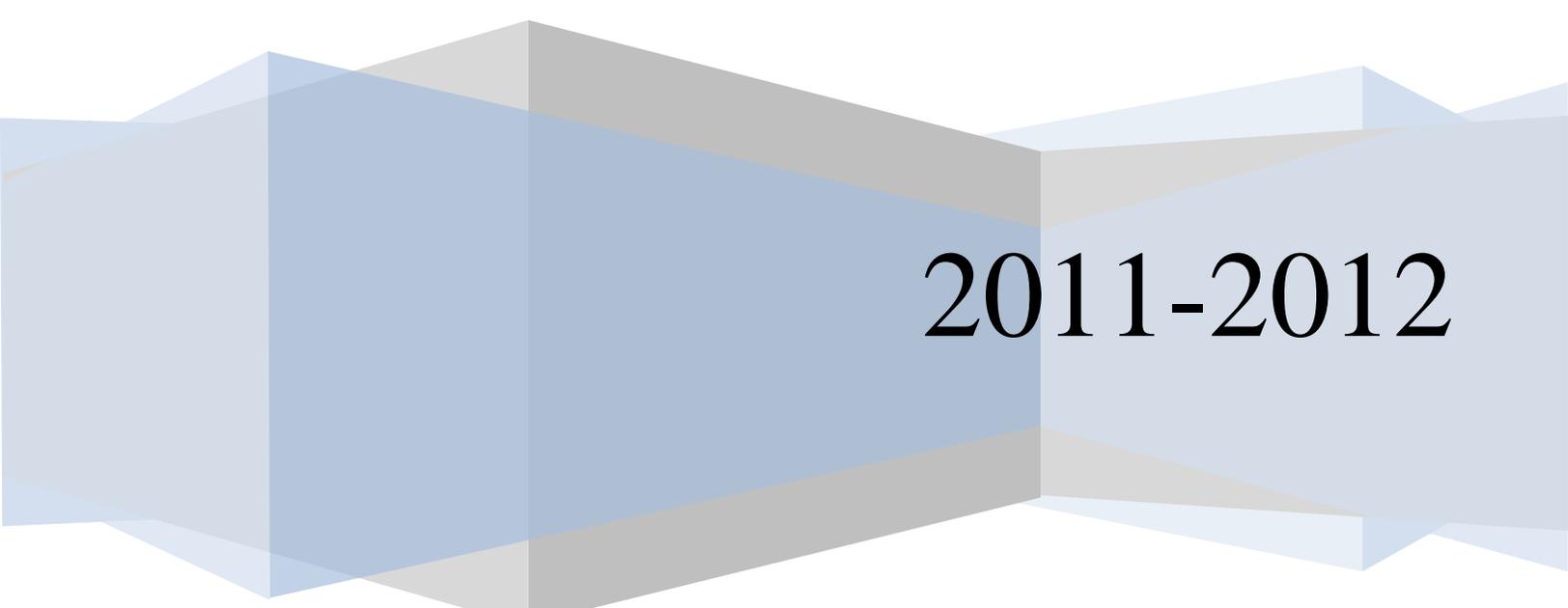


Department of Veterans Affairs

Application Checklist for Medical Student

Boise Idaho VAMC



2011-2012

Application Checklist for Boise Idaho VAMC

Welcome to the Boise VAMC! We trust that your experience here will be rewarding. We care about your safety, and have arranged the following orientation to assist you in your transition to the Boise VAMC.

