

Clinical Trainee Registration Form

Department of Veterans Affairs

CLINICAL TRAINEE REGISTRATION FORM

Response is mandatory. This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. This information will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (VistA). **This form may also be printed from the OAA website: <http://vavww.va.gov/oaa/policies.asp>**

Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

First Name	MI	Last Name	
Social Security Number		Date of Birth (MM/DD/YYYY)	
Telephone Number			
Email Address			
Street Address			
City		State	Zip

Current Degree Level: (mark only one) [This refers to the degree you are currently working toward in school]

<input type="checkbox"/> Certificate/Diploma	<input type="checkbox"/> Post-master's fellowship
<input type="checkbox"/> Associate	<input type="checkbox"/> Doctoral
<input type="checkbox"/> Baccalaureate	<input type="checkbox"/> Postdoctoral (<i>other than residents</i>)
<input type="checkbox"/> Master's	<input type="checkbox"/> Residency/Fellowship

Program of Study: (mark only one)

(Discipline that best describes the current program of study)

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|---|---|
| <input type="checkbox"/> Audiology | <input type="checkbox"/> Medical/Surgical Support (Respiratory Tech, Biomedical Tech, etc.) |
| <input type="checkbox"/> Chaplaincy | <input type="checkbox"/> Nurse Anesthetist |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Dietetics | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> Health Information | <input type="checkbox"/> Other (such as Dental Hygienist) |
| <input type="checkbox"/> Health Services Research & Development | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Imaging (Radiologic/Ultrasound Tech, etc.) | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Medical Student | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Medical Resident/Fellow | <input type="checkbox"/> Rehabilitation (OT, PT, KT, etc.) |
| <input type="checkbox"/> Medical Post-residency Physician in a VA Special Fellowship (Ambulatory Care, National Quality Scholars, Women's Health, etc.) | <input type="checkbox"/> Social Work |
| | <input type="checkbox"/> Speech-Language Pathology |

What is the LAST YEAR that you anticipate being in a training program at this VA facility?	Year:
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