Oregon Health & Science University
Graduate Medical Education

2020 Welcome Booklet

Dear Incoming House Officer,

Welcome to Oregon Health & Science University (OHSU)! We are very pleased that you will be joining our professional staff in 2020 for the next chapter in your medical education.

This booklet is full of essential information for you to begin your training program at OHSU. You will find information regarding various tasks you will need to complete before arriving at OHSU, as well as a section of resources including information on housing and relocation. Please review the checklists in each section and complete all items listed.

You should have already received an email from MedHub containing a personalized link to your GME Onboarding dashboard. All components included in the MedHub GME Onboarding dashboard are due by **Friday, 4/17/2020.**

If we can be of further assistance, or if you have any questions about the information or items in this booklet, please contact us at (503) 494-8652, gme@ohsu.edu, or visit the GME webpage at http://www.ohsu.edu/gme.

Again, welcome to OHSU!

Sincerely,

The OHSU Graduate Medical Education Team

gme@ohsu.edu

503-494-8652

School of Medicine

Office of the Dean
Mail code: L102
3181 S.W. Sam Jackson Park
Portland, Oregon 97239-3098
tel 503 494-8220
fax 503 494-3400

Office of Admissions
tel 503 494-2998

Continuing Professional Development
Mail code: L602
tel 503 494-8700
fax 503 494-0392

Development and Alumni Relations
tel 503 494-0723

Education and Student Affairs
tel 503 494-8228

Graduate Medical Education
Mail code: L579
tel 503 494-8652
fax 503 494-8513

Graduate Studies
tel 503 494-6222

PLEASE JOIN US FOR THE ANNUAL

GME WELCOME MIXER

Meet OHSU residents & fellows!

Bring the family!

Thursday, June 25th 2020

4:30-7:00pm

OHSU fountain in front of Mackenzie Hall

Popular Portland food truck, libations, non-alcoholic beverages and fun activities and games for all ages!

RSVP: gme@ohsu.edu

Sponsored by: The House Officer Association & OHSU Graduate Medical Education

OHSU

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If your program rotates at the VA you will see an additional section in your MedHub onboarding package. Please complete these items and refer to the below materials for additional information.

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GME ONBOARDING

CHECKLIST OF TASKS

The following pages include information about forms and tasks necessary to your employment and training at OHSU. The forms are all included in the Onboarding dashboard in MedHub. You should have received an email from MedHub with a personalized link to your GME Onboarding dashboard. Please use that personalized link to login to MedHub and complete all forms and tasks.

Unless otherwise noted, on forms requiring an address, please indicate your current address, even though it may be changing shortly.

Items to be completed by March 24, 2020:
- ☐ Current Contact Information Form via MedHub
- ☐ Lab Coat and Scrubs Form via MedHub
- ☐ I-9

Items to be completed by April 17, 2020:
- ☐ Incoming Information Form via MedHub
- ☐ Review and electronically sign OHSU Contract/Appointment Agreement via MedHub
- ☐ Submit OHSU background check via Advanced Reporting
- ☐ Complete drug screening via A WorkSafe Services
- ☐ Complete ReadySet account and email immunization records to Occupational Health
- ☐ Apply for Oregon medical license
- ☐ Apply for NPI number
- ☐ View online learning modules via Echo 360
- ☐ Upload passport style photo via MedHub
- ☐ Review, sign, and upload all policy forms in MedHub
- ☐ Upload copies of ACLS/BLS/PALS/NRP cards and Medical School Diploma via MedHub (if you have them)

VA Items to be completed by April 17, 2020:
If your program rotates at the VA you will see an additional section in your MedHub onboarding package. Please complete these items and refer to the below instructions for additional information

- ☐ VA Form 10-2850d, mailed to the VA
- ☐ VA Declaration for Federal Employees – OF306, mailed to the VA
- ☐ VA Self-Certification, mailed to the VA
- ☐ Photocopy of ID, mailed to the VA
- ☐ TMS Mandatory Training for Trainees
- ☐ VA Courtesy Prints

MedHub and your Onboarding Package

MedHub is OHSU's Residency Management System and is used to manage mandatory onboarding requirements prior to your hire. You will also be using this system throughout your training at OHSU for additional tasks (viewing and completing evaluations, recording work hours, etc.) You will receive more information about this at your GME Check-In Session.

You should have received an email from the MedHub system containing directions and a unique link to access your onboarding package. Log in to the onboarding package using your last name (this is not case sensitive):

To log in, please enter the following information.

YOUR LAST NAME:

Submit

Review the instructions for each task listed and complete all items in your onboarding package. You can exit the onboarding dashboard and return to finish later by using the unique link in your MedHub email. If working in a multi-question form, be sure to save your progress before exiting the window.

Some documents may be completed online directly via MedHub:

2020 Lab Coat and Scrub Form

Click "Save" to save all progress and exit the form. You can return later where you left off.

Click "Next" to save progress and continue to the next page.

Do not use your browser's "back" button.

Continue Form

Some documents may need to be processed outside of this dashboard. We have provided downloadable instructions for completing each of these items in both this booklet and the MedHub onboarding package. After following the directions and completing the item, return to the MedHub dashboard to select the "I Completed This" button:

2019 OMB Instructions

All residents and fellows must have an Oregon medical license prior to beginning training and must maintain a license throughout training.

Follow the instructions in the PDF below (also on pages 5-6 of your Welcome Booklet) to ensure you apply for the correct license with the correct licensure dates.

Your license will be mailed directly to the GME office and you will receive it at your GME check-in session.

I Completed This

Some items require a file to be uploaded:

Upload Photograph

Upload File

When an item is complete and has been submitted, you will see a green check mark:

| 2020 Current Contact Info Form (In Progress) | Revise Form | ✅ | ❌ |

Some of these forms require processing by the GME office. Once the form has been processed, you will see a second green check mark:

| 2019 Incoming Information Form | Print Form | ✅ | ✅ |

If you run into any issues or have any questions regarding MedHub or your onboarding tasks, please contact the GME office at gme@ohsu.edu or 503-494-8652.

OHSU Background Check and
Pre-Employment Drug Screening

> - **You must respond to the background check request e-mail from Advanced Reporting within 5 days of receipt.**
> - **You must complete your pre-employment drug screen within 2 days of receiving the e-mail from A Work Safe Services.**

BACKGROUND CHECK

If you have a start date in June or July, you will receive an e-mail from Advanced Reporting, OHSU's background check vendor, on approximately April 16, 2020. If you have a start date in August, you will receive an e-mail from Advanced Reporting on approximately May 14, 2020.

The e-mail will contain a secure, one-time use link. You will link to Advanced Reporting's secure portal where you will complete the authorization and disclosure and enter personal information. This enables Advanced Reporting to complete the background check. Please allow at least 15 minutes to enter your personal information for your background check. Once you begin entering your information, you must complete it within that session. Keep in mind, this link will expire in 5 days.   For technical difficulties with your background check, please contact Advanced Reporting at (888) 375-0451.

It is important to submit your information as soon as possible to ensure a quick turnaround, so that you may be cleared for work.

If you do not receive the Advanced Reporting e-mail by April 20 (for June or July start dates) or May 18 (for August start dates), please check your junk or spam folders. If it is not found, please e-mail Advanced Reporting at ohsubackgrounds@advrep.com.