We require that all items on this checklist be completed four weeks prior to beginning your experience here. Your clinical rotation to the VA Boise Medical Center will not be authorized until the required documentation is received and reviewed by Education Program Assistant and the Human Resources Department. If you should have any questions regarding the application materials, you may contact Tammy Lanning (208)-422-1000 x 1-7293 or Linda Clark at (208) 422-1000 x 1-7642. Tammy's office is located in T111, the first door on the left. Please use the link below to access a map of the medical center.

http://www.boise.va.gov/docs/BoiseVA_sitemap_April11.pdf

Step 1: Please contact Tammy Lanning (tammy.lanning2@va.gov) three weeks prior to your rotation, and she will assist you with the following steps:

Department of Veterans Affairs Application for Associated Health Specific Forms and Required Online Training:

- Email Certificate for Mandatory Training for Trainees Modules to tammy.lanning2@va.gov at least 2 weeks prior to rotation start date.

Please follow the instructions on the OAA website to complete the EES training:

<http://www4.va.gov/OAA/mandatory.asp> or if this website does not work, please go to: <https://www.ees-learning.net/librix/loginhtml.asp?v=librix> and follow these steps to ensure that all of the necessary training is completed.

1. Go to the [Online Training](#) website.
2. Click on **First Time User**.
3. Create login information. *Contact the [Help Desk](#) if you have problems.*
4. After registering, go back to the **Login** screen
5. Enter your username and password, and click on **Login**. You will be taken to the **My Courses** page.
6. **IMPORTANT:** Click **Available Courses** on the left-hand navigation just above **My Courses** before doing a Search.
7. **Search** for course entering the keyword **Mandatory** or the course title **VHA Mandatory Training for Trainees Released – 2010 (the full course)**. Then, click **Search** button.

8. You will be taken to the search results page.
 - **IMPORTANT:** Older versions of the Mandatory Training will be listed and marked as CLOSED. However, keep looking through the list for the version that is available.
 - If the course is not found, you probably did not follow step 6 above.
9. Click on the **Sign Me Up** link on the right side of the screen and you will be taken back to the **My Courses** screen, where the course will now be listed.
10. Click on the course name link to go to the course.

The training includes the following topics:

- Mission of VA/Patient Population/Customer Service/Constitution
 - Trainee Supervision
 - Information Security
 - Privacy
 - Safety/Occupational Health/Fire and other Emergencies
 - Patient Safety/Joint Commission/Suicide Prevention
 - Government Ethics
 - Documentation of Health Records
 - Compliance and Business Integrity
 - Violence in the Workplace and Handling Disruptive Behavior
 - Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act
 - Reporting Abuse and Neglect
 - Torts Claims Protection
 - Patient Rights
 - VHA Career Opportunities
- Form 10-2850D – Application for Health Professions Trainees(send to or drop off with Tammy Lanning)*
<http://www.va.gov/oaa/archive/VAFORM10-2850d.pdf>
- Form OF 306- Declaration for Federal Employment*
<http://www.va.gov/oaa/archive/OF306.pdf>
- Signed Statement of Commitment and Understanding*
Form located at the end of this document
- WOC- Without Compensation Form (Only required if not paid by the VA)
Form located at the end of this document
** Indicates paperwork that is required for all Trainees working at the VA*

Step 2: Schedule a fingerprint/ID card appointment with Tammy Lanning. Take the documents listed below at your scheduled time to Human Resources, Building 24 to get your fingerprints and ID card.

- Signed Statement of Commitment and Understanding
- WOC form (Only required if not paid by the VA)
- Form OF 306

Special Attention:

- *Due to changing national VA policies and requirements, it is now required to have fingerprints completed at least one week prior to your rotation. Exceptions can be worked on a case by case basis. Coordination with a VA near you is also possible, and Tammy will assist in setting up the appointment.*
- Please be sure to bring with you two (2) forms of exact matching personal identification along with the completed application package with you to the Human Resources Office.
- Please note that the name on the identification must match exactly (If one ID has a full middle name, and the other has a middle initial, then the initial must match).
- One State or Federal ID must contain a photograph.
- Both IDs must be original documents and currently valid, not expired.
- Examples of acceptable identification includes: State-Issued Drivers License, Social Security Card, U.S. Passport, State Voter Registration Card, and School ID with photograph, etc.

