

REQUIREMENTS CHECKLIST FOR ONBOARDING OF CLINICAL TRAINEES
VA PALO ALTO HEALTH CARE SYSTEM (VAPAHCS)
CLINICAL STUDENTS / TRAINEES- ACADEMIC ROTATION 2023-2024

FULL NAME (include middle):	
SCHOOL:	
Specialty/Program of Study and Expected Graduation Date	

NEW TO VAPAHCS: (Check) YES ☐ NO ☐ Last rotation date(s) at VAPAHCS: _____

ADVANCED TRAINEES: Interns, Residents or Fellows, deadline to submit: MAY 19, 2023

FULL NAME (include middle):	
DEPARTMENT/PROGRAM and SPECIALTY	

Check one – PGY Level for this academic year: I ☐ II ☐ III ☐ IV ☐ V ☐ VI ☐ Other: ☐

NEW TO VAPAHCS: (Check) YES ☐ NO ☐ Last rotation date(s) at VAPAHCS: _____

REQUIREMENT No.	Check	Description/Explanation/Instructions
1	<input type="checkbox"/>	Fingerprinting Verification Form; Complete ALL fields, include email(s) - MUST INCLUDE THIS FORM
2	<input type="checkbox"/>	OF-306, Declaration for Federal Employment (Males: If you are a US citizen/did not register for Selective Service, the VA will not appoint you), complete all fields, sign/date as "Applicant" ONLY at this point (send ONLY pages 2 and 3)
3	<input type="checkbox"/>	Mandatory Training for Trainees (MTT) – TMS 2.0 (List your VA Coordinator as your POC)-Supervisor) Follow instructions to self-register into training site (https://www.tms.va.gov/SecureAuth35/) and ONLY include MTT and VHA Privacy Policy certificates. <i>THIS IS MANDATORY and YOU MUST INCLUDE IT IN YOUR PACKET FOR PROCESSING, without these you will not receive computer privileges at VA.</i>
4	<input type="checkbox"/>	PIV CRITERIA: Identification documentation accepted by VA for issuance of a Photo Identification badge (PIV) – REVIEW CAREFULLY, forward copies of two IDs (see list provided, one must have a photo) and be prepared to bring original documents to HR or to scheduled onboarding events.
5	<input type="checkbox"/>	VA Form 10-2850d, Application for Health Professions Trainees. Complete ALL fields (sign pages 3 and 4) , include school, licensing/DEA/NPI information if applicable.

IMPORTANT → OPTIONS FOR SUBMITTING YOUR DOCUMENTS TO YOUR COORDINATOR:

Send via mail to your Coordinator; send documents in PDF format (No Zip, Google.docs, DropBox or similar formats), if faxing, eMail clear color copies of IDs, otherwise they are not easily readable.

When emailing your documents, READ the instructions on the website to save them to a PDF file.

FOR ADDITIONAL INSTRUCTIONS or QUESTIONS, CONTACT YOUR DESIGNATED TRAINEE or SPECIALTY COORDINATOR

Are you currently or have you rotated at another VA? NO ☐ (Stop here); YES ☐ - Answer the following:

Date(s) of most recent training:	
VA Facility/Hospital Name:	
Location (City and State):	
Type of rotation (check all that apply):	Student <input type="checkbox"/> Staff <input type="checkbox"/> Research <input type="checkbox"/> Volunteer <input type="checkbox"/> Other <input type="checkbox"/>
If at a current rotation: Last date when you will need your computer access at this facility (we'll need to move your email and TMS accounts to our domain).	
Were you issued a VA ID badge (PIV card)?	Check: YES <input type="checkbox"/> (Bring badge with you if it is still ACTIVE); NO <input type="checkbox"/>

***** DO NOT ALTER THIS FORM IN ANY WAY *****