PRE-EMPLOYMENT DRUG SCREENING

Your pre-employment drug screen will be coordinated by A Work Safe Service. A Work Safe will send you an e-mail that contains the name, address and phone number of the collection site where you will complete your drug screen. The e-mail will also include a bar code if you are completing your drug screen outside the state of Oregon. If you are inside the state of Oregon, you will not have a bar code. Please take a printed copy of your e-mail to the collection site. **You have 2 days upon receipt of the e-mail to go to the collection site and complete your drug screen**. If it is not found, please e-mail A Work Safe Service at tiffanyfarrior@aworksafeservice.com. If you have any address change in the process, please e-mail A Work Safe Service.

Employment shall not be finalized except upon completion of a negative drug screen result, which includes marijuana screening. Despite Oregon state law regarding marijuana use and possession, OHSU will continue to adhere to federal law and maintain a zero-tolerance policy in this regard. Test results are confidential as required by federal and state laws. OHSU pays for pre-employment drug screen testing.

Occupational Health Requirements

Dear New Trainee,

Welcome to OHSU! Occupational Health is OHSU's centralized resource for ensuring that you are able to perform your job duties safely in the workplace. Required actions **must** be completed prior to arrival at your GME Check-in Session.

Required Actions:

- ☐ **Create your ReadySet account**
  - Go to this webpage: https://OHSU.readysetsecure.com
  - Click **"Create a New Account"** and follow the instructions.
    NOTE: this will be a temporary username and password until your first day of work. On or after your GME Check-in date, you will use your OHSU network username and password to access ReadySet and other OHSU systems.
    - o Enter the Access/Org Code: **1508**
    - o Select the Program Type called **"NEW Resident"**
    - o Employee ID – enter your full date of birth in MMDDYYYY format
    - o Select the Population type of **"NEW Resident."**
  - Once your user account is created, you can exit the page.
    - o Please *ignore* the health surveys in the My Health tab.
- ☐ **Gather any available immunization documents and use them to complete this survey:**
  - https://ohsu.ca1.qualtrics.com/jfe/form/SV_8ieeEFPVzoPgaEt

What to expect at your GME Session for Occupational Health Requirements?

Occupational Health will be performing the following required services. These are OHSU requirements and will be performed on an annual basis.

- ▪ TB Test using the Quantiferon Gold (QFN – IGRA)
- ▪ N-95 Mask Fit Testing
- ▪ Standard Precaution PPE Return Demonstration

If you have any questions, please feel free to contact Occupational Health at any time. We look forward to meeting you!

Occupational Health

Marquam Hill Campus
t –503-494-5271
f –503-494-4457
e - occhealth@ohsu.edu

Oregon Medical Board (OMB) Online Medical License Application

All residents and fellows **must have an Oregon medical license prior to beginning training** and must **maintain a license throughout training.**

You may have either a **Limited License (MD/DO Postgraduate)** or an **Unlimited License (Full Permanent MD/DO License)**.

- o NOTE: If you are entering a **fellowship**, apply for either a **Postgraduate Limited License** or an **Unlimited Full Permanent License**, do **NOT apply for** the MD Fellow License.
- o NOTE: For entering fellows, some specialty boards require that you have an unlimited license to take your board exams. Please check with your specialty board to ensure you get the correct type of license.

Basic application information, eligibility requirements and other general information is available on the OMB webpage under the "Licensing" heading:
http://www.oregon.gov/omb/licensing/Pages/MD-DO-DPM.aspx

Check your Status

We recommend you check the status of your license application two weeks after submission. Go to the OMB website at http://www.oregon.gov/omb. Under License Applications choose Online Status Report (OSR) and log in using your application ID and password.

Questions

If you have any questions about the license application or your current status please call the Oregon Medical Board directly, at 971-673-2700. They are open M-F from 9 a.m. - 12 p.m. and 1 - 3 p.m. PST.

Postgraduate Limited License Instructions:

NOTE ABOUT PAYMENT: OHSU requires PGY1 trainees to have an OMB license, but the state of Oregon does not. Because this is an OHSU institutional requirement only, OHSU will pay for limited licenses for all PGY1 trainees with no prior US training. PGY2s and above, and trainees with any prior postgraduate training in the US, will have to pay for your license at the time of application. It is an Oregon state requirement for PGY2s and above to be licensed by the OMB, and therefore, OHSU does not cover that cost.

1. To apply, follow the link in your MedHub Onboarding dashboard to the Oregon Medical Board's website (www.oregon.gov/omb).
   a. New users will have to register.
   b. Save your OMB password for future use. You will need it to log back in to the system.
2. After registering on the site, select your profession → Limited Temporary License → MD/DO Postgraduate-RESIDENT (even if you are a fellow).
3. Put OHSU for your HOME, MAILING and PRACTICE address:

OHSU

3181 SW Sam Jackson Park Rd. L-579
Portland, OR 97239
   a. Since most of you will be moving, this will ensure your license certificate is mailed to OHSU. We will save a copy of your license in MedHub and provide the original to you at your GME Check-In session. You will update your home address at your GME check-in session.
4. Under "Intended Oregon Practice Location" indicate "OHSU"– in this exact abbreviated format.
5. Start and end dates for license should span 13 months:

   a. Example: If your contract start date is 7/1, license dates should be: **7/1/20 – 7/31/21**
6. Enter your Medical/Osteopathic school information.
7. Under "Postgraduate Training", click the "update" button. Include your prior training, if any, as well as the training you will be doing for academic year 2020-2021. In the training program box, indicate "OHSU".
8. Enter licensing exam information, even if scores are pending.
9. Enter specialty information. If you do not see your specialty listed, choose the closest substitute and then email the OMB (licensing@omb.oregon.gov) to give them your exact specialty information
10. Under "Licensure History" enter all health related licenses for which you have ever applied.
11. Under "Employment" list all medically related employment outside of a training program, including any moonlighting.
12. Complete all personal history questions, including explanations if needed.

    PLEASE NOTE: ADDITIONAL INFORMATION MAY BE REQUIRED. Please review the online status report often, as this is how the OMB will communicate the type of required documents if

necessary. This could lengthen your application approval time, so submit your application as early as possible for review.

13. Chronologically list all of your activities since completion of medical school that are not already listed in the "Postgraduate Training" section. This should include any gaps over one month in length.

14. Submit a photo to Licensing@omb.oregon.gov or upload directly to application portal.

    a. You will need to submit a passport-style photo taken within 90 days, directly to the Oregon Medical Board in order to complete your application. This does not have to be a professional portrait, but should have a plain background. This photo is not posted so could be a selfie.

15. In the **Required Documentation Checklist,** where you see "If you are appointed at summer start time, request your name is on the list…", you **do not need to request** to be added to the list. GME has already submitted your name to the Oregon Medical Board as a new trainee with OHSU.

16. Record your Application number and remember your password. This is your login to the OMB site.

17. Check the "Attestation/Certification Statement" box and "SUBMIT".

18. Payment:

    a. **PGY2 and above** → Pay OMB licensing fees online at the time of your application.

    b. **PGY1 ONLY** → Select "pay by mail"; GME will send payment on your behalf for your PGY1 year only. *(This refers only to those who do not have any postgraduate training in the US.)*

Unlimited Full Permanent License:

If you are interested in obtaining instructions and reviewing eligibility for an unlimited license please view the OMB website: http://www.oregon.gov/omb.

