
220211	Tax Law/Taxation	260403	Anatomy
220212	Intellectual Property Law	260404	Developmental Biology & Embryology
220299	Legal Research & Advanced Professional Studies, Other	260406	Cell/Cellular & Molecular Biology
220301	Legal Administrative Assistant/Secretary	260407	Cell Biology & Anatomy
220302	Legal Assistant/Paralegal	260499	Cell/Cellular Biology & Anatomical Sciences, Other
220303	Court Reporting/Court Reporter	260502	Microbiology, General
220399	Legal Support Services, Other	260503	Medical Microbiology & Bacteriology
229999	Legal Professions & Studies, Other	260504	Virology
	<b>English Language &amp; Literature/Letters</b>	260505	Parasitology
230101	English Language & Literature, General	260506	Mycology
231301	Writing, General	260507	Immunology
231302	Creative Writing	260508	Microbiology & Immunology
231303	Professional, Technical, Business, & Scientific Writing	260599	Microbiological Sciences & Immunology, Other
231304	Rhetoric & Composition	260701	Zoology/Animal Biology
231399	Rhetoric & Composition/Writing Studies, Other	260702	Entomology
231401	General Literature	260707	Animal Physiology
231402	American Literature (United States)	260708	Animal Behavior & Ethology
231403	American Literature (Canadian)	260709	Wildlife Biology
231404	English Literature (British & Commonwealth)	260799	Zoology/Animal Biology, Other
231405	Children's & Adolescent Literature	260801	Genetics, General
231499	Literature, Other	260802	Molecular Genetics
239999	English Language & Literature/Letters, Other	260803	Microbial & Eukaryotic Genetics
	<b>Liberal Arts &amp; Sciences, General Studies &amp; Humanities</b>	260804	Animal Genetics
240101	Liberal Arts & Sciences/Liberal Studies	260805	Plant Genetics
240102	General Studies	260806	Human/Medical Genetics
240103	Humanities/Humanistic Studies	260807	Genome Sciences/Genomics
240199	Liberal Arts & Sciences, General Studies & Humanities, Other	260899	Genetics, Other
	<b>Library Science</b>	260901	Physiology, General
250101	Library & Information Science	260902	Molecular Physiology
250102	Children & Youth Library Services	260903	Cell Physiology
250103	Archives/Archival Administration	260904	Endocrinology
		260905	Reproductive Biology
		260907	Cardiovascular Science
		260908	Exercise Physiology
		260909	Vision Science/Physiological Optics

**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
260910	Pathology/Experimental Pathology		<b>Military Science, Leadership &amp; Operational Art</b>
260911	Oncology & Cancer Biology	280101	Air Force JROTC/ROTC
260912	Aerospace Physiology & Medicine	280199	Air Force ROTC, Air Science & Operations, Other
260999	Physiology, Pathology, & Related Sciences, Other	280301	Army JROTC/ROTC
261001	Pharmacology	280399	Army ROTC, Military Science & Operations, Other
261002	Molecular Pharmacology	280401	Navy/Marine Corps JROTC/ROTC
261003	Neuropharmacology	280499	Navy/Marine Corps ROTC, Naval Science & Operations, Other
261004	Toxicology		
261005	Molecular Toxicology	280501	Air Science/Airpower Studies
261006	Environmental Toxicology	280502	Air & Space Operational Art & Science
261007	Pharmacology & Toxicology	280503	Military Operational Art & Science/Studies
261099	Pharmacology & Toxicology, Other	280504	Advanced Military & Operational Studies
261101	Biometry/Biometrics	280505	Naval Science & Operational Studies
261102	Biostatistics	280506	Special, Irregular & Counterterrorist Operations
261103	Bioinformatics	280599	Military Science & Operational Studies, Other
261104	Computational Biology	280601	Strategic Studies, General
261199	Biomathematics, Bioinformatics, & Computational Biology, Other	280602	Military & Strategic Leadership
261201	Biotechnology	280603	Military & International Operational Law
261301	Ecology	280604	Joint Operations Planning & Strategy
261302	Marine Biology & Biological Oceanography	280605	Weapons of Mass Destruction
261303	Evolutionary Biology	280699	National Security Policy & Strategy, Other
261304	Aquatic Biology/Limnology	280701	National Resource Strategy & Policy
261305	Environmental Biology	280702	Industry Studies
261306	Population Biology	280703	Military Installation Management
261307	Conservation Biology	280799	Military Economics & Management, Other
261308	Systematic Biology/Biological Systematics	289999	Military Science, Leadership & Operational Art, Other
261309	Epidemiology		<b>Military Technologies &amp; Applied Sciences</b>
261310	Ecology & Evolutionary Biology	290201	Intelligence, General
261399	Ecology, Evolution, Systematics & Population Biology, Other	290202	Strategic Intelligence
261401	Molecular Medicine	290203	Signal/Geospatial Intelligence
261501	Neuroscience	290204	Command & AMP; Control (C3, C4I) Systems & Oper.
261502	Neuroanatomy	290205	Information Operations/Joint Information Operations
261503	Neurobiology & Anatomy	290206	Information/Psychological Warfare & Military Media Relations
261504	Neurobiology & Behavior	290207	Cyber/Electronic Operations & Warfare
261599	Neurobiology & Neurosciences, Other	290299	Intelligence, Command Control & Information Operations, Other
269999	Biological & Biomedical Sciences, Other		
	<b>Mathematics &amp; Statistics</b>	290301	Combat Systems Engineering
270101	Mathematics, General	290302	Directed Energy Systems
270102	Algebra & Number Theory	290303	Engineering Acoustics
270103	Analysis & Functional Analysis	290304	Low-Observables & Stealth Technology
270104	Geometry/Geometric Analysis	290305	Space Systems Operations
270105	Topology & Foundations	290306	Operational Oceanography
270199	Mathematics, Other	290307	Undersea Warfare
270301	Applied Mathematics, General	290399	Military Applied Sciences, Other
270303	Computational Mathematics	290401	Aerospace Ground Equipment Technology
270304	Computational & Applied Mathematics	290402	Air & Space Operations Technology
270305	Financial Mathematics	290403	Aircraft Armament Systems Technology
270306	Mathematical Biology	290404	Explosive Ordinance/Bomb Disposal
270399	Applied Mathematics, Other	290405	Joint Command/Task Force (C3, C4I) Systems
270501	Statistics, General	290406	Military Information Systems Technology
270502	Mathematical Statistics & Probability	290407	Missile & Space Systems Technology
270503	Mathematics & Statistics	290408	Munitions Systems/Ordinance Technology
270599	Statistics, Other	290409	Radar Communications & Systems Technology
279999	Mathematics & Statistics, Other	290499	Military Systems & Maintenance Technology, Other
		299999	Military Technologies & Applied Sciences, Other



