



**VA** | U.S. Department  
of Veterans Affairs

Edward Hines Jr.  
VA Hospital

2019

# Resident Processing



**Choose VA**  
Choose Hines



**Edward Hines Jr. Veterans Hospital**  
**Required Documentation**

**2019 VA RESIDENT PROCESSING CHECKLIST**  
 Missing or incomplete documents will delay your rotation to Hines VA Hospital

Dr. \_\_\_\_\_ PGY Level \_\_\_\_\_  
Please Print

Program \_\_\_\_\_

**REQUIRED DOCUMENTS FOR ALL RESIDENTS**

- Application (VA form 10-2850D)**
- Declaration of Federal Employment Application (OF306)**
- Trainee Access and PIV Form**
- Appointment Affidavit (VA Form 61): (DOES NOT NEED TO BE NOTARIZED)**
- I-9 Form**
- Complete TMS Training**
  - ✓ Self-register at [www.tms.va.gov/Secureauth35](http://www.tms.va.gov/Secureauth35) from any Internet connection and complete the course titled "Mandatory Training for Trainees."
  - ✓ Instructions for registering in TMS should have been provided.
  - ✓ Completion certificates should accompany your initial paperwork submission.

**About Fingerprinting**

- *Bring your driver's license, social security card and the document titled "Fingerprint Information."*
- *Please fingerprint between March 25<sup>th</sup> & April 12<sup>th</sup>, 2019.*
- *Please inform your VA Coordinator of date and location when fingerprints are completed at a VA other than Hines.*
- *If you do fingerprint at another VA, you must provide the following codes to that VA: SOI: VAA7; SON: 1255; OPAC: 3600 1200. The codes will allow Hines to check on your fingerprint clearance.*
- *Fingerprinting at Hines VA Hospital is done in Human Resources, Bldg. 17, see map), 7:00 – 3:00 p.m.*

**Please fingerprint between March 25th & April 12th, 2019.**

***CITIZENSHIP VERIFICATION (Please answer the following questions)***

<b><i>Born in the United States</i></b>	YES	NO
<b><i>Naturalized Citizen? If yes, copy of certification is attached.</i></b>	YES	NO
<b><i>Non-US Citizen? If yes, copy of passport is attached.</i></b>	YES	NO/NA
<b><i>If yes, attach copy of valid J-1 visa (DS 2019) or Copy of Alien registration card.</i></b>	YES	NO/NA
<b><i>Foreign Medical School Graduate? If yes, copy of ECFMG certification is attached.</i></b>	YES	NO/NA

# APPOINTMENT AFFIDAVITS

\_\_\_\_\_  
(Position to which Appointed)

\_\_\_\_\_  
(Date Appointed)

\_\_\_\_\_  
(Department or Agency)

\_\_\_\_\_  
(Bureau or Division)

\_\_\_\_\_  
(Place of Employment)

I, \_\_\_\_\_, do solemnly swear (or affirm) that--

## A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

## B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

## C. AFFIDAVIT AS TO THE PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

\_\_\_\_\_  
(Signature of Appointee)

Subscribed and sworn (or affirmed) before me this \_\_\_ day of \_\_\_\_\_, 2\_\_\_

at \_\_\_\_\_

(City)

\_\_\_\_\_  
(State)

(SEAL)

\_\_\_\_\_  
(Signature of Officer)

Commission expires \_\_\_\_\_

(If by a Notary Public, the date of his/her Commission should be shown)

\_\_\_\_\_  
(Title)

Note - If the appointee objects to the form of the oath on religious grounds, certain modifications may be permitted pursuant to the Religious Freedom Restoration Act. Please contact your agency's legal counsel for advice.



Department of Veterans Affairs

**APPLICATION FOR HEALTH PROFESSIONS TRAINEES**

**SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER**

**INSTRUCTIONS:** Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility for appointment. Type or print in ink. If additional space is needed, please attach a separate sheet and refer to items being answered by number. Applications for clinical training programs may require additional information. All information required by the training program to which you are applying, as well as information requested on all application forms, must be included.

**VA must protect the safety of our patients.** Therefore, at some point in the appointment process, you will be asked questions about your physical and mental health. This includes questions as to whether you have received tuberculin testing, hepatitis B vaccinations or any other vaccinations.