You will need to start this process as early as possible. Allow **at least twelve weeks** for completion of the unlimited license application. If you are interested in obtaining an Unlimited License effective 7/1/2020, you will need to have the application submitted to the OMB by **early April**. Be sure to track the completion of your application on the OMB's On-line Status Report (OSR) to ensure it is issued in time for your start date. As there are several factors that may lengthen the unlimited license application process, please be aware that a full license may not be issued to you by 7/1/2020. In that case, please call GME to discuss options.

If you are on a visa, or planning to have a visa, you cannot have an unlimited license or moonlight.

You will need an unlimited license if you plan on moonlighting. You may also need an unlimited license to sit for your specialty boards. Double-check with your boards to determine this. **If you are on a Visa please reach out to the GME office before applying for an unlimited license.**

National Provider Identifier (NPI)

The Centers for Medicare and Medicaid Services (CMS) requires that all care providers have a National Provider Identification (NPI) number. OHSU requires you to obtain an NPI for prescribing in our electronic medical record system, EPIC. Please apply now for your NPI and provide it to GME via your MedHub Onboarding dashboard. This will ensure your smooth transition to practice patient care at OHSU. This NPI is unique to you and will remain the same throughout your career.

> **If you do not have a US Social Security Number, you will not be able to apply for an NPI at this time. Please skip this task until you have received a US Social Security Number.**

Each provider will receive a unique NPI. It is a 10-digit number that is intelligence free, meaning it does not contain any information about the provider, such as specialty or place of practice. It does not cost anything to obtain an NPI. Since it is a permanent number, changes in practice location, license status and other demographic information about the provider need to be reported to CMS **within 30 days** of the change. If you already have an NPI number please update the practice address to OHSU once you move.

The NPI will be used in electronic medical record systems to streamline processes and reporting.

To apply online, go to: NPPES (https://nppes.cms.hhs.gov) and follow the steps to create a new account or amend existing account.

Here is a list of information you will need to complete the application:
- Select "individual" for provider type.
- Provider Name (you)
- SSN
- Provider Date of Birth
- Country of Birth
- State of Birth (if Country of Birth is U.S.)
- Provider Gender
- Sole Proprietor (please mark NO, this is for people who are self-employed)
- Mailing Address (use OHSU's mailing address, not your personal home address)
<div align="center">
OHSU
3181 SW Sam Jackson Park Road
Portland OR 97239
503-494-8211
</div>

- Practice Location Address and Phone Number (OHSU)
- Taxonomy (Student, Health Care 390200000X)
- State License Information (Not required with student taxonomy information)
- Contact Person Name (you)
- Contact Person Phone (you)
- Contact Person Email (you)

For NPI technical support contact 1-800-465-3203 or email customerservice@npienumerator.com

Online Training Modules via Echo360

The following required online training videos are directly related to your role as a clinical provider and an OHSU employee. These videos provide additional information that may not be covered at your GME Check-In session.

This requirement of your MedHub onboarding package is hosted through OHSU's media system Echo360. Please follow the below instructions to access your Echo360 account and view the required learning modules. For screenshots of the below instructions see your MedHub onboarding package.

1. Go to https://echo360.org/directLogin. Your account has already been created for you, but you will need to create a password.

2. Click on "Forgot your password?"

3. Enter email address and click "SEND EMAIL"

4. Check email inbox/junk folder entered in step 3, for an email from *donotreply@echo360.org* with subject "Echo360 password reset"

5. Click the big blue "RESET PASSWORD" button in the email body

6. Enter a new password and click "SAVE".

7. The next screen is your dashboard. Congratulations! Your account is ready to use. To view modules, click on "ALL CLASSES".

8. Click on the module title to proceed to the video. Once viewed, the green play button will turn gray. You can pause and return to the modules at any time. They can also be viewed multiple times. **All videos must be viewed by April 17, 2020.**

List of Echo360 Modules:
- ☐ Resident & Faculty Wellness Program
- ☐ Imaging at OHSU
- ☐ Hospital Lab Service
- ☐ Oregon Medical Board
- ☐ Language Services
- ☐ Medication Safety
- ☐ Sleep Deprivation
- ☐ Pain Management
- ☐ Care Management
- ☐ Descendent Affairs
- ☐ Office of Patient Relations Services
- ☐ Mission Control

Photo for OHSU ID Badge & Photo Roster

As part of your incoming paperwork you will need to upload a professional, passport-style color photo to MedHub by **April 17, 2020**.

This photo will be used for your **OHSU ID Badge** and the **House Officer Photo Roster**, so please submit a high quality image and follow the requirements below.

PHOTO REQUIREMENTS:

- Have someone other than yourself take your photo. Please, no selfies.
- Directly face the camera (head and shoulders visible)
- Take the photo indoors
- Photo must be in color
- Use a solid and light colored background
- Allowable graphic formats: JPG, GIF, PNG
- Recommended photo size: Larger than 200 x 200px and smaller than 500 x 500px
- Files must be smaller than 3MB
- Do not use flash
- Do not manipulate the image in any way

If you have any questions, contact the GME office at 503-494-8652 or gme@ohsu.edu.

GOOD EXAMPLES:

AVOID:

A non-solid background

Florescent "office" lights and not direct facing

VA ONBOARDING MATERIALS

Welcome! Congratulations on joining the Oregon Health & Science University Graduate Medical Education (OHSU GME) Program and the Portland Veterans Affairs Health Care System (VAPORHCS). We are proud of our relationship with OHSU and look forward to our educational experience with you at the VAPORHCS where our mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being.

Enclosed in this booklet you will find important information regarding your appointment to the VAPORHCS.

The GME and VA check-in appointments will be held jointly to make the best use of your time. Your check-in appointment will include taking an oath of office and signing an appointment letter*, verification of ID** and having your photo taken for the ID Badge (fingerprints should be done prior to your check in session. See Courtesy Prints Memo for instructions).
*Your signed appointment letter entitles you to coverage under the US Federal Tort Claims Act (i.e. malpractice insurance). Please note an appointment is based upon a satisfactory fingerprint criminal history report.
You must bring **TWO valid forms of identification. (See "Identity Documentation Criteria" included in this section.)

At some point after your check-in you will be contacted to pick up your VA ID badge. You will also need to attend Computerized Patient Record System (CPRS) training. Your VA Program Coordinator will be contacting you about the CPRS class. If you have any questions related to your department/service please feel free to contact them directly at **503-220-8262 extensions listed below:**

Dental Service	Earl Emery – 503-220-8262 **x55860**
Division of Hospital & Specialty Medicine	A'me Solheid – 503-220-8262 **x56245**
Emergency Department	Charles Dailey – 503-220-8262 **x55435**
Imaging Service	Resident Coordinator – 503-220-8262 **x54480**
Mental Health Division	Jill Friedman – 503-220-8262 **x59832**
Neurology Service	Resident Coordinator – 503-220-8262 **x57019**

Operative Care Division (OCD)
   *OCD includes Anesthesiology,
   Dermatology, Eye Care, and Surgery*
	Lenwit Belanger - 503-220-8262 **x57540**

Pathology & Laboratory	Elisa Romero – 503-220-8262 **x57029**
HR/Security	503-220-8262 x 57337 (HR Front Desk)

I hope the information provided here answers most of your questions, if not, please do not hesitate to contact me at 503-220-8262 x56109, or by e-mail at VHAPOR-EDUOAA@va.gov. I thank you for your interest in the Portland VA Health Care System and look forward to meeting with you.