**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
	<b>Multi/Interdisciplinary Studies</b>		<b>Citizenship Activities</b>
300000	Multi-/Interdisciplinary Studies, General	330101	Citizenship Activities, General
300101	Biological & Physical Sciences	330102	American Citizenship Education
300501	Peace Studies & Conflict Resolution	330103	Community Awareness
300601	Systems Science & Theory	330104	Community Involvement
300801	Mathematics & Computer Science	330105	Canadian Citizenship Education
301001	Biopsychology	330199	Citizenship Activities, Other
301101	Gerontology		<b>Health-Related Knowledge &amp; Skills</b>
301201	Historic Preservation & Conservation	340102	Birthing & Parenting Knowledge & Skills
301202	Cultural Resource Management & Policy Analysis	340103	Personal Health Improvement & Maintenance
301299	Historic Preservation & Conservation, Other	340104	Addiction Prevention & Treatment
301301	Medieval & Renaissance Studies	340199	Health-Related Knowledge & Skills, Other
301401	Museology/Museum Studies		<b>Interpersonal &amp; Social Skills</b>
301501	Science, Technology & Society	350101	Interpersonal & Social Skills, General
301601	Accounting & Computer Science	350102	Interpersonal Relationships Skills
301701	Behavioral Sciences	350103	Business & Social Skill
301801	Natural Sciences	350199	Interpersonal Social Skills, Other
301901	Nutrition Sciences		<b>Leisure &amp; Recreational Activities</b>
302001	International/Global Studies	360101	Leisure & Recreational Activities, General
302101	Holocaust & Related Studies	360102	Handicrafts & Model-Making
302201	Ancient Studies/Civilization	360103	Board, Card & Role-Playing Games
302202	Classical, Ancient Mediterranean & Near Eastern Studies & Archaeology	360105	Home Maintenance & Improvement
		360106	Nature Appreciation
302301	Intercultural/Multicultural & Diversity Studies	360107	Pet Ownership & Care
302501	Cognitive Science	360108	Sports & Exercise
302601	Cultural Studies/Critical Theory & Analysis	360109	Travel & Exploration
302701	Human Biology	360110	Art
302801	Dispute Resolution	360111	Collecting
302901	Maritime Studies	360112	Cooking & Other Domestic Skills
303001	Computational Science	360113	Computer Games & Programming Skills
303101	Human Computer Interaction	360114	Dancing
303201	Marine Sciences	360115	Music
303301	Sustainability Studies	360116	Reading
309999	Multi/Interdisciplinary Studies, Other	360117	Theatre/Theater
	<b>Parks, Recreation, Leisure &amp; Fitness Studies</b>	360118	Writing
310101	Parks, Recreation & Leisure Studies	360119	Aircraft Pilot (Private)
310301	Parks, Recreation & Leisure Facilities Mgmt., General	360199	Leisure & Recreational Activities, Other
310302	Golf Course Operation & Grounds Management		<b>Personal Awareness &amp; Self Improvement</b>
310399	Parks, Recreation & Leisure Facilities Mgmt., Other	370101	Self-Awareness & Personal Assessment
310501	Health & Physical Education/Fitness, General	370102	Stress Management & Coping Skills
310504	Sport & Fitness Administration/Management	370103	Personal Decision-Making Skills
310505	Kinesiology & Exercise Science	370104	Self-Esteem & Values Clarification
310507	Physical Fitness Technician	370199	Personal Awareness & Self-Improvement, Other
310508	Sports Studies		<b>Philosophy &amp; Religious Studies</b>
310599	Health & Physical Education/Fitness, Other	380001	Philosophy & Religious Studies, General
310601	Outdoor Education	380101	Philosophy
319999	Parks, Recreation, Leisure & Fitness Studies, Other	380102	Logic
	<b>Basic Skills &amp; Developmental/Remedial Education</b>	380103	Ethics
320101	Basic Skills & Developmental/Remedial Educ., General	380104	Applied & Professional Ethics
320104	Developmental/Remedial Mathematics	380199	Philosophy, Other
320105	Job-Seeking/Changing Skills	380201	Religion/Religious Studies
320107	Career Exploration/Awareness Skills	380202	Buddhist Studies
320108	Developmental/Remedial English	380203	Christian Studies
320109	Second Language Learning	380204	Hindu Studies
320110	Basic Computer Skills	380205	Islamic Studies
320111	Workforce Development & Training	380206	Jewish/Judaic Studies
320199	Basic Skills & Developmental/Remedial Educ., Other	380299	Religion/Religious Studies, Other
		389999	Philosophy & Religious Studies, Other

