



AY21-22 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"> Complete and submit the Clinical Trainee Appointment Letter and Affidavit provided by your school representative. Search the internet for the following (version 2011) VA forms: <ul style="list-style-type: none"> Declaration for Federal Employment Form (OF-306) Application for Health Professions Trainees (VA 10-2850d) Complete TMS Self-Enrollment as "Health Professions Trainee" https://www.tms.va.gov/SecureAuth35/ <ul style="list-style-type: none"> Click "Create New Non-Employee User" Choose "Veterans Health Administration (VHA)" Choose "Health Professions Trainee" Time Zone ID: Pacific Standard Time (America/Los Angeles) VA Location: Click on funnel and search for and select "SDC" Trainee Type: "Associated Health" Specialty/Discipline: <ul style="list-style-type: none"> "Laboratory" VA POC: Suzanne Carranza VA POC Email: suzanne.carranza@va.gov VA POC Phone: 8585528585 Complete the following TMS online training: <ul style="list-style-type: none"> VHA Mandatory Training for Trainees Random Drug Testing Notification and Acknowledgement 	<p>Sign and Date the Appointment Letter and Affidavit. You do not need to notarize the form.</p> <p>TYPE all items on the forms and sign as Applicant and Appointee (items 17a & 17b) on the OF-306.</p> <p>***Handwritten documents will not be accepted***</p> <p>Contact suzanne.carranza@va.gov to activate an existing TMS account.</p> <p>Submit the following 6 documents to Nursing Education: 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)</p> <p>***Handwritten documents will not be accepted***</p>	
<ol style="list-style-type: none"> Fingerprint at VA PIV Office (Walk-In Process Only) <p><u>Location:</u> VA La Jolla Medical Center, 1st Floor, Room 1508</p> <p><u>Hours:</u> 0700-1500 (M-F)</p> 	<p>TYPE 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