Sincerely,

Graduate Medical Education Team
Portland VA Medical
Center

VA ONBOARDING CHECKLIST
DUE: Friday, April 17, 2020

DOCUMENTS TO BE MAILED TO THE VA
Completed, signed, and returned to VA by 4/17/20.

☐ VAMC Self Certification of Continuous Federal Service

☐ VAMC Application (10-2850d)

☐ VAMC Declaration for Federal Employment (OF 306)

☐ Photocopy of an UNEXPIRED ID with your **FULL** legal name, i.e. passport, green card, birth certificate.

ACTIVITIES TO BE COMPLETED FOR THE VA

☐ Schedule courtesy fingerprinting at your local VA and email the date of fingerprinting to VHAPOR-EDUOAA@va.gov when fingerprints have been completed. This needs to be completed before we can further process your application. *We cannot proceed with processing your application without the fingerprints appointment being completed and the date emailed to the above address.*

☐ Complete *VHA Mandatory Training for Trainees (MTT)* Online Training and email the VHAPOR-EDUOAA@va.gov when the training has been completed. This training must be completed by your fingerprint date. This training needs to be completed before we can further process your application. *We cannot proceed with processing your application without the MTT being completed.*

Mail all items to:

VAPORHCS
c/o Grad MED EDUCATION
P2EDUC
3710 SW US Veteran's Hospital Rd
Portland, OR

97239-2999

Please complete and return the following 5 items to the VA.

1. Self Certification of Continuous Federal Service*

2. Application for Health Professions Trainees – VA Form 10-2850D*

   Things to look for on the Declaration for Federal Employment – Form 10-2850D:

   a. Check 'NO' on boxes 21-23

   b. Sign in all locations where your name is required for signature. If this document is not filled out fully, you will need to resubmit the paperwork. We cannot guarantee you will be processed on time as any paperwork errors will cause significant delays in your processing.

3. Declaration for Federal Employment - Form OF306*

   Things to note on Application for Health Professions Trainees - VA Form OF306:

   a. See 306 Guide in this booklet. Follow the URL in the guide to access the fillable pdf version of the form. If the electronic form is unavailable, please print and complete the form found in this booklet.

4. Photocopy of an ID with your **FULL** legal name, i.e. passport, green card, birth certificate. A middle initial is **NOT** considered a full name.

** Please complete **fully**, sign and date all pages where required.*

Department of Veterans Affairs — APPLICATION FOR HEALTH PROFESSIONS TRAINEES

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility for appointment. Type or print in ink. If additional space is needed, please attach a separate sheet and refer to items being answered by number. Applications for clinical training programs may require additional information. All information required by the training program to which you are applying, as well as information requested on all application forms, must be included.

VA must protect the safety of our patients. Therefore, at some point in the appointment process, you will be asked questions about your physical and mental health. This includes questions as to whether you have received tuberculin testing, hepatitis B vaccinations or any other vaccinations.

1A. NAME (Last, First, Middle)	1B. OTHER NAMES USED	
2. PRESENT ADDRESS (Include ZIP Code)	3A - PRIMARY PHONE (Include area code)	
	3B - ALTERNATE PHONE (Include area code)	

4. SOCIAL SECURITY NUMBER	5A. PRIMARY EMAIL ADDRESS	5B. ALTERNATE EMAIL ADDRESS	6. DATE OF BIRTH (mm/dd/yyyy)

7A. VA TRAINING FACILITY (City, State)	7B. VA TRAINING START DATE (mm/yyyy) ☐ UNKNOWN	7C. VA TRAINING END DATE (mm/yyyy) ☐ UNKNOWN

II - U.S. MILITARY DUTY STATUS

8A. ARE YOU NOW IN U.S. MILITARY? ☐ YES *(If YES, complete 8c)* ☐ NO	8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD? ☐ YES *(If YES, complete 8c)* ☐ NO	8C. BRANCH OF SERVICE

III - CITIZENSHIP

9A. CITIZENSHIP ☐ U.S. CITIZEN BY BIRTH ☐ NATURALIZED U.S. CITIZEN ☐ NOT A U.S. CITIZEN (Complete item 9B)	9B. COUNTRY OF CITIZENSHIP

NOTE: Complete items 10A, 10B, 10C, or 10D ONLY if you are NOT a U.S. citizen.

10A. IMMIGRANT	10B. EXCHANGE VISITOR		10C. OTHER NON-IMMIGRANT		10D. FORM DS2019
"A" NUMBER	VISA TYPE	VISA NUMBER	VISA TYPE	VISA NUMBER	DO YOU HAVE A VALID DS2019? ☐ YES ☐ NO
DATE	ISSUE DATE	EXPIRATION DATE	ISSUE DATE	EXPIRATION DATE	DATE OF LAST VALIDATION (MM/DD/YYYY)

IV- THIS SECTION TO BE COMPLETED BY DESIGNATED EDUCATION OFFICER (DEO) OR DESIGNEE

11A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL).	☐ YES	☐ NO
11B. Incomplete items on the TQCVL have been addressed and resolved.	☐ YES	☐ NO

11C. Special attention has been given to the following items from the application forms.

11D. Comments:

11E. This applicant has been approved for appointment.	☐ YES	☐ NO

11F. Comments:

12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE	12B. TITLE	12C. DATE

22

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION

13A. LIST ALL LICENSES, CERTIFICATIONS,AND REGISTRATIONS, INCLUDING THE DRUG ENFORCEMENT AGENCY (DEA), THAT YOU HAVE NOW OR HAVE HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	13B. STATE ISSUING LICENSE	13C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	13D. EXPIRATION DATE (MM/DD/YYYY)

VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S)

14A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING DEA, THAT YOU HAVE EVER HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	14B. STATE ISSUING LICENSE	14C. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	14D. EXPIRATION DATE (MM/DD/YYYY)

15. ENTER YOUR NATIONAL PROVIDER IDENTIFIER (NPI)

The following two questions apply to both your current health profession and any prior health profession.

16. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE, CERTIFICATION, OR REGISTRATION TO PRACTICE (INCLUDING DEA CERTIFICATE) REVOKED, SUSPENDED, DENIED, RESTRICTED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED A LICENSE, CERTIFICATION, OR REGISTRATION IN LIEU OF FORMAL ACTION? ☐ YES - EXPLAIN IN PART XI ☐ NO

17. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR PLACED ON A PROBATIONARY STATUS, OR HAVE YOU EVER VOLUNTARILY RELINQUISHED CLINICAL PRIVILEGES IN LIEU OF FORMAL ACTION? ☐ YES - EXPLAIN IN PART XI ☐ NO

VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL (Continue in Part XI if necessary)

18A. NAME OF SCHOOL	18B. ADDRESS (City, State, and Zip Code)	18C. START DATE (MM/YY)	18D. (EXPECTED) COMPLETION DATE (MM/YY)	18E.DIPLOMA, DEGREE, OR CERTIFICATE AWARDED OR IN PROGRESS	18F. MAJOR FIELD OF STUDY

VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL

19A. ARE YOU A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL? ☐ YES ☐ NO	19B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER	19C. ECFMG CERTIFICATE DATE

IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING

20A. NAME OF HOSPITAL OR INSTITUTION	20B. ADDRESS (City, State and ZIP Code)	20C. SPECIALTY	20D. START DATE (MM/YY)	20E.(EXPECTED) COMPLETION DATE (MM/YY)	20F. NUMBER OF MONTHS COMPLETED

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LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

X - ADDITIONAL QUESTIONS

ITEM	PLACE AN 'x' IN APPROPRIATE SPACE. IF YES, EXPLAIN DETAILS IN PART XI	YES	NO
21	AS A PARTICIPANT IN THE MEDICARE AND MEDICAID PROGRAMS, HAVE YOU EVER BEEN CONVICTED OF OR INVESTIGATED FOR MAKING FALSE, FICTITIOUS, OR FRAUDULENT STATEMENTS, REPRESENTATIONS, WRITINGS, OR DOCUMENTS REGARDING THE DELIVERY OF OR PAYMENT FOR HEALTH CARE BENEFITS, ITEMS OR SERVICES THAT WOULD BE IN VIOLATION OF THE CRIMINAL FALSE CLAIMS ACT?	☐	☒
22	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL, OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART WAS ALLEGED? If yes, give details in Part XI, including name of action or proceedings, date filed, court or reviewing agency, and the status or outcome of the case concerning those allegations. Please also provide your explanation of what occurred.	☐	☒
23	AS A PROVIDER OF HEALTH CARE SERVICES, VA HAS AN OBLIGATION TO DETERMINE THAT APPLICANTS ARE PROPERLY QUALIFIED. MANY ALLEGATIONS OF MALPRACTICE ARE GROUNDLESS AND ANY CONCLUSION CONCERNING YOUR PROFESSIONAL QUALIFICATIONS WILL BE MADE ONLY AFTER A FULL EVALUATION OF THE CIRCUMSTANCES.	☐	☒

XI - REMARKS

ITEM NO.	(Include additional information requested in items above. Be sure to indicate Item number on Form to which the comment refers.)

XII - CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF,
ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

24A. SIGNATURE OF APPLICANT (sign in dark ink)	24B. DATE (mm/dd/yyyy)

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

☐ Authorize VA to make inquiries about me to current and previous employers, educational institutions, state licensing boards, professional liability insurance carriers, other professional organizations or persons, agencies, organizations, or institutions listed by me as references, and to any other sources which VA may deem appropriate or be referred by those contacted;

☐ Authorize release of such information and copies of related records and documents to VA officials;

☐ Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries;

☐ Authorize VA to disclose to such persons, employers, institutions, boards, or agencies identifying and other information about me to enable VA to make such inquiries; and

☐ Authorize VA to share any information about me with the affiliated institution or training program official.

SIGNATURE OF APPLICANT	DATE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

Public reporting burden for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering data, completing, and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. Do not send applications to this address.

AUTHORITY: The information requested on this form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected to determine your qualifications and suitability for appointment to a VA clinical training program. If you are appointed by VA, the information will be used to make pay and benefit determinations and in personnel administration processes carried out in accordance with established regulations and systems of records.

ROUTINE USES: Information on the form may be released without your prior consent outside the VA to another federal, state or local agency. It may be used to check the National Practitioner Health Integrity and Protection Data Bank (HIPDB) or the List of Excluded Individuals and Entities (LEIE) maintained by Health and Human Services (HHS), Office of Inspector General (OIG), or to verify information with state licensing boards and other professional organizations or agencies to assist VA in determining your suitability for a clinical training appointment. This information may also be used periodically to verify, evaluate, and update your clinical privileges, credentials, and licensure status, to report apparent violations of law, to provide statistical data, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may be released without your prior consent to federal agencies, state licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to state licensing boards and the National Practitioner Data Bank. Information will be stored in a confidential and secure VA database for purposes of processing your application and may be verified through a computer matching program. Information from this form may also be used to survey you regarding employment opportunities in VA and to solicit you perceptions about your clinical training experiences at VA and non-VA facilities.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Completion of this form is mandatory for consideration of your application for a clinical training position in VA; failure to provide this information may make impossible the proper application of Civil Service rules and regulations and VA personnel policies and may prevent you from obtaining employment, employee benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your Social Security Number (SSN) is mandatory to obtain the employment and benefits that you are seeking. Solicitation of the SSN is authorized under provisions of Executive Order 9397 dated November 22, 1943. The SSN is used as an identifier throughout your Federal career. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records, 'Applicants for Employment' under Title 38, U.S.C.-VA (02VA135), in the 2003 Compilation of Privacy Act Issuances. The SSN will also be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is necessary because of the large number of Federal employees and applicants with identical names and birth dates whose identities can only be distinguished by the SSN.

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Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Instructions ▬▬▬▬▬▬▬

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement ▬▬▬▬▬▬▬

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement ▬▬▬▬▬▬▬

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

    ◆

2. **SOCIAL SECURITY NUMBER**	3a. **PLACE OF BIRTH** (Include city and state or country)
◆	◆

3b. **ARE YOU A U.S. CITIZEN?**	4. **DATE OF BIRTH** (MM / DD / YYYY)
☐ YES ☐ NO (If "NO", provide country of citizenship) ◆	◆

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)	6. **PHONE NUMBERS** (Include area codes)
◆	Day ◆
◆	Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?   ☐ YES   ☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?   ☐ YES (If "YES", proceed to 8.) ☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?   ☐ YES (If "YES", provide information below) ☐ NO

    If you answered "YES," list the branch, dates, and type of discharge for all active duty.
    If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*   ☐ YES ☐ NO

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.")* If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*   ☐ YES ☐ NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*   ☐ YES ☐ NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*   ☐ YES ☐ NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*   ☐ YES ☐ NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions ▬▬▬

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* ☐ YES ☐ NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

Continuation Space / Agency Optional Questions ▬▬▬

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Certifications / Additional Questions ▬▬▬

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. **I certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith . **I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand** that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. **I consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ (Sign in ink) Date _____

17b. Appointee's Signature: _____ (Sign in ink) Date _____

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? MM / DD / YYYY DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? ☐ YES ☐ NO ☐ DO NOT KNOW

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. ☐ YES ☐ NO ☐ DO NOT KNOW

Declaration for Federal Employment - Form 306

How to guide to completing the 306 Form:

- Please click this link to fill out the 306. https://www.opm.gov/forms/pdf_fill/of0306.pdf
- Please follow along with this guide to complete this form.
- Fill out form digitally and type all answers.
- Then print the completed document and sign with an ink (pen) signature.
  - Include this signed document with your mailed VA paperwork packet.