**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
	<b>Theology &amp; Religious Vocations</b>	400810	Theoretical & Mathematical Physics
390201	Bible/Biblical Studies	400899	Physics, Other
390301	Missions/Missionary Studies & Missiology	401001	Materials Science
390401	Religious Education	401002	Materials Chemistry
390501	Religious/Sacred Music	401099	Materials Sciences, Other
390601	Theology/Theological Studies	409999	Physical Sciences, Other
390602	Divinity/Ministry		<b>Science Technologies/Technicians</b>
390604	Pre-Theology/Pre-Ministerial Studies	410000	Science Technologies/Technicians, General
390605	Rabbinical Studies	410101	Biology Technician/Biotechnology Laboratory Technician
390606	Talmudic Studies	410204	Industrial Radiologic Technology/Technician
390699	Theological & Ministerial Studies, Other	410205	Nuclear/Nuclear Power Technology/Technician
390701	Pastoral Studies/Counseling	410299	Nuclear & Industrial Radiologic Technologies/Technicians, Other
390702	Youth Ministry		Chemical Technology/Technician
390703	Urban Ministry	410301	Chemical Process Technology
390704	Women's Ministry	410303	Physical Science Technologies/Technicians, Other
390705	Lay Ministry	410399	Science Technologies/Technicians, Other
390799	Pastoral Counseling & Specialized Ministries, Other	419999	
399999	Theology & Religious Vocations, Other		<b>Psychology</b>
	<b>Physical Sciences</b>	420101	Psychology, General
400101	Physical Sciences	422701	Cognitive Psychology & Psycholinguistics
400201	Astronomy	422702	Comparative Psychology
400202	Astrophysics	422703	Developmental & Child Psychology
400203	Planetary Astronomy & Science	422704	Experimental Psychology
400299	Astronomy & Astrophysics, Other	422705	Personality Psychology
400401	Atmospheric Sciences & Meteorology, General	422706	Physiological Psychology/Psychobiology
400402	Atmospheric Chemistry & Climatology	422707	Social Psychology
400403	Atmospheric Physics & Dynamics	422708	Psychometrics & Quantitative Psychology
400404	Meteorology	422709	Psychopharmacology
400499	Atmospheric Sciences & Meteorology, Other	422799	Research & Experimental Psychology, Other
400501	Chemistry, General	422801	Clinical Psychology
400502	Analytical Chemistry	422802	Community Psychology
400503	Inorganic Chemistry	422803	Counseling Psychology
400504	Organic Chemistry	422804	Industrial & Organizational Psychology
400506	Physical Chemistry	422805	School Psychology
400507	Polymer Chemistry	422806	Educational Psychology
400508	Chemical Physics	422807	Clinical Child Psychology
400509	Environmental Chemistry	422808	Environmental Psychology
400510	Forensic Chemistry	422809	Geropsychology
100511	Theoretical Chemistry	422810	Health/Medical Psychology
400599	Chemistry, Other	422811	Family Psychology
400601	Geology/Earth Science, General	422812	Forensic Psychology
400602	Geochemistry	422813	Applied Psychology
400603	Geophysics & Seismology	422814	Applied Behavior Analysis
400604	Paleontology	422899	Clinical, Counseling & Applied Psychology, Other
400605	Hydrology & Water Resources Science	429999	Psychology, Other
400606	Geochemistry & Petrology		<b>Homeland Security, Law Enforcement, Firefighting &amp; Related Protective Services</b>
400607	Oceanography, Chemical & Physical	430102	Corrections
400699	Geological & Earth Sciences/Geosciences, Other	430103	Criminal Justice/Law Enforcement Administration
400801	Physics, General	430104	Criminal Justice/Safety Studies
400802	Atomic/Molecular Physics	430106	Forensic Science & Technology
400804	Elementary Particle Physics	430107	Criminal Justice/Police Science
400805	Plasma & High-Temperature Physics	430109	Security & Loss Prevention Services
400806	Nuclear Physics	430110	Juvenile Corrections
400807	Optics/Optical Sciences	430111	Criminalistics & Criminal Science
400808	Condensed Matter & Materials Physics	430112	Securities Services Administration/Management
400809	Acoustics	430113	Corrections Administration
		430114	Law Enforcement Investigation & Interviewing

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
430115	Law Enforcement Record-Keeping & Evidence Management	450799	Geography, Other
430116	Cyber/Computer Forensics & Counterterrorism	450901	International Relations & Affairs
430117	Financial Forensics & Fraud Investigation	450902	National Security Policy Studies
430118	Law Enforcement Intelligence Analysis	450999	International Relations & National Security Studies, Other
430119	Critical Incident Response/Special Police Operations	451001	Political Science & Government, General
430120	Protective Services Operations	451002	American Government & Politics (United States)
430121	Suspension & Debarment Investigation	451003	Canadian Government & Politics
430122	Maritime Law Enforcement	451004	Political Economy
430123	Cultural/Archaeological Resources Protection	451099	Political Science & Government, Other
430199	Corrections & Criminal Justice, Other	451101	Sociology
430201	Fire Prevention & Safety Technology/Technician	451201	Urban Studies/Affairs
430202	Fire Services Administration	451301	Sociology & Anthropology
430203	Fire Science/Fire-fighting	451401	Rural Sociology
430204	Fire Systems Technology	459999	Social Sciences, Other
430205	Fire/Arson Investigation & Prevention		<b>Construction Trades</b>
430206	Wildland/Forest Firefighting & Investigation	460000	Construction Trades, General
430299	Fire Protection, Other	460101	Mason/Masonry
430301	Homeland Security	460201	Carpentry/Carpenter
430302	Crisis/Emergency/Disaster Management	460301	Electrical & Power Transmission Installation/Installer, General
430303	Critical Infrastructure Protection	460302	Electrician
430304	Terrorism & Counterterrorism Operations	460303	Lineworker
430399	Homeland Security, Other	460399	Electrical & Power Transmission Installers, Other
439999	Homeland Security, Law Enforcement, Firefighting, & Related Protective Services, Other	460401	Building/Property Maintenance
	<b>Public Administration &amp; Social Service Professions</b>	460402	Concrete Finishing/Concrete Finisher
440000	Human Services, General	460403	Building/Home/Construction Inspection/Inspector
440201	Community Organization & Advocacy	460404	Drywall Installation/Drywaller
440401	Public Administration	460406	Glazier
440501	Public Policy Analysis, General	460408	Painting/Painter & Wall Coverer
440502	Education Policy Analysis	460410	Roofer
440503	Health Policy Analysis	460411	Metal Building Assembly/Assembler
440504	International Policy Analysis	460412	Building/Construction Site Management/Manager
440599	Public Policy Analysis, Other	460413	Carpet, Floor, & Tile Worker
440701	Social Work	460414	Insulator
440702	Youth Services/Administration	460415	Building Construction Technology
440799	Social Work, Other	460499	Building/Construction Finishing, Management, and Inspection, Other
449999	Public Administration & Social Service Professions, Other	460502	Pipefitting/Pipefitter & Sprinkler Fitter
	<b>Social Sciences</b>	460503	Plumbing Technology/Plumber
450101	Social Sciences, General	460504	Well Drilling/Driller
450102	Research Methodology & Quantitative Methods	460505	Blasting/Blaster
450201	Anthropology	460599	Plumbing & Related Water Supply Services, Other
450202	Physical & Biological Anthropology	469999	Construction Trades, Other
450203	Medical Anthropology		<b>Mechanic &amp; Repair Technologies/Technicians</b>
450204	Cultural Anthropology	470000	Mechanics & Repairers, General
450299	Anthropology, Other	470101	Electrical/Electronics Equipment Installation and Repair, General
450301	Archeology	470102	Business Machine Repairer
450401	Criminology	470103	Communications Systems Installation & Repair Technology
450501	Demography & Population Studies	470104	Computer Installation & Repair Technology/Technician
450601	Economics, General	470105	Industrial Electronics Technology/Technician
450602	Applied Economics	470106	Appliance Installation & Repair Technology/Technician
450603	Econometrics & Quantitative Economics	470110	Security System Installation, Repair, and Inspection Technology/Technician
450604	Development Economics & International Development	470199	Electrical/Electronics Maintenance & Repair Technology, Other
450605	International Economics	470201	Heating, A/C, Ventilation & Refrigeration Maintenance Technology/Technician
450699	Economics, Other		
450701	Geography		
450702	Geographic Information Science & Cartography		