1A. NAME (Last, First, Middle)		1B. OTHER NAMES USED	
2. PRESENT ADDRESS (Include ZIP Code)		3A. PRIMARY PHONE (Include area code)	
		3B. ALTERNATE PHONE (Include area code)	
4. SOCIAL SECURITY NUMBER	5A. PRIMARY EMAIL ADDRESS	5B. ALTERNATE EMAIL ADDRESS	6. DATE OF BIRTH (mm/dd/yyyy)
7A. VA TRAINING FACILITY (City, State)		7B. VA TRAINING START DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN	7C. VA TRAINING END DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN

**II - U.S. MILITARY DUTY STATUS**

8A. ARE YOU NOW IN U.S. MILITARY? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO	8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO	8C. BRANCH OF SERVICE
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**III - CITIZENSHIP**

9A. CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 9B)	9B. COUNTRY OF CITIZENSHIP
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**NOTE: Complete items 10A, 10B, 10C, or 10D ONLY if you are NOT a U.S. citizen.**

10A. IMMIGRANT		10B. EXCHANGE VISITOR		10C. OTHER NON-IMMIGRANT		10D. FORM DS2019
"A" NUMBER	VISA TYPE	VISA NUMBER	VISA TYPE	VISA NUMBER	DO YOU HAVE A VALID DS2019? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE	ISSUE DATE	EXPIRATION DATE	ISSUE DATE	EXPIRATION DATE	DATE OF LAST VALIDATION (MM/DD/YYYY)	

**IV- THIS SECTION TO BE COMPLETED BY DESIGNATED EDUCATION OFFICER (DEO) OR DESIGNEE**

11A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL).	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11B. Incomplete items on the TQCVL have been addressed and resolved.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11C. Special attention has been given to the following items from the application forms.		
11D. Comments:		
11E. This applicant has been approved for appointment.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
11F. Comments:		
12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE	12B. TITLE	12C. DATE

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER
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**V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION**

13A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING THE DRUG ENFORCEMENT AGENCY (DEA), THAT YOU HAVE NOW OR HAVE HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	13B. STATE ISSUING LICENSE	13C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	13D. EXPIRATION DATE (MM/DD/YYYY)

**VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S)**

14A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING DEA, THAT YOU HAVE EVER HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	14B. STATE ISSUING LICENSE	14C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	14D. EXPIRATION DATE (MM/DD/YYYY)

15. ENTER YOUR NATIONAL PROVIDER IDENTIFIER (NPI)

**The following two questions apply to both your current health profession and any prior health profession.**

16. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE, CERTIFICATION, OR REGISTRATION TO PRACTICE (INCLUDING DEA CERTIFICATE) REVOKED, SUSPENDED, DENIED, RESTRICTED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED A LICENSE, CERTIFICATION, OR REGISTRATION IN LIEU OF FORMAL ACTION?  YES - EXPLAIN IN PART XI     NO

17. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED CLINICAL PRIVILEGES IN LIEU OF FORMAL ACTION?  YES - EXPLAIN IN PART XI     NO

**VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL** (Continue in Part XI if necessary)

18A. NAME OF SCHOOL	18B. ADDRESS (City, State, and Zip Code)	18C. START DATE (MM/YY)	18D. (EXPECTED) COMPLETION DATE (MM/YY)	18E. DIPLOMA, DEGREE, OR CERTIFICATE AWARDED OR IN PROGRESS	18F. MAJOR FIELD OF STUDY

**VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL**

19A. ARE YOU A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	19B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER	19C. ECFMG CERTIFICATE DATE
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**IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING**

20A. NAME OF HOSPITAL OR INSTITUTION	20B. ADDRESS (City, State and ZIP Code)	20C. SPECIALTY	20D. START DATE (MM/YY)	20E. (EXPECTED) COMPLETION DATE (MM/YY)	20F. NUMBER OF MONTHS COMPLETED

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER
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**X - ADDITIONAL QUESTIONS**

ITEM	PLACE AN 'x' IN APPROPRIATE SPACE. IF YES, EXPLAIN DETAILS IN PART XI	YES	NO
<b>21</b>	AS A PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, HAVE YOU EVER BEEN CONVICTED OF OR INVESTIGATED FOR MAKING FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS, REPRESENTATIONS, WRITINGS, OR DOCUMENTS REGARDING THE DELIVERY OF OR PAYMENT FOR HEALTH CARE BENEFITS, ITEMS OR SERVICES THAT WOULD BE IN VIOLATION OF THE CRIMINAL FALSE CLAIMS ACT?	<input type="checkbox"/>	<input type="checkbox"/>
<b>22</b>	<p>ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL, OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART WAS ALLEGED? If yes, give details in Part XI, including name of action or proceedings, date filed, court or reviewing agency, and the status or outcome of the case concerning those allegations. Please also provide your explanation of what occurred.</p> <p>As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23</b>	Do you need accommodations to perform the procedures and essential functions of the training position for which you have applied?	<input type="checkbox"/>	<input type="checkbox"/>

**XI - REMARKS**

ITEM NO.	(Include additional information requested in items above. Be sure to indicate Item number on Form to which the comment refers.)

