

VA NORTH TEXAS HEALTH CARE SYSTEM Trainee Registration Form

THIS INFORMATION IS TO BE FURNISHED BY THE APPLICANT (PLEASE PRINT LEGIBLY)

1) LAST NAME	2) FIRST NAME	3) MIDDLE	4) PHONE/PAGER/EXT (incl. area code)
5) MAILING ADDRESS	6) D.O.B	7) NPI NO.	8) SERVICE/SECTION
9) SCHOOL:	10) SSN # ____ / ____ / ____	11) EMAIL ADDRESS:	

12) YOU HAVE COMPLETED ONE OF THE FOLLOWING APPLICATION PACKAGE FOR TRAINEE:

- Application Process for Resident/Fellow
- Application Process for Medical Student
- Application Process for Associated Health Trainee WOC Less Than 180 Days
- Application Process for Associated Health Trainee WOC More Than 180 Days
- Application Process for Associated Health Trainee Paid Appointment Less Than 180 Days
- Application Process for Associated Health Trainee Paid Appointment More Than 180 Days

Printout and Bring the Completed Online Training Certificates to your Service Coordinator for the Following:

- Mandatory Training for Trainee Version II <http://vaww.va.gov/oa/mandatory.asp>
- National Rules of Behavior

I have reviewed and understand the following VA policies:

- VANTHCS Trainee Policies
- Documentation of Health Records (CPRS)

I have reviewed and fully understand the information provided in the Mandatory Training for Trainee.

SIGNATURE: _____

DATE: _____

13) START DATE: _____

14) GRAD DATE: _____

15) SEX: _____ Male _____ Female

16) TYPE OF APPOINTMENT: (check one)

- Administrative Health Trainee
- Chaplaincy
- Dentistry
- Medical Resident _____
- Medical Post-Residency Physician in a VA Special Fellowship _____
- Medical Student
- Medical/Surgical Support Technician
- Nurse Anesthetist
- Nursing Student
- Pharmacy
- Physician Assistant
- Podiatry
- Psychology
- Rehabilitation (OT, PT, KT, etc.)
- Social Work (level) _____
- Speech-Language Pathology
- Other _____

I am a:

- VETERAN
- NON-VETERAN

CLEARANCE BY HUMAN RESOURCES DEPARTMENT

SAC or Non PIV Date:	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Application on File?</td> <td style="border: none; text-align: center;">Yes</td> <td style="border: none; text-align: center;">No</td> </tr> <tr> <td style="border: none;">Appointment Type:</td> <td colspan="2" style="border: none;"></td> </tr> </table>	Application on File?	Yes	No	Appointment Type:			HR Specialist: _____
Application on File?	Yes	No						
Appointment Type:								
HR Security: _____								

THIS INFORMATION IS TO BE FURNISHED BY THE SERVICE/SECTION ADPAC/COORDINATOR/DESIGNEE

17) TYPE OF ACCESS ISSUED:

17) REACTIVATION: YES NO

- VA ID BADGE
- Not Applicable-Does Not Require Computer Access
- VISTA (DHCP)
- PC/Network/NT Access
- Outlook Account -Requires: [Pager # _____] [Fax #: _____]
- Dial-up Access: _____
- Web 1000 Code
- Transcription/Dictation Code
- Essentrice Code
- For Patient Care Resident/Trainee/Provider, Please Create/VERIFY Signature Block Title
- Other System: _____

SERVICE/SECTION ORIENTATION GIVEN BY ADPAC/SUPERVISOR/PROGRAM COORDINATOR/DESIGNEE :

18) ORIENTATION TOPICS COVER:

- Consults
- I-Meds Consent
- Encounters
- Medication Reconciliation
- Attendance Policy/Procedures: _____
- Service Specific Policies/Procedures: _____
- Other _____

Patient Care Providers/Trainees Only:	22) HCFA Subspecialty: _____	23) User Class: VA Code - V _____
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18) Primary Menu Option: _____

19) Secondary Menu Options _____

20) Security Keys Needed: _____ 21) File Manager Access Level: _____

24) Reason and instructions for Request:

- For Patient Care Resident/Trainee/Provider
- Other: _____

REQUIRED SIGNATURE BY THE REQUESTOR'S ADPAC/SUPERVISOR/PROGRAM COORDINATOR/DESIGNEE:

26) Approving Official Printed Name: _____	27) Approving Official Signature: _____	28) Telephone/Ext: _____
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FORWARD TO YOUR ACOS FOR EDUCATION OFFICE (141) FOR RECORD:

33) Receiving Official Signature: _____	34) Service/Section/Station _____	35) Arrival Date of Training Record: _____	34) Agreement on File: Yes No
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Response is mandatory. This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. This information will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (VistA). This form may also be printed from the OAA website: <http://vaww.va.gov/oa/policies.asp>
Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.