**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
470302	Heavy Equipment Maintenance Technology/Technician	490104	Aviation/Airway Management & Operations
470303	Industrial Mechanics & Maintenance Technology	490105	Air Traffic Controller
470399	Heavy/Industrial Equipment Maintenance Technologies, Other	490106	Airline Flight Attendant
470402	Gunsmithing/Gunsmith	490108	Flight Instructor
470403	Locksmithing & Safe Repair	490199	Air Transportation, Other
470404	Musical Instrument Fabrication & Repair	490202	Construction/Heavy Equipment/Earthmoving Equipment Operation
470408	Watchmaking & Jewelrymaking	490205	Truck & Bus Driver/Commercial Vehicle Operator & Instructor
470409	Parts & Warehousing Operations & Maintenance Technology/Technician	490206	Mobile Crane Operation/Operator
470499	Precision Systems Maintenance & Repair Technologies, Other	490207	Flagging & Traffic Control
470600	Vehicle Maintenance & Repair Technologies, General	490208	Railroad & Railway Transportation
470603	Autobody/Collision & Repair Technology/Technician	490299	Ground Transportation, Other
470604	Automobile/Automotive Mechanics Technology/Technician	490303	Commercial Fishing
470605	Diesel Mechanics Technology/Technician	490304	Diver, Professional & Instructor
470606	Small Engine Mechanics & Repair Technology/Technician	490309	Marine Science/Merchant Marine Officer
470607	Airframe Mechanics & Aircraft Maintenance Technology/Technician	490399	Marine Transportation, Other
470608	Aircraft Powerplant Technology/Technician	499999	Transportation & Materials Moving, Other
470609	Avionics Maintenance Technology/Technician		<b>Visual &amp; Performing Arts</b>
470610	Bicycle Mechanics & Repair Technology/Technician	500101	Visual & Performing Arts, General
470611	Motorcycle Main. & Repair Technology/Technician	500102	Digital Arts
470612	Vehicle Emissions Inspection & Maintenance Technology/Technician	500201	Crafts/Craft Design, Folk Art & Artisanry
470613	Medium/Heavy Vehicle & Truck Technology/Technician	500301	Dance, General
470614	Alternative Fuel Vehicle Technology/Technician	500302	Ballet
470615	Engine Machinist	500399	Dance, Other
470616	Marine Maintenance/Fitter & Ship Repair Technology/Technician	500401	Design & Visual Communications, General
470617	High Performance & Custom Engine Technician/Mechanic	500402	Commercial & Advertising Art
470618	Recreation Vehicle (RV) Service Technician	500404	Industrial & Project Design
470699	Vehicle Maintenance & Repair Technologies, Other	500406	Commercial Photography
479999	Mechanic & Repair Technologies/Technicians, Other	500407	Fashion/Apparel Design
	<b>Precision Production</b>	500408	Interior Design
480000	Precision Production Trades, General	500409	Graphic Design
480303	Upholstery/Upholsterer	500410	Illustration
480304	Shoe, Boot & Leather Repair	500411	Game & Interactive Media Design
480399	Leatherworking & Upholstery, Other	500499	Design & Applied Arts, Other
480501	Machine Tool Technology/Machinist	500501	Drama & Dramatics/Theatre Arts, General
480503	Machine Shop Technology/Assistant	500502	Technical Theatre/Theatre Design & Technology
480506	Sheet Metal Technology/Sheetworking	500504	Playwriting & Screenwriting
480507	Tool & Die Technology/Technician	500505	Theatre Literature, History & Criticism
480508	Welding Technology/Welder	500506	Acting
480509	Ironworking/Ironworker	500507	Directing & Theatrical Production
480510	Computer Numerically Controlled (CNC) Machinist	500509	Musical Theatre
480511	Technology/CNC Machinist Metal Fabricator	500510	Costume Design
480599	Precision Metal Working, Other	500599	Dramatic/Theatre Arts & Stagecraft, Other
480701	Woodworking, General	500601	Film/Cinema/Video Studies
480702	Furniture Design & Manufacturing	500602	Cinematography & Film/Video Production
480703	Cabinetmaking & Millwork	500605	Photography
480799	Woodworking, Other	500607	Documentary Production
480801	Boilermaking/Boilermaker	500699	Film/Video & Photographic Arts, Other
489999	Precision Production, Other	500701	Art/Art Studies, General
	<b>Transportation &amp; Materials Moving</b>	500702	Fine/Studio Arts, General
490101	Aeronautics/Aviation/Aerospace Science & Technology, General	500703	Art History, Criticism & Conservation
490102	Airline/Commercial/Professional Pilot & Flight Crew	500705	Drawing
		500706	Intermedia/Multimedia
		500708	Painting
		500709	Sculpture