**XII - CERTIFICATION**

**I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF,  
ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.**

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

24A. SIGNATURE OF APPLICANT <i>(Sign in ink)</i>	24B. DATE <i>(mm/dd/yyyy)</i>
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LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER
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**AUTHORIZATION FOR RELEASE OF INFORMATION**

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- Authorize VA to make inquiries about me to current and previous employers, educational institutions, state licensing boards, professional liability insurance carriers, other professional organizations or persons, agencies, organizations, or institutions listed by me as references, and to any other sources which VA may deem appropriate or be referred by those contacted;
- Authorize release of such information and copies of related records and documents to VA officials;
- Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries;
- Authorize VA to disclose to such persons, employers, institutions, boards, or agencies identifying and other information about me to enable VA to make such inquiries; and
- Authorize VA to share any information about me with the affiliated institution or training program official.

SIGNATURE OF APPLICANT ( <i>Sign in ink</i> )	DATE
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**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE**

Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering data, completing, and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. Do not send applications to this address.

**AUTHORITY:** The information requested on this form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

**PURPOSES AND USES:** The information requested on the application is collected to determine your qualifications and suitability for appointment to a VA clinical training program. If you are appointed by VA, the information will be used to make pay and benefit determinations and in personnel administration processes carried out in accordance with established regulations and systems of records.

**ROUTINE USES:** Information on the form may be released without your prior consent outside the VA to another federal, state or local agency. It may be used to check the National Practitioner Health Integrity and Protection Data Bank (HIPDB) or the List of Excluded Individuals and Entities (LEIE) maintained by Health and Human Services (HHS), Office of Inspector General (OIG), or to verify information with state licensing boards and other professional organizations or agencies to assist VA in determining your suitability for a clinical training appointment. This information may also be used periodically to verify, evaluate, and update your clinical privileges, credentials, and licensure status, to report apparent violations of law, to provide statistical data, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may be released without your prior consent to federal agencies, state licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to state licensing boards and the National Practitioner Data Bank. Information will be stored in a confidential and secure VA database for purposes of processing your application and may be verified through a computer matching program. Information from this form may also be used to survey you regarding employment opportunities in VA and to solicit you perceptions about your clinical training experiences at VA and non-VA facilities.

**EFFECTS OF NON-DISCLOSURE:** See statement below concerning disclosure of your social security number. Completion of this form is mandatory for consideration of your application for a clinical training position in VA; failure to provide this information may make impossible the proper application of Civil Service rules and regulations and VA personnel policies and may prevent you from obtaining employment, employee benefits, or other entitlements.

**INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)**

Disclosure of your Social Security Number (SSN) is mandatory to obtain the employment and benefits that you are seeking. Solicitation of the SSN is authorized under provisions of Executive Order 9397 dated November 22, 1943. The SSN is used as an identifier throughout your Federal career. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records, 'Applicants for Employment' under Title 38, U.S.C.-VA (02VA135), in the 2003 Compilation of Privacy Act Issuances. The SSN will also be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is necessary because of the large number of Federal employees and applicants with identical names and birth dates whose identities can only be distinguished by the SSN.



# 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. Are you a male born 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 you answered "YES," list the branch, dates, and type of discharge for all active duty.*

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

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 violation, 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 relative works.  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 have not yet been selected,** carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

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

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
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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



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<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 Part 13 of the Handbook for Employers (M-274).**

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

# This form must be filled out COMPLETELY

**FULL Legal Name of Applicant** (Last, first, middle)  
**(Must be FULL name no initials)**

---

**Generation Qualifier:** Jr., Sr., II, III, IV or V  
(Please circle if one applies)

**Date of Birth:** \_\_\_\_\_

**Place of Birth: (must be city, state & Country)** \_\_\_\_\_

**FULL Social Security Number:** \_\_\_\_\_

**Position Title: (MD, PA, etc.)** \_\_\_\_\_

**Student, Resident or Fellow:** \_\_\_\_\_

**Service (Medicine, Surgery etc.):** \_\_\_\_\_

**Rotation Department: (Urology, Pulmonary, ID, IM)** \_\_\_\_\_

**PGY Level:** \_\_\_\_\_ (this is for Residents & Fellows)

**Sex:** \_\_\_\_\_

**Race:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Eye color:** \_\_\_\_\_

**Hair color:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**School Email:** \_\_\_\_\_ **Personal Email:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Have you been to VA Previously?** \_\_\_\_\_

**End Date:** \_\_\_\_\_ *If so when was the last date?* \_\_\_\_\_

*Are you a U.S. Citizen?* \_\_\_\_\_ *If not, Country of Citizenship?* \_\_\_\_\_

