**INITIAL ASSOCIATED HEALTH TRAINEES APPLICATION PACKAGE CHECKLIST (AY 2020-2021)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_Optometry\_\_\_**

 **(Use Full Legal Name – NO NICKNAME)**

**Rotation Dates**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Institution**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORMS TO BE COMPLETED AND DOCUMENTS TO BE PROVIDED**:

\_\_X\_\_ TQCVL *(Completed for you by your school, copy to your file)*.

\_\_X\_\_ VA Form 0711 *(completed and returned along with your Part 1 paperwork)*

\_\_X\_\_ Fingerprint Record Request Form *(from Part 1 paperwork).*

\_\_X\_\_ Mandatory Training for Trainee **Initial** (MTT) Course & Rules of Behavior; Privacy & HIPAA Training; MTT Refresher Course *(completed and returned with your Part 1 paperwork)*

\_\_\_\_\_ VA Form 10-2850D, *Application for Health Professions Trainees*. (separate PDF)

\_\_\_\_\_ VA Form 0F-306, Declaration for Federal Employment. (separate PDF)

\_\_\_\_\_ VA Form SF-61, *Appointment Affidavits.* (separate PDF)

\_\_\_\_\_ Handout – Do’s/Don’ts PIV and Non-PIV Card Holders (separate PDF: please print, read, then sign/date at bottom to acknowledge you have read and understand)

\_\_\_\_\_ Optometry Service Information and Questionnaire (form below)

\_\_\_\_\_ Signed Statement of Non-USB Device. (form below)

\_\_\_\_\_ Signed Prohibited Website Access Statement. (form below)

\_\_\_\_\_ Personal & Emergency Contact Information Sheet. (form below)

\_\_\_\_\_ Signed Without Compensation Letter (*Appointment Letter, 1– 2 years*). (form below)

\_\_\_\_\_ CPRS Tab-by-Tab (Information and website attached)

\_\_\_\_\_ Curriculum Vitae or Resumé. (send in whatever form you wish, Word document or PDF)

**(NOTE: Please bring two (2) government issued IDs, at least one should have a photo: Driver’s License, Passport, Social Security Card or Birth Certificate – photocopies of documents CANNOT be accepted)**

*ANY FORMS REQUIRING NOTARIZATION CAN BE SUBMITTED ALREADY NOTARIZED OR NON-NOTARIZED (IF NOT NOTARIZED, PLEASE BRING ORIGINAL TO BE NOTRARIZED DURING ORIENTATION)*

**AT COMPLETION OF ROTATION – PROVIDE CERTIFICATES/PAPERWORK:**

\_\_\_\_\_\_\_\_ Clearance Sheet/Turn in ID Badge.

\_\_\_\_\_\_\_\_ Learner’s Perception Survey (*Trainee to complete at end of rotation, on-line*).

**Optometry Service**

**Optometry Extern Information & Questionnaire Sheet**

|  |
| --- |
|  |
|   Full Legal Name: |  | Preferred Name: |  |
|  College & Degree: |  |  Date of Birth: |  |
|  Social Security #: |  |  Gender: |  |
| Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address while at the VA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone : Home#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle:Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Make:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Goals for rotation (be specific)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Future plans for optometry (Residency? Plans for mode of practice, where you want to practice…) \_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Date Completed:  |  |  |
| **Comments:** |

**NON-VA USB DEVICE STATEMENT**

**VERY IMPORTANT MESSAGE – PLEASE READ & Initial one copy!**

The use of non-VA USB devices is strictly prohibited.

Failure to comply with this policy may result in the termination of your VA Medical Center appointment.

**Print Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Discipline: \_\_Optometry\_\_\_\_\_\_\_\_\_\_**

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROHIBITED WEBSITE ACCESS STATEMENT**

**VERY urgent MESSAGE – PLEASE READ & sign!**

**For Residents, medical students, interns, externs – all trainees**

1. **I understand that only CPRS may be used to track patients.**
2. **I understand that NO patient information can be loaded onto ANY website nor removed from the facility.**
3. **Specifically, use of “google.docs” and “yahoo calendar,” or similar sites for sharing information is prohibited.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(PLEASE PRINT name) Signature**

**\_\_OPTOMETRY\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Discipline DatE**

PERSONAL & EMERGENCY CONTACT

NAME:

Discipline: optometry

Home Address:

Phone numbers –

* Work number:
* Home number:
* Cell number:
* Emergency contact number -

(relation):



**W.G. (BILL) HEFNER**

**DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER**

**1601 Brenner Avenue**

**Salisbury, North Carolina 28144**

 In Reply Refer To: 659/11F

 SSN: XXX-XX-

 DOB:

 U.S. Citizen: Yes/No

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Trainee:

Welcome to the Department of Veterans Affairs at the W.G. (Bill) Hefner VA Medical Center. You will be assigned to our facility or one of the clinics under our auspices as a trainee from June 2020 – June 2022. During your period of affiliation with our facility, you are authorized to perform services as directed by your Preceptor listed on the Program Letter of Agreement for your discipline.

In accepting this assignment, you will receive no monetary compensation, and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Veterans Affairs, i.e., leave, retirement, etc.

If you agree to these conditions, please sign the statement below, and we will either hand carry or send to Human Resources Service for signature. This Agreement can be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by checking the appropriate number in the box below.

Yours truly,

BRENDA S. KATRO

Chief, Human Resources Management Service

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

|  |
| --- |
| **Veteran Status:****1-Vietnam Veteran ( )****2- Other Veteran ( )****3-Non-Veteran ( )****For this purpose, a Vietnam Veteran is one with Service between August 15, 1964 & May 7, 1975** |

**CPRS Tab-by-Tab**

**To become familiar with the VA Medical Center’s Computerized Patient Record System (CPRS) that you will be utilizing for patient care, please complete the “CPRS Tab-by-Tab” Training Course on the following website. You can access this part from home. The website to access the course is:**  <https://www.train.org/vha/course/1078082/>

**It is recommended that the course be reviewed prior to your rotation in order to prepare you for using the system.**

**The following information is contained within the various sections (27):**

**CPRS: What is it?**

* **Integrated EMR for clinicians, managers, quality assurance staff, and researchers**
	+ **Graphical User Interface released in 1997.**
* **Fast and easy-to-use system providing information through:**
	+ **clinical reminders;**
	+ **results reporting;**
	+ **expert system feedback through notifications and order checks.**