



AY16-17 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:	
Email:			Phone:		
Unit/Area:		Preceptor:	Clinical Day(s):	Expected Date of Graduation:	

Process	Instructions	Student's Initials
1. Complete and submit the Clinical Trainee Appointment Letter and Affidavit provided by your instructor.	Sign and Date the Appointment Letter and Affidavit. You do not need to notarize the form.	
2. Complete the following VA forms <u>found on the internet</u> : <input type="checkbox"/> Declaration for Federal Employment Form (OF-306) <input type="checkbox"/> Application for Health Professions Trainees (VA 10-2850d)	Sign as Applicant and Appointee (items 17a & 17b) on the OF-306.	
3. Complete TMS Self-Enrollment as "Health Professions Trainee" https://www.tms.va.gov/plateau/user/login.jsp <input type="checkbox"/> Click "Create New User" <input type="checkbox"/> Choose "Veterans Health Administration (VHA)" <input type="checkbox"/> Choose "Health Professions Trainee" <input type="checkbox"/> VA Location Code: SDC <input type="checkbox"/> Trainee Type: "Nursing" <input type="checkbox"/> Specialty/Discipline: <ul style="list-style-type: none"> <input type="checkbox"/> RN students: Registered Nurse <input type="checkbox"/> LVN students: Licensed Vocational Nurse <input type="checkbox"/> CNS students: Clinical Nurse Specialist <input type="checkbox"/> NP students: Nurse Practitioner <input type="checkbox"/> VA POC: Suzanne Carranza <input type="checkbox"/> VA POC Email: suzanne.carranza@va.gov <input type="checkbox"/> VA POC Phone: 8585528585	Contact suzanne.carranza@va.gov to activate an existing TMS account.	
4. Complete the following TMS online training: <input type="checkbox"/> VHA Mandatory Training for Trainees	Submit the following 5-6 documents to Nursing Education: <i>Trainee Processing Checklist, Clinical Trainee Appointment Letter and Affidavit (Item 1), OF-306 and VA 10-2850d (Item 2), "VHA Mandatory Training for Trainees" Certificate of Completion (Item 4), and Omnicell Access Form, if passing meds (item 5).</i>	
5. Complete the Omnicell Access Form (if passing meds)		
6. Fingerprint at VA PIV Office (Walk-In Process Only) <u>Location:</u> VA La Jolla Medical Center, 1 st Floor, Room 1508 <u>Hours:</u> 0700-1500 (M-F)	Provide VA Police with completed Fingerprint Form and a government issued ID at time of fingerprinting.	

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.

Instructor's Signature

Date