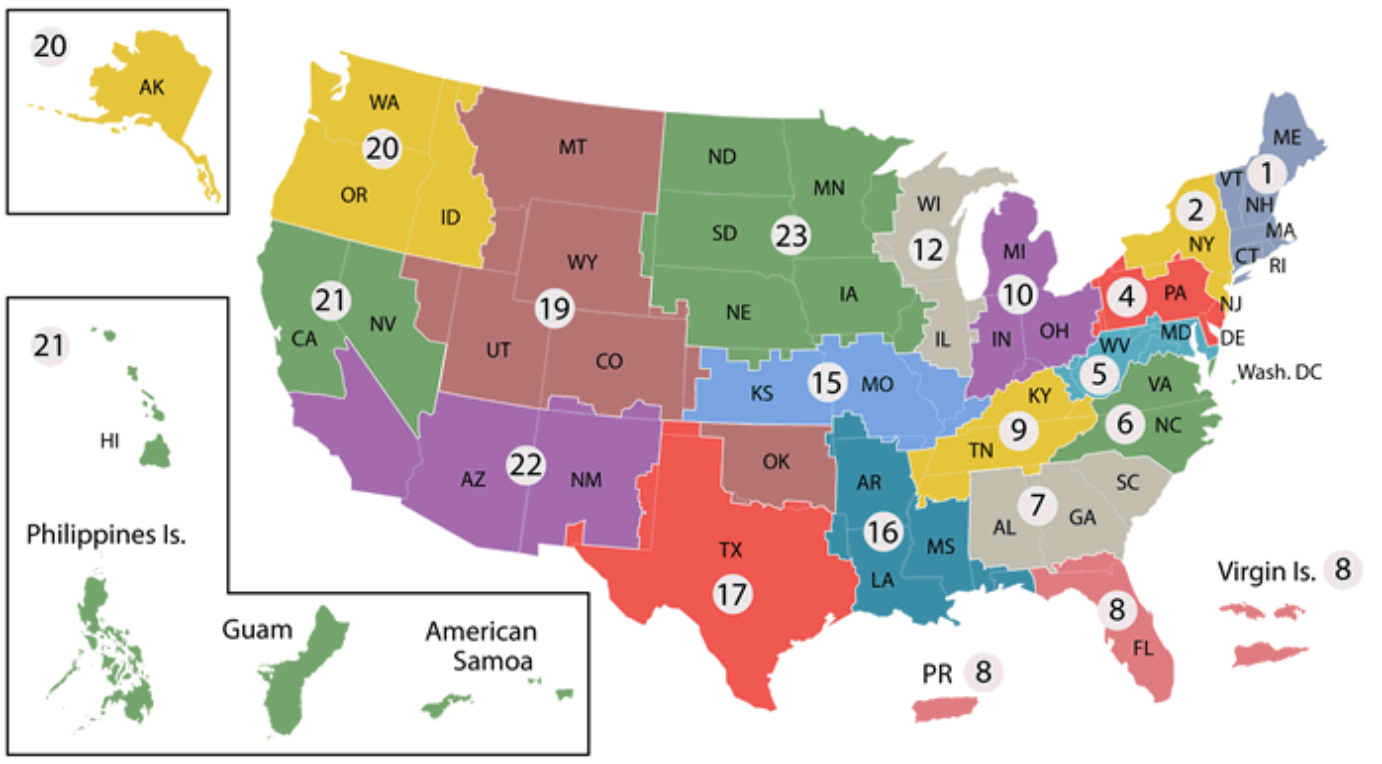
**Your School / Affiliated Institution Name:** \_\_\_\_\_

# Fingerprinting at your local VA Hospital





# LOCATE A VA MEDICAL CENTER



[CLICK HERE TO LOCATE A VA MEDICAL CENTER TO FINGERPRINT](#)

**Residents should fingerprint between March 25th & April 12th, 2019**

**PLEASE PROVIDE THIS DOCUMENT TO THE  
VA FACILITY WHERE YOU FINGERPRINT**

**VA: SOI VAA7**

**SON: 1255**

**OPAC: 3600 1200**

**The codes listed above will be entered  
by the VA you visit. This will allow  
Edward Hines Jr Veterans Hospital  
Human Resources to locate your  
records.**

**Please contact the VA Hospital nearest to you**

**Due Date: NLT 04/12/2019**

# PIV Credential Identity Verification Matrix

All identity source documents shall be bound to the applicant and shall be neither expired or cancelled. **PIV and Non-PIV credentials require two forms of identification, one primary and one secondary. The secondary identity source document may be from the primary or secondary list, but if from the primary list it cannot be of the same type as the primary identity source document example.**

Flash Badges may be issued following review of a single primary or secondary identity document including applicant photograph. [FIPS 201-2](#)