GENERAL INFORMATION ━━━━━━━━━━

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

   ♦ _____

1. FULL NAME:
   - Provide your full name. This includes First, Middle and Last Name.
     i. Your Full Middle Name is required.
        1. If you don't have a Middle Name than you need to indicate this exact phrase "No Middle Name".
        2. If your Middle name is only a letter of the alphabet, please indicate "Initial Only. "

2. SOCIAL SECURITY NUMBER

   ♦ _____

2. Social Security Number
   - Full Social Security number is required.

3a. PLACE OF BIRTH (Include city and state or country)

   ♦ _____

3. Place of Birth
   - Must include City and State, or City and Country.

3b. ARE YOU A U.S. CITIZEN?

☐ YES   ☐ NO   (If "NO", provide country of citizenship)   ♦

3b. Are you a U.S. Citizen?
   - Mark yes or no

4. DATE OF BIRTH (MM / DD / YYYY)

   ♦ _____

Declaration for Federal Employment - Form 306

4. Full Year (i.e. 1992)

5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc)

◆

◆

5. Any names you have ever used.

6. PHONE NUMBERS (Include area codes)

Day ◆

Night ◆

6. Number you can be reached.

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES   ☐ NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System? ☐ YES (If "YES", proceed to 8.) ☐ NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

7. Be sure to select an answer. If you are a male and choose "no", describe your reason in section 16.

Military Service

8. Have you ever served in the United States military? ☐ YES (If "YES", provide information below) ☐ NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.
If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

8. Check all boxes. If yes, fill in what is asked for. Full Month, date and year in the format required. (i.e. 01/01/1992)

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9,10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of $300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law .

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? ☐ YES ☐ NO
(Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*

9. Every detail as explained in the directions needs to be provided. (date, explanation, physical address where it occurred, name and address of department involved.)

Declaration for Federal Employment - Form 306

10. Have you been convicted by a military court-martial in the past 7 years? *(If no military service, answer "NO.")* If *"YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.* ☐ YES ☐ NO

> 10. Every detail as explained in the directions needs to be provided. (date, explanation, physical address where it occurred, name and address of occurrence and name and address of military or court involved.)

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.* ☐ YES ☐ NO

> 11. Every detail as explained in the directions needs to be provided. (date, explanation of the violation, Place of occurrence listing full address, and name and full address of police department or court involved.

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.* ☐ YES ☐ NO

> 12. If yes, it is mandatory you provide the date, explanation of problem, reason and employer's full business name and address.

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.* ☐ YES ☐ NO

> 13. If yes, provide an exact description, including type, length and amount of the debt. Also include what actions you are taking to correct the situation.

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.* ☐ YES ☐ NO

> 14. If yes, it is required that you provide the name and relationship of the relative. Also include the department, agency and branch of service your relative works.

Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? ☐ YES ☐ NO

> 15. If you answer "yes" on question 15, you will need to provide what type of pay in section 16.

Continuation Space / Agency Optional Questions ▬▬▬▬▬▬

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed *(these questions are specific to your position and your agency is authorized to ask them).*

Declaration for Federal Employment - Form 306

16. If you need more room for questions 7-15 and 18c, provide in the space below or an attached sheet. If you attach additional sheets, be sure to include your name, SS number and line item number of the question you are answering.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

17. Sign and date the top line 17a.

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job?	MM / DD / YYYY DATE:
18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?	☐ YES ☐ NO ☐ DO NOT KNOW
18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.	☐ YES ☐ NO ☐ DO NOT KNOW

18. Only respond if you have been employed by the Federal Government in the past.

Department of Veterans Affairs
Health Care System
Graduate Medical Education – P2EDUC
Building 101, Room 216b
3710 SW US Veterans Hospital Road
Portland OR 97239-2964

Self-Certification of Continuous Federal Service
Please answer the following to the best of your knowledge.

☐ I **have never** worked at **any** Federal agency. (i.e. Volunteer, Medical Student @ the VA, Military, Federal
contract, etc.).

OR

☐   I **have** worked at a VA Healthcare System. Where?_____   YES   NO
   a. Has it been in the past two years   ☐   ☐
   b. I completed a background investigation (NACI)   ☐   ☐
   c. I have been previously issued a Personal Identity Verification (PIV) ID Badge   ☐   ☐

If yes: Expiration date on PIV badge _____

If yes: Based on the examples below, which badge most resembles yours?

Plain white, Green, Aqua, Red, Blue or Black _____

If you are currently rotating at another VA, please indicate the date when your last rotation ends.

Date of End of Rotation:_____
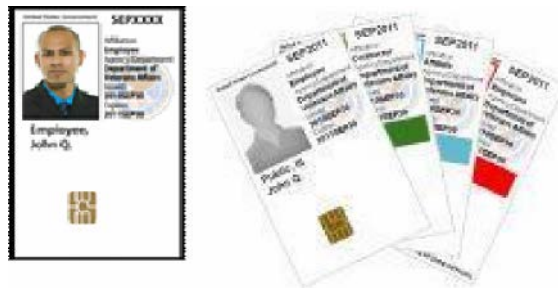
Print Name: _____   Social Security Number: _____

Signature: _____   Date Signed: _____

VA Personnel Security/HR Use Only:

Current Investigation in PIPS: _____   Date: _____

Risk level of current position: _____   Verified by: _____

Dear VA Health Professions Trainee,

VHA Mandatory Training for Trainees (MTT)

In order for you to train at the VA, you are required to complete a mandatory training program titled *VHA Mandatory Training for Trainees*. This training is available through the VA Talent Management System (TMS). TMS offers web-based training to VA employees and its partners.

The instructions are included in this Digital Welcome Booklet. Please use the TMS Training instructions handout provided to complete your TMS account creation and MTT training. If you have questions please contact your VA Resident Coordinator from the list below.

Training Program	VA Point Of Contact
Anesthesiology, including • Anesthesia critical care • Pain medicine	**First name: Lenwit Last name:** Belanger Email: **vhapor-OCDResidentCoordinator@va.gov**
Emergency Medicine	**First name:** Charles **Last name:** Dailey Email: charles.dailey@va.gov
Division of Hospital and Specialty Medicine (DHSM), including • Gerontology • Hospice and Palliative Care • Sleep Medicine	**First name:** Danae **Last name:** Grant-Holland Email: **vhapor-DHSMresidentcoordinator@va.gov**
DHSM, including • All residents from Providence Healthcare System • Internal Medicine	**First name: A'me Last name:** Solheid Email: vhapor-DHSMresidentcoordinator@va.gov
DHSM, including • All residents from Samaritan Health System • Cardiology • Critical Care • CCE (EP) • Endocrinology • Family medicine • Gastroenterology • Hematology/Oncology • Infectious Diseases • Nephrology • Preventive medicine • Pulmonary & Critical Care • Radiation oncology • Rheumatology • Transplant/Hepatology	**First name: A'me Last name:** Solheid Email: vhapor-DHSMresidentcoordinator@va.gov
Neurology, including • Neurodevelopmental • Neurophysiology • Vascular neurology	**First name:** Jill **Last name:** Friedman Email: jill.friedman@va.gov

Surgery, including • Cardiothoracic • Dermatology • General surgery • Neurosurgery • Obstetrics and gynecology • Ophthalmology	• Orthopedic surgery • Otolaryngology (ENT) • Surgical critical care • Transplant • Transplant nephrology • Urology • Vascular	**First name:** Lenwit **Last name:** Belanger Email: **vhapor-OCDResidentCoordinator@va.gov**
Pathology		**First name:** Elisa **Last name:** Romero Email: elisa.romero@va.gov
Psychiatry, including • Addiction • Geriatric • Psychosomatic		**First name:** Jill **Last name:** Friedman Email: jill.friedman@va.gov
Radiology, including • Diagnostic radiology • Interventional • Neuroradiology		Resident Coordinator Email: **vhapor-ImagingResAdmin@va.gov**

Mandatory Training for VA Health Professions Trainees (HPT)

In order to be granted access to VA resources, you must first complete all of your assigned mandatory training. Required courses are accessed via the VA Talent Management System (TMS).

