



### AY20-21 Phlebotomy Trainee Processing Checklist for Nursing Service

Last Name			First Name			Middle Name			SSN (no dashes)			Date of Birth			City & State or Country 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):					

On-Boarding Process	Instructions	Student's Initials
<ol style="list-style-type: none"> <li>Complete and submit the Clinical Trainee Appointment Letter and Affidavit <b>provided by your school representative</b>.</li> <li>Search the <b>internet</b> for the following (<i>version 2011</i>) VA forms: <ul style="list-style-type: none"> <li>Declaration for Federal Employment Form (<b>OF-306</b>)</li> <li>Application for Health Professions Trainees (<b>VA 10-2850d</b>)</li> </ul> </li> <li>Complete TMS Self-Enrollment as "Health Professions Trainee" <a href="https://www.tms.va.gov/SecureAuth35/">https://www.tms.va.gov/SecureAuth35/</a> <ul style="list-style-type: none"> <li>Click "<b>Create New Non-Employee User</b>"</li> <li>Choose "<b>Veterans Health Administration (VHA)</b>"</li> <li>Choose "<b>Health Professions Trainee</b>"</li> <li>Time Zone ID: <b>Pacific Standard Time (America/Los Angeles)</b></li> <li>VA Location: Click on funnel and search for and select "<b>SDC</b>"</li> <li>Trainee Type: "<b>Associated Health</b>"</li> <li>Specialty/Discipline: <ul style="list-style-type: none"> <li><b>"Laboratory"</b></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> </li> <li>Complete the following TMS online training: <ul style="list-style-type: none"> <li>VHA Mandatory Training for Trainees</li> </ul> </li> <li>Random Drug Testing Notification and Acknowledgement</li> </ol>	<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 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-Random Drug Testing Form (Item 5)</b></p> <p><b>***Handwritten documents will not be accepted***</b></p>	
<ol style="list-style-type: none"> <li>Fingerprint at VA PIV Office (Walk-In Process Only) <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> </li> </ol>	<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 \_\_\_\_\_