Primary Identity Source Document	Secondary Identity Source Document
<ul style="list-style-type: none"> <li>• A U.S. Passport or U.S. Passport Card</li> <li>• A Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>• A foreign passport</li> <li>• An Employment Authorization Document that contains a photograph (Form I-766)</li> <li>• A Driver's license or ID card issued by a State or possession of the United States provided it contains a photograph</li> <li>• A U.S. Military card</li> <li>• A U.S. Military dependent's ID card</li> <li>• A PIV Card</li> </ul>	<ul style="list-style-type: none"> <li>• A U.S. Social Security Card issued by the Social Security Administration</li> <li>• An original or certified copy of a birth certificate issued by a state, county, municipality authority, possession or outlying possession of the U.S. bearing an official seal</li> <li>• An ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph</li> <li>• A voter's registration card</li> <li>• A U.S. Coast Guard Merchant Mariner Card</li> <li>• A Certificate of U.S. Citizenship (Form N-560 or N-561)</li> <li>• A Certificate of Naturalization (Form N-550 or N-570)</li> <li>• A U.S. Citizen ID Card (Form I-197)</li> <li>• An Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>• A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>• A Temporary Resident Card (Form I-688)</li> <li>• An Employment Authorization Card (Form I-688A)</li> <li>• A Reentry Permit (Form I-327)</li> <li>• A Refugee Travel Document (Form I-571)</li> <li>• An Employment authorization document issued by Department of Homeland Security (DHS)</li> <li>• An Employment Authorization Document issued by DHS with photograph (Form I-688B)</li> <li>• A driver's license issued by a Canadian government entity</li> <li>• A Native American tribal document</li> </ul>

**Edward Hines Jr. Veterans Hospital**  
**Required Training**

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## Mandatory Training for VA Health Professions Trainees (HPT)

In order to be granted access to VA resources, you must first complete all of your assigned mandatory training. Required courses are accessed via the VA Talent Management System (TMS).

To access the TMS, you must first create a TMS user profile. Once you have created a user profile, you will see the list of specific training courses and the date by which each must be completed.

In order to access the TMS, you must use one of the following browsers:

- Internet Explorer (7.0 to 11.0)
- Mozilla Firefox (3.6.x.x and above)
- Safari on Mac (6.0 and above)
- Google Chrome (23.0.x.x and above)

To ensure that the training courses operate correctly, your system must also have the following software installed and enabled:

- Flash player version 10.0.0 and above
- Adobe Reader 9.0 and above

You will be required to provide specific information about yourself as well as information related to the work you will be doing. Your VA Point of Contact should have provided you with the following information:

- The VA Location being supported.
- Your Trainee Type and Specialty/Discipline.
- The VA Point of Contact's First Name, Last Name, Email Address, and Telephone Number.

The above information is required in order to create your profile. Make sure that you have it before starting this TMS User Profile creation process.

Step-by-step instructions for creating your TMS profile and then launching and completing the required training follow.

### If You Need Assistance

If you have any questions about the information to be provided or experience difficulties creating a profile or completing the mandatory training(s), contact the Enterprise Service Desk by going to the yourIT Services website or via phone at 1 (855) 673-4357.

## A. Create Your TMS Profile

1. From one of the above browsers, access <https://www.tms.va.gov/SecureAuth35/>
2. Select the **CREATE NEW USER** button.



**Figure 1: VA TMS Login Screen with Arrow pointing to the Create New User Button**

3. The first screen requires you to select the overall VA organization that you will be supporting.

Select the **VETERANS HEALTH ADMINISTRATION (VHA)** radio button.

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

**National Cemetery Administration (NCA)**  
The NCA provides burial benefits to veterans and eligible dependents, and operates 131 national cemeteries in the U.S. and Puerto Rico

**Office of Information and Technology (OIT)**  
The OIT acquires, delivers, and manages technology to VA and acts as a steward for most of VA's information technology assets and resources

**VA Central Office (VACO)**  
VACO is a general term covering all other Program, and Staff Offices

Next

**Figure 2: VA Organization Screen**

Then select the **NEXT** button.

The next screen requires you to identify your enrollee type. If you selected the incorrect organization, select the BACK button to return to the previous screen. This is the screen you should see:

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 without VA compensation)
- WOC** (Those working for the VA without VA compensation)
- Clinical Contractor** (Medical professionals working for the VA on a contractual basis)
- Contractor** (Non-medical professionals working for the 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)
- DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)
- Conference Attendee** (Those attending a VA-sponsored conference)
- Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)

**Figure 3: VHA Enrollee Types**

4. Select the **HEALTH PROFESSIONS TRAINEE** radio button. Then select the **NEXT** button.

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

**Figure 4: Health Professions Trainee Radio Button Option**

5. You must provide information related to MY ACCOUNT and MY JOB. All of the fields marked with an asterisk must be completed.

**Note:** The **Email Address** that you enter here will be used as your Username to log into the system. Please ensure that the email address you use is one which you will be able access.

**Note: Fields marked with \* are required**

MY ACCOUNT INFORMATION

- The length of the password must be between 12 and 20 characters.
- The password must contain the following types of characters:
  - a. English lowercase letters.
  - b. English uppercase letters.
  - c. Arabic numerals(0,1,2,...9).
  - d. Non alphanumeric special characters (!@#\$%^&\*+~=-{}|[]:;?.,/)
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name(login ID).
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Security answer must be at least 5 characters.