**EMPLOYEE EDUCATIONAL DATA CODES**

<b>CODE</b>	<b>FIELD OF STUDY</b>	<b>CODE</b>	<b>FIELD OF STUDY</b>
500710	Printmaking	510703	Health Unit Coordinator/Ward Clerk
500711	Ceramic Arts & Ceramics	510704	Health Unit Manager/Ward Supervisor
500712	Fiber, Textile & Weaving Arts	510705	Medical Office Management/Administration
500713	Metal & Jewelry Arts	510706	Health Information/Medical Records Administration/Administrator
500799	Fine Arts & Art Studies, Other	510707	Health Information/Medical Records Technology/Technician
500901	Music, General	510708	Medical Transcription/Transcriptionist
500902	Music History, Literature, & Theory	510709	Medical Office Computer Specialist/Assistant
500903	Music Performance, General	510710	Medical Office Assistant/Specialist
500904	Music Theory & Composition	510711	Medical/Health Management & Clinical Assistant/Specialist
500905	Musicology & Ethnomusicology	510712	Medical Reception/Receptionist
500906	Conducting	510713	Medical Insurance Coding Specialist/Coder
500907	Keyboard Instruments	510714	Medical Insurance Specialist/Medical Biller
500908	Voice & Opera	510715	Health/Medical Claims Examiner
500910	Jazz/Jazz Studies	510716	Medical Administrative/Executive Assistant & Medical Secretary
500911	Stringed Instruments	510717	Medical Staff Services Technology/Technician
500912	Music Pedagogy	510718	Long Term Care Administration/Management
500913	Music Technology	510719	Clinical Research Coordinator
500914	Brass Instruments	510799	Health & Medical Administrative Services, Other
500915	Woodwind Instruments	510801	Medical/Clinical Assistant
500916	Percussion Instruments	510802	Clinical/Medical Laboratory Assistant
500999	Music, Other	510803	Occupational Therapist Assistant
501001	Arts, Entertainment, & Media Management, General	510805	Pharmacy Technician/Assistant
501002	Fine & Studio Arts Management	510806	Physical Therapy Technician/Assistant
501003	Music Management	510808	Veterinary/Animal Health Technology/Technician & Veterinary Assistant
501004	Theatre/Theatre Arts Management	510809	Anesthesiologist Assistant
501099	Arts, Entertainment, & Media Management, Other	510810	Emergency Care Attendant (EMT Ambulance)
509999	Visual & Performing Arts, Other	510811	Pathology/Pathologist Assistant
	<b>Health Professions &amp; Related Programs</b>	510812	Respiratory Therapy Technician/Assistant
510000	Health Services/Allied Health/Health Sciences, General	510813	Chiropractic Assistant/Technician
510001	Health & Wellness, General	510814	Radiologist Assistant
510101	Chiropractic	510815	Lactation Consultant
510201	Communication Sciences & Disorders, General	510816	Speech-Language Pathology Assistant
510202	Audiology/Audiologist	510899	Allied Health & Medical Assisting Services, Other
510203	Speech-Language Pathology/Pathologist	510901	Cardiovascular Technology/Technologist
510204	Audiology/Audiologist & Speech-Language Pathology/Pathologist	510902	Electrocardiograph Technology/Technician
510299	Communication Disorders Sciences & Services, Other	510903	Electroneurodiagnostic/Electroencephalographic Technology/Technologist
510401	Dentistry	510904	Emergency Medical Technology/Technician (EMT Paramedic)
510501	Dental Clinical Sciences, General	510905	Nuclear Medical Technology/Technologist
510502	Advanced General Dentistry	510906	Perfusion Technology/Perfusionist
510503	Oral Biology & Oral & Maxillofacial Pathology	510907	Medical Radiologic Technology/Science - Radiation Therapist
510504	Dental Public Health & Education	510908	Respiratory Care Therapy/Therapist
510505	Dental Materials	510909	Surgical Technology/Technologist
510506	Endodontics/Endodontology	510910	Diagnostic Medical Sonography/Sonographer &
510507	Oral/Maxillofacial Surgery	510911	Radiologic Technology/Science - Radiographer
510508	Orthodontics/Orthodontology	510912	Physician Assistant
510509	Pediatric Dentistry/Pedodontics	510913	Athletic Training/Trainer
510510	Periodontics/Periodontology	510914	Gene/Genetic Therapy
510511	Prosthodontics/Prosthodontology	510915	Cardiopulmonary Technology/Technologist
510599	Advanced/Graduate Dentistry & Oral Sciences, Other	510916	Radiation Protection/Health Physics Technician
510601	Dental Assisting/Assistant	510917	Polysomnography
510602	Dental Hygiene/Hygienist		
510603	Dental Laboratory Technology/Technician		
510699	Dental Services & Allied Professions, Other		
510701	Health/Health Care Administration/Management		
510702	Hospital & Health Care Facilities Administration/Management		

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
510918	Hearing Instrument Specialist	512005	Natural Products Chemistry & Pharmacognosy
510919	Mammography Technician/Technology	512006	Clinical & Industrial Drug Development
510920	Magnetic Resonance Imaging (MRI) Technology/Technician	512007	Pharmacoeconomics/Pharmaceutical Economics
510999	Allied Health Diagnostic, Intervention, & Treatment Professions, Other	512008	Clinical, Hospital, & Managed Care Pharmacy
511001	Blood Bank Technology Specialist	512009	Industrial & Physical Pharmacy & Cosmetic Sciences
511002	Cytotechnology/Cytotechnologist	512010	Pharmaceutical Sciences
511003	Hematology Technology/Technician	512011	Pharmaceutical Marketing & Management
511004	Clinical/Medical Laboratory Technician	512099	Pharmacy, Pharmaceutical Sciences, & Administration, Other
511005	Clinical Laboratory Science/Medical Technology/Technologist	512101	Podiatric Medicine/Podiatry
511006	Ophthalmic Laboratory Technology/Technician	512201	Public Health, General
511007	Histologic Technology/Histotechnologist	512202	Environmental Health
511008	Histologic Technician	512205	Health/Medical Physics
511009	Phlebotomy Technician/Phlebotomist	512206	Occupational Health & Industrial Hygiene
511010	Cytogenetics/Genetics/Clinical Genetics Technology/Technologist	512207	Public Health Education & Promotion
511011	Renal/Dialysis Technologist/Technician	512208	Community Health & Preventive Medicine
511012	Sterile Processing Technology/Technician	512209	Maternal & Child Health
511099	Clinical/Medical Laboratory Science & Allied Professions, Other	512210	International Public Health/International Health
511101	Pre-Dentistry Studies	512211	Health Services Administration
511102	Pre-Medicine/Pre Medical Studies	512212	Behavioral Aspects of Health
511103	Pre-Pharmacy Studies	512299	Public Health, Other
511104	Pre-Veterinary Studies	512301	Art Therapy/Therapist
511105	Pre-Nursing Studies	512302	Dance Therapy/Therapist
511106	Pre-Chiropractic Studies	512305	Music Therapy/Therapist
511107	Pre-Occupational Therapy Studies	512306	Occupational Therapy/Therapist
511108	Pre-Optometry Studies	512307	Orthotist/Prosthetist
511109	Pre-Physical Therapy Studies	512308	Physical Therapy/Therapist
511199	Health/Medical Preparatory Programs, Other	512309	Therapeutic Recreation/Recreational Therapy
511201	Medicine	512310	Vocational Rehabilitation Counseling/Counselor
511401	Medical Scientist	512311	Kinesiotherapy/Kinesiotherapist
511501	Substance Abuse/Addiction Counseling	512312	Assistive/Augmentative Technology & Rehabilitation Engineering
511502	Psychiatric/Mental Health Services Technician	512313	Animal-Assisted Therapy
511503	Clinical/Medical Social Work	512314	Rehabilitation Science
511504	Community Health Services/Liaison/Counseling	512399	Rehabilitation & Therapeutic Professions, Other
511505	Marriage & Family Therapy/Counseling	512401	Veterinary Medicine
511206	Clinical Pastoral Counseling/Patient Counseling	512501	Veterinary Sciences/Veterinary Clinical Sciences, General
511507	Psychoanalysis & Psychotherapy	512502	Veterinary Anatomy
511508	Mental Health Counseling/Counselor	512503	Veterinary Physiology
511509	Genetic Counseling/Counselor	512504	Veterinary Microbiology & Immunobiology
511599	Mental & Social Health Services & Allied Professions, Other	512505	Veterinary Pathology & Pathobiology
511701	Optometry	512506	Veterinary Toxicology & Pharmacology
511801	Opticianry/Ophthalmic Dispensing Optician	512507	Large Animal/Food Animal & Equine Surgery & Medicine
511802	Optometric Technician/Assistant	512508	Small/Companion Animal Surgery & Medicine
511803	Ophthalmic Technician/Technologist	512509	Comparative & Laboratory Animal Medicine
511804	Orthoptics/Orthoptist	512510	Veterinary Preventive Medicine Epidemiology, & Public Health
511899	Ophthalmic & Optometric Support Services & Allied Professions, Other	512511	Veterinary Infectious Diseases
511901	Osteopathic Medicine/Osteopathy	512599	Veterinary Biomedical & Clinical Sciences, Other
512001	Pharmacy	512601	Health Aide
512002	Pharmacy Administration & Pharmacy Policy & Regulatory Affairs	512602	Home Health Aide/Home Attendant
512003	Pharmaceutics & Drug Design	512603	Medication Aide
512004	Medicinal & Pharmaceutical Chemistry	512604	Rehabilitation Aide
		512699	Health Aides/Attendants/Orderlies, Other
		512703	Medical Illustration/Medical Illustrator
		512706	Medical Informatics
		512799	Medical Illustration & Informatics, Other
		513101	Dietetics/Dietician

