

Health Professions Trainee (HPT) Registration

WJB Dorn VA Medical Center

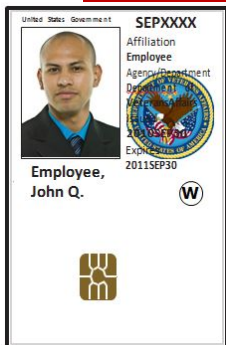
Please print, complete and sign this document before returning to Education Service or faculty member.
All information is for official use only and will be kept confidential.

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

(Initial in the space provide.)

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 I understand also that my computer access will be withdrawn at the end of my training at the VA.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

VERY IMPORTANT - Please answer the following with check mark next to your reply:



Have you ever received a VA PIV type ID badge (see image)? ___Yes ___No___

If Yes, expiration date: _____ Facility where issued: _____

Do you still have this badge in your possession? ___Yes ___No___

Have you ever held a VA computer account? ___Yes ___No___

If Yes, under what name if different than above: _____

Facility / city and state? _____

Previous VA email account address: _____@va.gov

Signature

Date

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