To access the TMS, you must first create a TMS user profile. Once you have created a user profile, you will see the list of specific training courses and the date by which each must be completed.

In order to access the TMS, you must use one of the following browsers:

- Internet Explorer (7.0 to 11.0)
- Mozilla Firefox (3.6.x.x and above)
- Safari on Mac (6.0 and above)
- Google Chrome (23.0.x.x and above)

To ensure that the training courses operate correctly, your system must also have the following software installed and enabled:

- Flash player version 10.0.0 and above
- Adobe Reader 9.0 and above

You will be required to provide specific information about yourself as well as information related to the work you will be doing. Your VA Point of Contact should have provided you with the following information:

- The VA Location being supported.
- Your Trainee Type and Specialty/Discipline.
- The VA Point of Contact's First Name, Last Name, Email Address, and Telephone Number.

The above information is required in order to create your profile. Make sure that you have it before starting this TMS User Profile creation process.

Step-by-step instructions for creating your TMS profile and then launching and completing the required training follow.

If You Need Assistance

If you have any questions about the information to be provided or experience difficulties creating a profile or completing the mandatory training(s), contact the Enterprise Service Desk by going to the yourIT Services website or via phone at 1 (855) 673-4357.

A. Create Your TMS Profile

1. From one of the above browsers, access https://www.tms.va.gov/SecureAuth35/
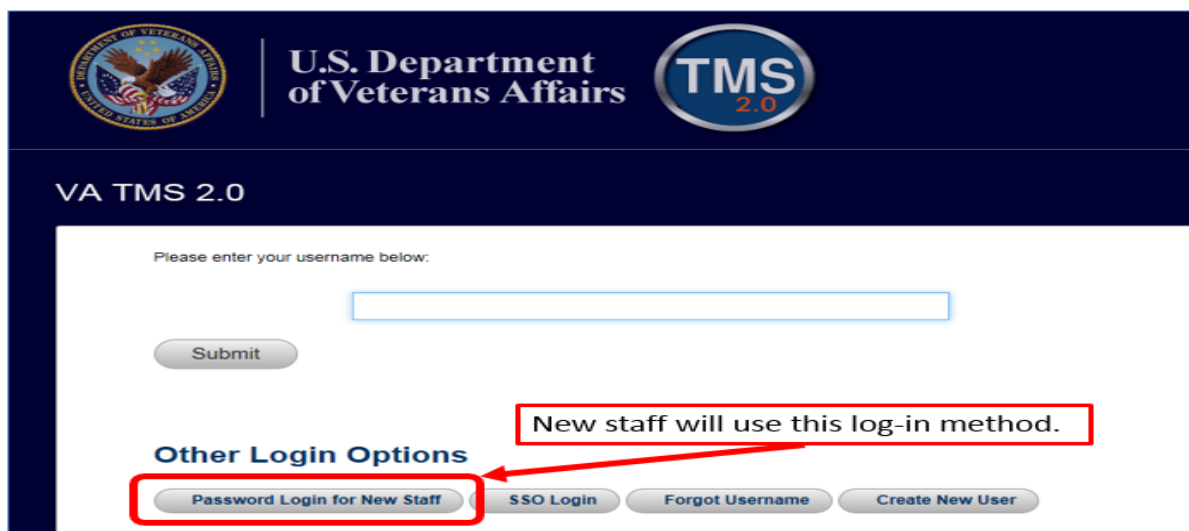
2. Select the **CREATE NEW USER** button.

Figure 1: VA TMS Login Screen with Arrow pointing to the Password Login for New Staff/Student/Residents

3. The first screen requires you to select the overall VA organization that you will be supporting.

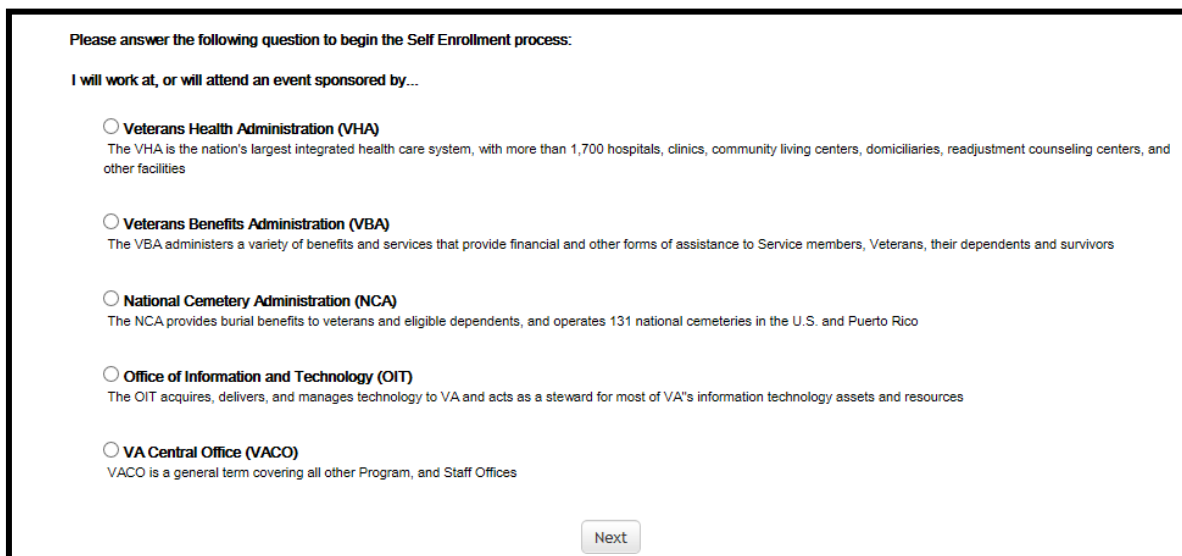   Select the **VETERANS HEALTH ADMINISTRATION (VHA)** radio button.

Figure 2: VA Organization Screen

Then select the **NEXT** button.

The next screen requires you to identify your enrollee type. If you selected the incorrect organization, select the BACK button to return to the previous screen. This is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

○ **Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)

○ **Volunteer** (Those volunteering for VA without VA compensation)

○ **WOC** (Those working for the VA without VA compensation)

○ **Clinical Contractor** (Medical professionals working for the VA on a contractual basis)

○ **Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)

○ **Veterans Service Officer** (Non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)

○ **DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)

○ **Conference Attendee** (Those attending a VA-sponsored conference)

○ **Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)

Back   Next

Figure 3: VHA Enrollee Types

4. Select the **HEALTH PROFESSIONS TRAINEE** radio button. Then select the **NEXT** button.

○ **Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)

Figure 4: Health Professions Trainee Radio Button Option

5. You must provide information related to MY ACCOUNT and MY JOB. All of the fields marked with an asterisk must be completed.