\* Password :

\* Re-enter Password :

\* SSN : [\(Click here to view the VA TMS Privacy Act Notice.\)](#)  -  -

(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 :

\* Re-enter Email Address :

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

\* Time Zone ID :

**Figure 5: MY ACCOUNT INFORMATION Screen**



Make sure that your **Password** complies with the requirements listed on the screen and that the re-entered password is identical.

Your password must comply with all of the following:

- Length must be 12 to 20 characters
- MUST contain:
  - Lowercase letters (a through z)
  - Uppercase letters (A through Z)
  - Numerals (0 through 9)
  - Non-alphanumeric characters to include: ! @ # \$ % ^ & \* \_ + = ? , . / ' [ ] { }
- Cannot include more than two repeated characters in a row
- Cannot include your User Name
- Cannot include your first or last names

Make sure to read the Privacy Act Notice regarding use of SSNs.

#### Privacy Act Notice

**Authority:** The Department of Veterans Affairs (VA) is authorized to collect this information under the authority of Executive Order 9397 as amended by Executive Order 13478; Title III, Section 301, Subchapter III of Public Law 107-347 (Federal Information Security Management Act of 2002); Section 7406(c)(1) of Title 38 of the U.S. Code; and Sections 4103, 4115, and 4118 of Title 5 of the U.S. Code.

**Purpose:** The Department of Veterans Affairs (VA) will use this information to ensure your training records are properly documented and retained into one system, the VA Talent Management System (TMS); and, accurately credited to your TMS profile to acknowledge and provide verification training requirements are met.

**Routine Uses:** This information will be used by and disclosed to VA personnel and contractors who need the information to assist with activities related to the training management purposes. Additionally, this information will become a part of your permanent personnel record and is included in the respective government-wide, [OPM/GOVT-1 - General Personnel Records \(71 FR35356\)](#) and VA-specific, [76VA05 General Personnel Records - Title 38 \(65 FR 45131\)](#) electronic system of records notices (SORNs), and is subject to all published routine uses within these SORNs.

**Disclosure:** Furnishing this information is voluntary, including Social Security Number; however, failure to furnish the requested information may prevent you from establishing a TMS profile and delay the completion of training that would be assigned as a result of the completion of this form.

**Social Security Number (SSN):** Your SSN may be requested under the authority of Executive Order 9397 as amended by Executive Order 13478. The SSN is used as a unique identifier to ensure that each individual's record in the system is unique, complete and accurate and the information is properly attributed. The SSN is not used by, nor displayed in, the TMS for any other purpose.

Figure 6: TMS Privacy Act Notice

6. After completing the MY ACCOUNT INFORMATION fields, you must complete the MY JOB INFORMATION fields. **Your VA Point of Contact should be listed as ADAM BUTUSOV. Email is adam.butusov@va.gov. Phone # is (708)202-7858.**

**Your location is "HIN".**

**Your program End Date is the date you will finish your Residency or Fellowship.**

**MY JOB INFORMATION**

\*VA Location :  ▼  
(Supplied by your VA Contact)

\*Trainee Type :  ▼

\*Specialty/Discipline :  ▼

\*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

Medical Sharing Type :  ▼

\*School/University/Program :

\*School/Program Start Date (MM/DD/YYYY) :

\*Estimated School/Program Completion Date (MM/DD/YYYY) :

**Figure 7: MY JOB INFORMATION Screen**

7. Once all of the required fields have been completed, select the **SUBMIT** button.
8. If there were any errors identified after selecting **SUBMIT**, you must fix those and then select **SUBMIT** again. Keep making corrections until you succeed.
9. Once any errors have been corrected, you should see the **Congratulations** screen. At this point you should make note of your TMS Username (which will be the Email Address that you entered).

Talent Management System

[VA Learning University Home](#) | [TMS Resources](#) | [Locate Your Local Administrator](#) | [Help Desk](#)

**VA TMS Self Enrollment**

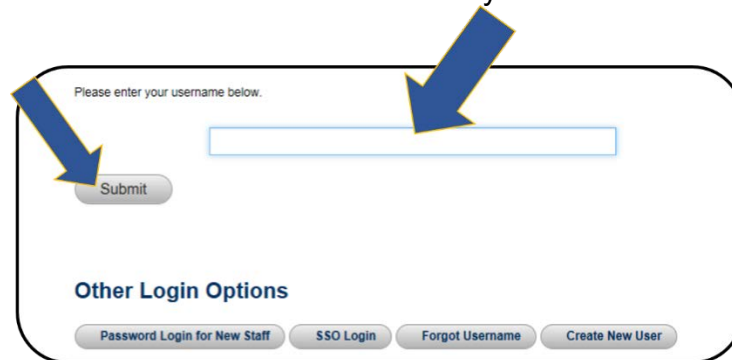
**Congratulations!**

You have successfully created a profile in the VA TMS. Please make note of your Username indicated below as you will need it to log into the system.  
Your TMS 2.0 Username is **test@testconfirm.com**