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
513102	Clinical Nutrition/Nutritionist	513999	Practical Nursing, Vocational Nursing & Nursing Assistants, Other
513103	Dietetic Technician	519999	Health Professions & Related Clinical Sciences, Other
513104	Dietitian Assistant		<b>Business, Management, Marketing, &amp; Related Support Services</b>
513199	Dietetics & Clinical Nutrition Services, Other	520101	Business/Commerce, General
513201	Bioethics/Medical Ethics	520201	Business Administration & Management, General
513300	Alternative & Complimentary Medicine & Medical Systems, General	520202	Purchasing, Procurement/Acquisitions & Contracts Management
513301	Acupuncture & Oriental Medicine	520203	Logistics, Materials & Supply Chain Management
513302	Traditional Chinese Medicine & Chinese Herbology	520204	Office Management & Supervision
513303	Naturopathic Medicine/Naturopathy	520205	Operations Management & Supervision
513304	Homeopathic Medicine/Homeopathy	520206	Non Profit/Public/Organizational Management
513305	Ayurvedic Medicine/Ayurveda	520207	Customer Service Management
513306	Holistic Health	520208	E Commerce/Electronic Commerce
513399	Alternative & Complementary Medicine & Medical Systems, Other	520209	Transportation/Mobility Management
513401	Direct Entry Midwifery	520210	Research & Development Management
513499	Alternative & Complementary Medical Support Services, Other	520211	Project Management
513501	Massage Therapy/Therapeutic Massage	520212	Retail Management
513502	Asian Bodywork Therapy	520213	Organizational Leadership
513503	Somatic Bodywork	520299	Business Administration, Management & Operations, Other
513599	Somatic Bodywork & Related Therapeutic Services, Other	520301	Accounting
513601	Movement Therapy & Movement Education	520302	Accounting Technology/Technician & Bookkeeping
513602	Yoga Teacher Training/Yoga Therapy	520303	Auditing
513603	Hypnotherapy/Hypnotherapist	520304	Accounting & Finance
513699	Movement & Mind Body Therapies & Education, Other	520305	Accounting & Business/Management
513701	Aromatherapy	520399	Accounting & Related Services, Other
513702	Herbalism/Herbalist	520401	Admin. Assistant & Secretarial Science, General
513703	Polarity Therapy	520402	Executive Assistant/Executive Secretary
513704	Reiki	520406	Receptionist
513799	Energy & Biologically Based Therapies, Other	520407	Business/Office Automation/Technology/Data Entry
513801	Registered Nursing/Registered Nurse	520408	General Office Occupations & Clerical Services
513802	Nursing Administration	520409	Parts, Warehousing, & Inventory Management Operations
513803	Adult Health Nurse/Nursing	520410	Traffic, Customs, & Transportation Clerk/Technician
513804	Nurse Anesthetist	520411	Customer Service Support/Call Center/Teleservice Operation
513805	Family Practice Nurse/Nursing	520499	Business Operations Support & Secretarial Services, Other
513806	Maternal/Child Health & Neonatal Nurse/Nursing	520501	Business/Corporate Communications
513807	Nurse Midwife/Nursing Midwifery	520601	Business/Managerial Economics
513808	Nursing Science	520701	Entrepreneurship/Entrepreneurial Studies
513809	Pediatric Nurse/Nursing	520702	Franchising & Franchise Operations, Other
513810	Psychiatric/Mental Health Nurse/Nursing	520703	Small Business Administration/Management
513811	Public Health/Community Nurse/Nursing	520799	Entrepreneurial & Small Business Operations, Other
513812	Perioperative/Operating Room & Surgical Nurse/Nursing	520801	Finance, General
513813	Clinical Nurse Specialist	520803	Banking & Financial Support Services
513814	Critical Care Nursing	520804	Financial Planning & Services
513815	Occupational & Environmental Health Nursing	520806	International Finance
513816	Emergency Room/Trauma Nursing	520807	Investments & Securities
513817	Nursing Education	520808	Public Finance
513818	Nursing Practice	520809	Credit Management
513819	Palliative Care Nursing	520899	Finance & Financial Management Services, Other
513820	Clinical Nurse Leader	520901	Hospitality Administration/Management, General
513821	Geriatric Nurse/Nursing	520903	Tourism & Travel Services Management
513822	Women's Health Nurse/Nursing	520904	Hotel/Motel Administration/Management
513899	Registered Nursing, Nursing Administration, Nursing Research & Clinical Nursing, Other	520905	Restaurant/Food Services Management
513901	Licensed Practical/Vocational Nurse Training	520906	Resort Management
513902	Nursing Assistant/Aide & Patient Care Assistant/Aide		

## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
520907	Meeting & Event Planning	540106	Asian History
520908	Casino Management	540107	Canadian History
520909	Hotel, Motel, & Restaurant Management	540108	Military History
520999	Hospitality Administration/Management, Other	540199	History, Other
521001	Human Resources Management/Personnel Administration, General		<b>Residency Programs</b>
521002	Labor & Industrial Relations	600101	Oral & Maxillofacial Surgery Residency Program
521003	Organizational Behavior Studies	600102	Dental Public Health Residency Program
521004	Labor Studies	600103	Endodontics Residency Program
521005	Human Resources Development	600104	Oral & Maxillofacial Pathology Residency Program
521099	Human Resources Management & Services, Other	600105	Orthodontics Residency Program
521101	International Business/Trade/Commerce	600106	Pediatric Dentistry Residency Program
521201	Management Information Systems, General	600107	Periodontology Residency Program
521206	Information Resources Management	600108	Prosthodontics Residency Program
521207	Knowledge Management	600109	Oral & Maxillofacial Radiology Residency Program
521299	Management Information Systems & Services, Other	600199	Dental Residency Program, Other
521301	Management Science	600301	Veterinary Anesthesiology Residency Program
521302	Business Statistics	600302	Veterinary Dentistry Residency Program
521304	Actuarial Science	600303	Veterinary Dermatology Residency Program
521399	Management Sciences & Quantitative Methods, Other	600304	Veterinary Emergency & Critical Care Medicine Residency Program
521401	Marketing/Marketing Management, General	600305	Veterinary Internal Medicine Residency Program
521402	Marketing Research	600306	Laboratory Animal Medicine Residency Program
521403	International Marketing	600307	Veterinary Microbiology Residency Program
521499	Marketing, Other	600308	Veterinary Nutrition Residency Program
521501	Real Estate	600309	Veterinary Ophthalmology Residency Program
521601	Taxation	600310	Veterinary Pathology Residency Program
521701	Insurance	600311	Veterinary Practice Residency Program
521801	Sales, Distribution, & Marketing Operations, General	600312	Veterinary Preventive Medicine Residency Program
521802	Merchandising & Buying Operations	600313	Veterinary Radiology Residency Program
521803	Retailing & Retail Operations	600314	Veterinary Surgery Residency Program
521804	Selling Skills & Sales Operations	600315	Theriogenology Residency Program
521899	General Merchandising, Sales, & Related Marketing Operations, Other	600316	Veterinary Toxicology Residency Program
521901	Auctioneering	600317	Zoological Medicine Residency Program
521902	Fashion Merchandising	600318	Poultry Veterinarian Residency Program
521903	Fashion Modeling	600319	Veterinarian Behaviorist Residency Program
521904	Apparel & Accessories Marketing Operations	600320	Veterinary Clinical Pharmacology Residency Program
521905	Tourism & Travel Services Marketing Operations	600399	Veterinary Residency Programs, Other
521906	Tourism Promotion Operations	600401	Aerospace Medicine Residency Program
521907	Vehicle & Vehicle Parts & Accessories Marketing Operations	600402	Allergies & Immunology Residency Program
521908	Business & Personal/Financial Services Marketing Operations	600403	Anesthesiology Residency Program
521909	Special Products Marketing Operations	600404	Child Neurology Residency Program
521910	Hospitality & Recreation Marketing Operations	600405	Clinical Biochemical Genetics Residency Program
521999	Specialized Merchandising, Sales, & Marketing Operations, Other	600406	Clinical Cytogenetics Residency Program
522001	Construction Management	600407	Clinical Genetics Residency Program
522101	Telecommunications Management	600408	Clinical Molecular Genetics Residency Program
529999	Business, Management, Marketing, & Related Support Services, Other	600409	Colon & Rectal Surgery Residency Program
	<b>History</b>	600410	Dermatology Residency Program
540101	History, General	600411	Diagnostic Radiology Residency Program
540102	American History (United States)	600412	Emergency Medicine Residency Program
540103	European History	600413	Family Medicine Residency Program
540104	History & Philosophy of Science & Technology	600414	General Surgery Residency Program
540105	Public/Applied History	600415	Internal Medicine Residency Program
		600416	Neurological Surgery Residency Program
		600417	Neurology Residency Program
		600418	Nuclear Medicine Residency Program
		600419	Obstetrics & Gynecology Residency Program
		600420	Occupational Medicine Residency Program



## EMPLOYEE EDUCATIONAL DATA CODES

CODE	FIELD OF STUDY	CODE	FIELD OF STUDY
600421	Ophthalmology Residency Program	600542	Neuropathology Residency Program
600422	Orthopedic Surgery Residency Program	600543	Neuroradiology Residency Program
600423	Otolaryngology Residency Program	600544	Neurotology Residency Program
600424	Pathology Residency Program	600545	Nuclear Radiology Residency Program
600425	Pediatrics Residency Program	600546	Orthopedic Sports Medicine Residency Program
600426	Physical Medicine & Rehabilitation Residency Program	600547	Orthopedic Surgery of the Spine Residency Program
600427	Plastic Surgery Residency Program	600548	Pain Medicine Residency Program
600428	Psychiatry Residency Program	600549	Pediatric Cardiology Residency Program
600429	Public Health & General Preventive Medicine Residency Program	600550	Pediatric Critical Care Medicine Residency Program
600430	Radiation Oncology Residency Program	600551	Pediatric Dermatology Residency Program
600431	Radiologic Physics Residency Program	600552	Pediatric Emergency Medicine Residency Program
600432	Thoracic Surgery Residency Program	600553	Pediatric Endocrinology Residency Program
600433	Urology Residency Program	600554	Pediatric Gastroenterology Residency Program
600434	Vascular Surgery Residency Program	600555	Pediatric Hematology-Oncology Residency Program
600499	Medical Residency Programs - General Certificates, Other	600556	Pediatric Infectious Diseases Residency Program
600501	Addiction Psychiatry Residency Program	600557	Pediatric Nephrology Residency Program
600502	Adolescent Medicine Residency Program	600558	Pediatric Orthopedics Residency Program
600503	Blood Banking/Transfusion Medicine Residency Program	600559	Pediatric Otolaryngology Residency Program
600504	Cardiovascular Disease Residency Program	600560	Pediatric Pathology Residency Program
600505	Chemical Pathology Residency Program	600561	Pediatric Pulmonology Residency Program
600506	Child Abuse Pediatrics Residency Program	600562	Pediatric Radiology Residency Program
600507	Child & Adolescent Psychiatry Residency Program	600563	Pediatric Rehabilitation Medicine Residency Program
600508	Clinical Cardiac Electrophysiology Residency Program	600564	Pediatric Rheumatology Residency Program
600509	Clinical Neurophysiology Residency Program	600565	Pediatric Surgery Residency Program
600510	Congenital Cardia Surgery Residency Program	600566	Pediatric Transplant Hepatology Residency Program
600511	Critical Care Medicine Residency Program	600567	Pediatric Urology Residency Program
600512	Cytopathology Residency Program	600568	Physical Medicine & Rehabilitation/Psychiatry Residency Program
600513	Dermatopathology Residency Program	600569	Plastic Surgery Within The Head & Neck Residency Program
600514	Developmental-Behavioral Pediatrics Residency Program	600570	Psychosomatic Medicine Residency Program
600515	Diagnostic Radiologic Physics Residency Program	600571	Pulmonary Disease Residency Program
600516	Endocrinology, Diabetes & Metabolism Residency Program	600572	Radioisotopic Pathology Residency Program
600517	Forensic Pathology Residency Program	600573	Reproductive Endocrinology/Infertility Residency Program
600518	Forensic Psychiatry Residency Program	600574	Rheumatology Residency Program
600519	Gastroenterology Residency Program	600575	Sleep Medicine Residency Program
600520	Geriatric Medicine Residency Program	600576	Spinal Cord Injury Medicine Residency Program
600521	Geriatric Psychiatry Residency Program	600577	Sports Medicine Residency Program
600522	Gynecologic Oncology Residency Program	600578	Surgery of the Hand Residency Program
600523	Hematological Pathology Residency Program	600579	Surgical Critical Care Residency Program
600524	Hematology Residency Program	600580	Therapeutic Radiologic Physics Residency Program
600525	Hospice & Palliative Medicine Residency Program	600581	Transplant Hepatology Residency Program
600526	Immunopathology Residency Program	600582	Undersea & Hyperbaric Medicine Residency Program
600527	Infectious Disease Residency Program	600583	Vascular & Interventional Radiology Residency Program
600528	Interventional Cardiology Residency Program	600584	Vascular Neurology Residency Program
600529	Laboratory Medicine Residency Program	600599	Medical Residency Programs - Subspecialty Certificates, Other
600530	Maternal & Fetal Medicine Residency Program	600601	Podiatric Medicine & Surgery - 24 Residency Program
600531	Medical Biochemical Genetics Residency Program	600602	Podiatric Medicine & Surgery - 36 Residency Program
600532	Medical Microbiology Residency Program		
600533	Medical Nuclear Physics Residency Program		
600534	Medical Oncology Residency Program		
600535	Medical Toxicology Residency Program		
600536	Molecular Genetic Pathology Residency Program		
600537	Musculoskeletal Oncology Residency Program		
600538	Neonatal-Perinatal Medicine Residency Program		
600539	Nephrology Residency Program		
600540	Neurodevelopmental Disabilities Residency Program		
600541	Neuromuscular Medicine Residency Program		