Other Administrative Requirements

1. **TMS** – Helpdesk ext. 1121. In order to create a computer account, each Trainee is required to submit a completed Request for Computer Access and Registration for LMS and TEMPO. Verification of completed cyber security and privacy training is mandatory prior to granting computer access. *Tammy Lanning will submit the computer access request for each Resident/trainee prior to their arrival, but you may be asked for your social security number and birthday if it is not on file so the request can be processed.*
2. Form SF-85 is an online form that is completed by non-physician-resident trainees who are appointed **for more than 180 days in aggregate**. Your local Human Resources staff will provide you with an access code and a link to eQIP if you are required to complete the online SF-85.
3. **Additional Information:**
 - Complete CPRS training if required by supervisor
 - Additional orientation conducted by your Service Specific Supervisor

- There is no requirement to obtain a parking pass, but it is required that all medical students/trainees park in employee parking such as lot #7, Mountain Cove, and other designated employee areas.

Please send all documents to:

**Tammy Lanning (001ED)
Boise VAMC
500 West Fort Street
Boise Idaho, 83702**

What steps are necessary to prepare for the resident to EXIT the rotation?

It is just as important to ensure a smooth exit as a smooth entrance. The following actions are necessary to conclude the training rotation.

1. Ensure that all trainee notes have been entered and cosigned by the Boise VAMC staff preceptor.
2. Learners' Perception Survey. This is located on the education page of the BVAMC intranet. Link to Survey is: <http://www4.va.gov/oaa/surveys/default.asp>
3. Turn in ID trainee badges to the Medical Student Coordinator.
4. Turn in any keys and/or equipment that were issued during the rotation to the Medical Student Coordinator.
5. Please provide a good address to forward any future or remaining correspondence:
 - a. Forwarding Address _____
 - b. Phone _____
 - c. E-mail address _____
6. Out process with Linda Clark Medical Student Coordinator located in building 27, Medical Service Office, as a final measure prior to leaving the Boise VA. Linda can be reached at 208-422-1000 EXT 7642



Statement of Commitment and Understanding for VA Trainees

As a trainee in the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which other VA trainees and VA employees have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact the local VA Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, other VA trainees and VA employees. Should I encounter any difficulty in identifying or reaching these individuals, I understand that I should contact my service chief, or failing that, the Chief of Staff, to seek guidance.

I further understand that if I fail to comply with applicable confidentiality and security statutes, regulations and policies, I will be removed from VA assignment. I may also be subject to civil and criminal penalties including fines and imprisonment.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, other VA trainees and VA employees.

 Print or Type Trainee Name

 Trainee Signature

 Training Program/Level

 Date

Without Compensation Memo

Dear _____,

Welcome to the Department of Veterans Affairs (VA). You will be assigned to our medical center as _____ from _____ through _____ under authority of 38 U.S.C. §7405(a)(1)(A). During your affiliation, you are authorized to perform services as assigned by the ACOS-E and Medical Service Office.

In accepting this assignment, you will receive no monetary compensation and you will not be entitled to those benefits, such as leave and retirement, normally given to regularly paid employees of VA. You will, however, be eligible to receive benefits as indicated. Cash cannot be paid in lieu of any indicated benefits:

- None
- Quarters
- Subsistence
- Uniforms
- Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter. This agreement may be terminated at any time by either party with written notice of such intent.

VA is required by regulation to solicit data concerning race and national origin of employees and trainees. It will be used for statistical purposes only. **Provision of this information by you is strictly voluntary and there is no penalty for failure to provide it.** If you choose to provide the requested information, please check the appropriate box below.

- American Indian or Alaskan native*
- Asian or Pacific Islander*
- Black, not Hispanic*
- White, not Hispanic*
- Hispanic*

Sincerely,

Susan McAmis
Human Resources Officer

I agree to serve in the above capacity under the conditions indicated.

Signature _____

Date _____