Note: You will need to wait for 20 minutes for your profile to become active. After that, you will be able to login using the following link: <https://www.tms.va.gov/SecureAuth35>

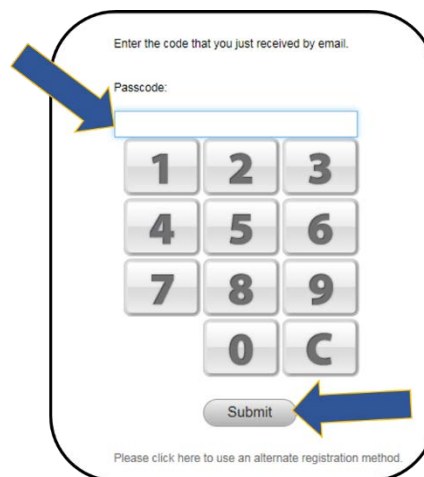
**Figure 8: Congratulations Screen**

10. After 20 minutes have passed, please return to <https://www.tms.va.gov/SecureAuth35/> and enter your Username and click Submit. You will be able to send a one-time Passcode to your Email Address.



**Figure 9: TMS 2.0 Login Screen**

11. Once your Passcode arrives, enter it using your keyboard, or the on-screen number pad, and click Submit.



**Figure 10: Enter Passcode Screen**

12. You will be asked to select and provide answers to two security questions. These will be used if you need to reset your TMS password.

**Set Security Questions**

In order to simplify resetting your password in the future, you must select 2 security questions and provide answers for them below. Make sure your answers are something you will remember, are at least 5 characters long, and that you type them the way you always type them as they WILL be case sensitive.

\* = Required Fields

\* Question 1

\* Response

\* Confirm Response

\* Question 2

\* Response

\* Confirm Response

**Figure 11: Set Security Questions Screen**

After selecting your questions and entering your answers, select the **SAVE** button.

At this point, you have now created your TMS User Profile. Now, you must complete the mandatory training assigned to you.

## B. Launch and Complete Mandatory Training

Follow these steps to launch and complete all of your assigned training.

1. Your TMS home screen displays. It lists the mandatory training you must complete and the date by which completion must occur.

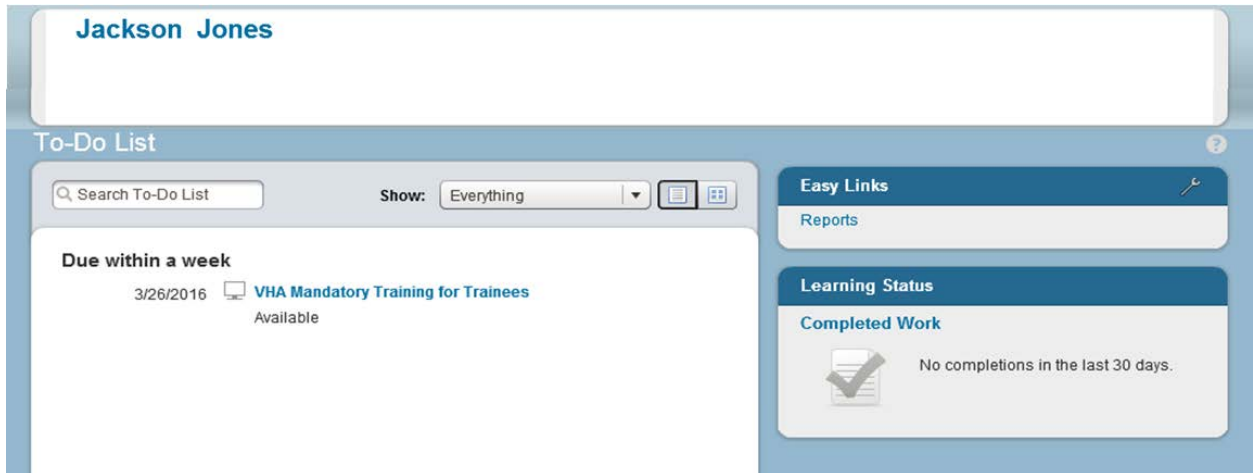


Figure 12: TMS Home Screen

As an HPT, only one course is required – ***VHA Mandatory Training for Trainees***.

2. Hover your mouse over the course title listed on your TMS Home screen. Brief information pertinent to this course displays.