## TMS Portal Enrollment Guide (05.12.2022)

- 1) Click on the link <https://www.tms.va.gov/SecureAuth35/> to TMS Portal.
- 2) Press "Create New Non-Employee User"
- 3) Check VHA, and next. Check WOC, and next (If you're a Volunteer, HPT, Contractor, please check accordingly).
- 4) Fill "My Account Information" fully. Your VA Point of Contact is listed below.
- 5) After submitting, please notify me that you've requested a new TMS Account as a WOC, HPT, Contractor, etc.
  - a. In your notification to me, please let me know who your supervisor / PI is.

Please enter your username below:

- 

### Updated Single Sign-On (SSO) Logon Option (PIV Card)

VA has chosen to use VA's internal SSO solution (SSOi) to improve the TMS 2.0 login experience. For those wishing to log on using SSOi, you will need to be logged on to the VA network so you can access this URL -

- <https://logon.iam.va.gov/affwebservices/public/saml2sso?SPID=https://www.successfactors.com/VAHCM03>
- A link to the TMS 2.0-SSOi page has been pushed to GFE IE Favorites, VA Shortcuts/National folder for easier future access.

VA Learning University Home | TMS Resources | Locate Your Local Administrator

Help

#### VA TMS SELF ENROLLMENT

If you are a VA EMPLOYEE or FEE BASIS and need a TMS 2.0 profile, do not create an account here. Please contact your local TMS 2.0 Administrator using the "Locate Your Local Administrator" menu option above.  
If you need assistance with self-enrollment, please contact the Enterprise Services Desk by going to the your IT Services website or via phone at 1 (855) 673-4357.

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

I will work at, or will attend an event sponsored by...

**Veterans Health Administration (VHA)**  
VHA is the nation's largest integrated health care system, with more than 1,700 hospitals, clinics, community living centers, domiciliaries, readjustment counseling centers, and other facilities

**Veterans Benefits Administration (VBA)**  
VBA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans, their dependents and survivors

**Medical Center Administration (MCA)**

VA Learning University Home | TMS Resources | Locate Your Local Administrator

Help

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

I am a...

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

**Volunteer** (those volunteering for VA)

**WOC** (those working for VA without VA compensation)

**Clinical Contractor** (medical professionals working for VA on a contractual basis)

**Contractor** (non-medical professionals working for VA who do so on a contractual basis)

**Veterans Service Officer** (non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)

Note: Fields marked with \* are required

MY ACCOUNT INFORMATION

\* SSN : (Click here to view the TMS 2.0 Privacy Act Notice.)  -  -

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

\* Re-enter SSN :  -  -

\* DOB (MM/DD/YYYY) :

\* Legal First Name :

\* Legal Last Name :

Middle Name(Optional) :

\* Email address (should be a sustained email address as it will be your TMS 2.0 ID and initial username value) :

\* Re-enter Email Address :

\* Direct Dial Phone Number (No switchboards or extensions permitted. text message, if you choose. Do not include hyphens, i.e 1112223333) :     Check here to enter an International Phone Number

Mobile Number (This will be used to deliver a login passcode via text message, if you choose. Do not include hyphens, i.e 1112223333) :     Check here to enter an International Phone Number

\* Time Zone ID :

MY JOB INFORMATION

\* VA Location : GLA(VA Greater Los Angeles)

(Supplied by your VA Contact; Click on the blue funnel to search)

\* VA Point of Contact First Name :

\* VA Point of Contact Last Name :

\* VA Point of Contact Email Address :

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

HIPAA Training Required :

Back

Submit






**STOP**

Please notify Young.Lee3@va.gov that you've requested a TMS Account (with your supervisor / PI name). You will not see any courses to take until your account is approved.

- 1) After approval, you should see this screen. Click on "Learning".
- 2) On the new screen titled "My Learning", click on "Browse all courses" and find your course.
- 3) To print certificate, click on "Learning History – View all". On the new screen, click on the print logo.
- 4) If courses do not appear, please inform me at [Young.Lee3@va.gov](mailto:Young.Lee3@va.gov).

### Learning History

Show Completions: All

Completion Date *	Title	Status	Action
1/26/2022 12:41 PM	[REDACTED]	VA-Complete	
1/24/2022 11:46 AM	 HSPD-12 Overview Certification Training	VA-Complete	
1/24/2022 11:29 AM	 The EEO, D&I, No FEAR, and	VA-Complete	

Print Certificate: EEO Performe