



## AY18-19 Trainee Processing Checklist for Nursing Service

|   |  |  |            |  |  |             |  |  |                 |  |  |  |  |  |                |  |  |                           |  |  |  |  |  |
|---|--|--|------------|--|--|-------------|--|--|-----------------|--|--|--|--|--|----------------|--|--|---------------------------|--|--|--|--|--|
| Last Name   |  |  | First Name |  |  | Middle Name |  |  | SSN (no dashes) |  |  | Date of Birth  |  |  | Place of Birth |  |  |                           |  |  |  |  |  |
| Sex   |  |  | Race       |  |  | Height      |  |  | Weight          |  |  | Eye Color  |  |  | Hair Color     |  |  |                           |  |  |  |  |  |
| School:   |  |  |            |  |  | Semester:   |  |  |                 |  |  | Current Year:  |  |  |                |  |  | Instructor:               |  |  |  |  |  |
| School Email:   |  |  |            |  |  |             |  |  |                 |  |  | Phone:   |  |  |                |  |  |                           |  |  |  |  |  |
| Unit/Area:  |  |  |            |  |  | Preceptor:  |  |  |                 |  |  | Clinical Day(s):   |  |  |                |  |  | Expected Grad (mm/yyyy):  |  |  |  |  |  |
| <b>On-Boarding Process</b>  |  |  |            |  |  |             |  |  |                 |  |  | <b>Instructions</b>  |  |  |                |  |  | <b>Student's Initials</b> |  |  |  |  |  |
| <p>1. Complete and submit the Clinical Trainee Appointment Letter and Affidavit <b>provided by your instructor</b>.</p> <p>2. Search the <b>internet</b> for the following (<i>version 2011</i>) VA forms:</p> <ul style="list-style-type: none"> <li>Declaration for Federal Employment Form (OF-306)</li> <li>Application for Health Professions Trainees (VA 10-2850d)</li> </ul> <p>3. Complete TMS Self-Enrollment as "Health Professions Trainee"<br/> <a href="https://www.tms.va.gov/learning/user/login.jsp">https://www.tms.va.gov/learning/user/login.jsp</a></p> <ul style="list-style-type: none"> <li>Click "Create New User"</li> <li>Choose "Veterans Health Administration (VHA)"</li> <li>Choose "Health Professions Trainee"</li> <li>Time Zone ID: Pacific Standard Time (America/Los Angeles)</li> <li>VA Location Code: Click on funnel and search for "SDC"</li> <li>Trainee Type: "Nursing"</li> <li>Specialty/Discipline: <ul style="list-style-type: none"> <li>RN students: Registered Nurse</li> <li>LVN students: Licensed Vocational Nurse</li> <li>CNS students: Clinical Nurse Specialist</li> <li>NP students: Nurse Practitioner</li> </ul> </li> <li>VA POC: Suzanne Carranza</li> <li>VA POC Email: <a href="mailto:suzanne.carranza@va.gov">suzanne.carranza@va.gov</a></li> <li>VA POC Phone: 8585528585</li> </ul> <p>4. Complete the following TMS online training:</p> <ul style="list-style-type: none"> <li>VHA Mandatory Training for Trainees</li> </ul> <p>5. Complete the Omnicell Access Form (if passing meds)</p> <p>6. Random Drug Testing Notification and Acknowledgement</p> <p>7. Fingerprint at VA PIV Office (Walk-In Process Only)</p> <p><u>Location:</u> VA La Jolla Medical Center, 1<sup>st</sup> Floor, Room 1508</p> <p><u>Hours:</u> 0700-1500 (M-F)</p> |  |  |            |  |  |             |  |  |                 |  |  | <p>Sign and Date the Appointment Letter and Affidavit. You <b>do not need to notarize</b> the form.</p> <p><b>TYPE</b> all items on the forms and sign as <b>Applicant and Appointee</b> (items 17a &amp; 17b) on the OF-306.</p> <p><b>***Handwritten documents will not be accepted***</b></p> <p>Contact <a href="mailto:suzanne.carranza@va.gov">suzanne.carranza@va.gov</a> to activate an existing TMS account.</p> <p>Submit the following <b>6-7 documents</b> to Nursing Education: <b>1-Trainee Processing Checklist, 2-Clinical Trainee Appointment Letter and Affidavit (Item 1), 3-OF-306 and 4-VA 10-2850d (Item 2), 5-VHA Mandatory Training for Trainees Certificate of Completion (Item 4), 6-Omicell Access Form, if passing meds (item 5), 7-Random Drug Testing Form (Item 6)</b></p> <p><b>***Handwritten documents will not be accepted***</b></p> <p><b>TYPE</b> all highlighted items on the Fingerprint Form then submit form to staff in the PIV Office along with a government issued ID at time of fingerprinting.</p> |  |  |                |  |  |                           |  |  |  |  |  |

I certify that I have received the Mandatory Training information and will comply with the contents thereof.

Trainee's Signature \_\_\_\_\_

Date \_\_\_\_\_

I certify that the trainee listed above has completed all applicable items on this list and has received a thorough orientation to the best of my ability.

Verifier's Signature \_\_\_\_\_

Date \_\_\_\_\_