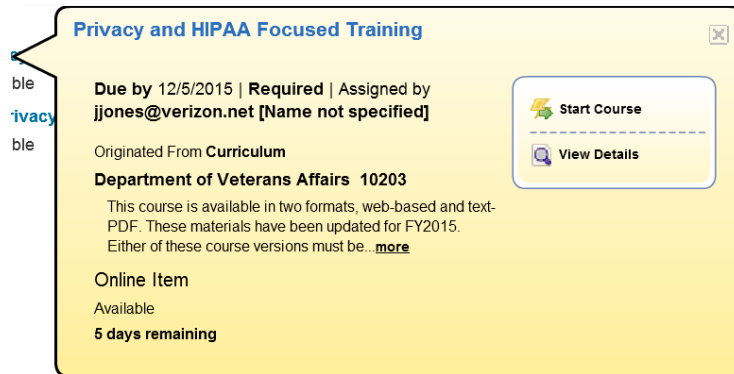


Figure 13: Course Information Pop-up on Mouse Hover

3. Select the **START COURSE** link.

The course windows launch in another browser window. You will see the Online Content Structure screen that is immediately followed by the initial screen of the selected course

Follow the instructions on each of the course screens to complete all modules of the mandatory training course.

4. Once a course has been completed, select the **HOME** link located at the top left of the screen to return to your TMS Home screen.

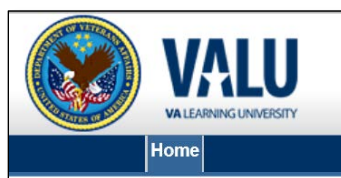
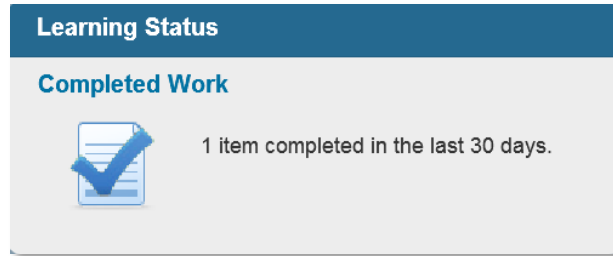


Figure 14: Snapshot of the Home Link

- Once the mandatory training has been completed, you will see the **Learning Status Pod** display information stating that the work is completed.



**Figure 15: Learning Status Pod Example**

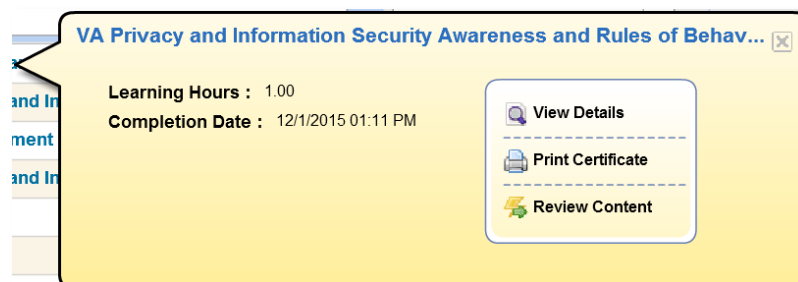
- While the completion of the mandatory training is recorded in the TMS, you must also print a Certificate(s) of Completion. To do this, you must select the **Learning Status Pod** to access the **Completed Work** screen.



**Figure 16: Completed Work Screen**

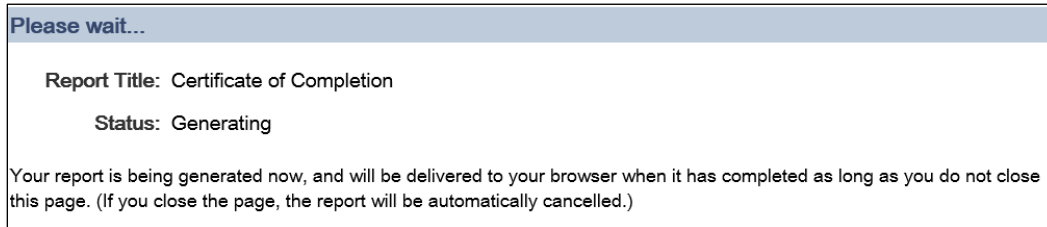
The courses that you have completed and the date when they were completed display on this screen.

- Hover the mouse over the course title for which a completion certificate is to be printed to display the Completed Course pop-up window.



**Figure 17: Completed Course Pop-Up**

8. Select the **PRINT CERTIFICATE** link. A message indicating the information is being generated.



**Figure 18: Generating Certificate of Completion Message Screen**

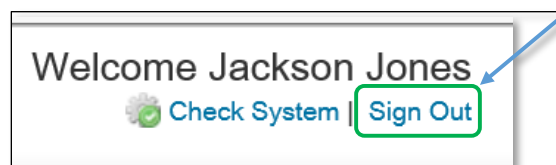
Once the necessary information has been gathered, another browser window opens and displays a PDF of the Completion Certificate.



**Figure 19: Certificate of Completion PDF**

You may save this to your local drive and/or print the certificate to a local printer. Follow the instructions provided by your VA Point of Contact to either save it, print it, or do both.

9. Once you have printed and/or saved your certificate(s), you may log out of the TMS. Select the **SIGN OUT** link located in the upper right portion of your TMS Home screen.



**Figure 20: Snapshot of the Sign Out Link**