Note: The **Email Address** that you enter here will be used as your Username to log into the system. Please ensure that the email address you use is one which you will be able access.

Note: Fields marked with * are required

MY ACCOUNT INFORMATION

- The length of the password must be between 12 and 20 characters.
- The password must contain the following types of characters:
  a. English lowercase letters.
  b. English uppercase letters.
  c. Arabic numerals(0,1,2,...9).
  d. Non alphanumeric special characters (!@#$%^&"_+-={}|[]:'?,./)
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name(login ID).
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Security answer must be at least 5 characters.

* Password :

* Re-enter Password :

* SSN : (Click here to view the VA TMS Privacy Act Notice.)

(If you are foreign national and do not have an SSN please click here)

* Re-enter SSN :

* DOB (MM/DD/YYYY) :

* Legal First Name :

* Legal Last Name :

Middle Name(Optional) :

* Email Address :

* Re-enter Email Address :

* Phone Number (do not include hyphens i.e 1112223333) : ☐ Check here to enter an International Phone Number

* Time Zone ID :

Figure 5: MY ACCOUNT INFORMATION Screen

Make sure that your **Password** complies with the requirements listed on the screen and that the re-entered password is identical.

Your password must comply with all of the following:

- Length must be 12 to 20 characters
- MUST contain:
    - Lowercase letters (a through z)
    - Uppercase letters (A though Z)
    - Numerals (0 through 9)
    - Non-alphanumeric characters to include: ! @ # $ % ^ & * _ + = ? , . / ' [ ] { }
- Cannot include more than two repeated characters in a row
- Cannot include your User Name
- Cannot include your first or last names

Make sure to read the Privacy Act Notice regarding use of SSNs.

Privacy Act Notice

Authority: The Department of Veterans Affairs (VA) is authorized to collect this information under the authority of Executive Order 9397 as amended by Executive Order 13478; Title III, Section 301, Subchapter III of Public Law 107-347 (Federal Information Security Management Act of 2002); Section 7406(c)(1) of Title 38 of the U.S. Code; and Sections 4103, 4115, and 4118 of Title 5 of the U.S. Code.

Purpose: The Department of Veterans Affairs (VA) will use this information to ensure your training records are properly documented and retained into one system, the VA Talent Management System (TMS); and, accurately credited to your TMS profile to acknowledge and provide verification training requirements are met.

Routine Uses: This information will be used by and disclosed to VA personnel and contractors who need the information to assist with activities related to the training management purposes. Additionally, this information will become a part of your permanent personnel record and is included in the respective government-wide, OPM/GOVT-1 - General Personnel Records (71 FR35356) and VA-specific, 76VA05 General Personnel Records -Title 38 (65 FR 45131) electronic system of records notices (SORNs), and is subject to all published routine uses within these SORNs.

Disclosure: Furnishing this information is voluntary, including Social Security Number; however, failure to furnish the requested information may prevent you from establishing a TMS profile and delay the completion of training that would be assigned as a result of the completion of this form.

Social Security Number (SSN): Your SSN may be requested under the authority of Executive Order 9397 as amended by Executive Order 13478. The SSN is used as a unique identifier to ensure that each individual's record in the system is unique, complete and accurate and the information is properly attributed. The SSN is not used by, nor displayed in, the TMS for any other purpose.

Figure 6: TMS Privacy Act Notice

6. After completing the MY ACCOUNT INFORMATION fields, you must complete the MY JOB INFORMATION fields. As indicated earlier, you should have received this information from your VA Point of Contact. If you do not have this information, please reach out to your VA Point of Contact as you will not be able to create your TMS User Profile without it.

Figure 7: MY JOB INFORMATION Screen

7. Once all of the required fields have been completed, select the **SUBMIT** button.

8. If there were any errors identified after selecting **SUBMIT**, you must fix those and then select **SUBMIT** again. Keep making corrections until you succeed.

9. Once any errors have been corrected, you should see the **Congratulations** screen. At this point you should make note of your TMS Username (which will be the Email Address that you entered).

Figure 8: Congratulations Screen

10. After 20 minutes have passed, please return to https://www.tms.va.gov/SecureAuth35/ and enter your Username and click Submit. You will be able to send a one-time Passcode to your Email Address.
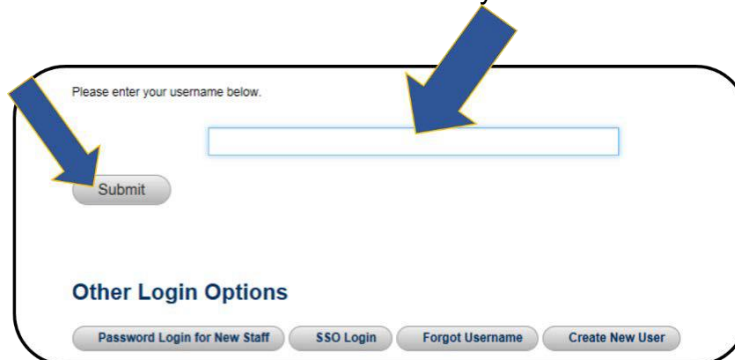

Figure 9: TMS 2.0 Login Screen

11. Once your Passcode arrives, enter it using your keyboard, or the on-screen number pad, and click Submit.
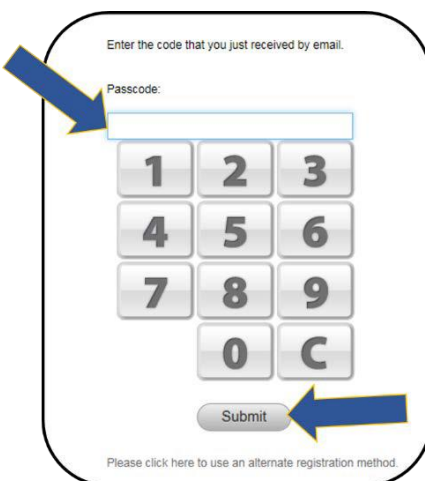

Figure 10: Enter Passcode Screen

12. You will be asked to select and provide answers to two security questions. These will be used if you need to reset your TMS password.

Set Security Questions

In order to simplify resetting your password in the future, you must select 2 security questions and provide answers for them below.
Make sure your answers are something you will remember, are at least 5 characters long, and that you type them the way you always type them as they WILL be case sensitive.

* = Required Fields
* * Question 1 — What street did you live on in third grade?
* * Response — ••••••
* * Confirm Response — ••••••

* * Question 2 — In what city or town was your first job?
* * Response — •••••••••
* * Confirm Response — •••••••••

Save

Figure 11: Set Security Questions Screen

After selecting your questions and entering your answers, select the **SAVE** button.

At this point, you have now created your TMS User Profile. Now, you must complete the mandatory training assigned to you.

TMS
Talent
Management
System
2.0

Human
Resources &
Administration

B. Launch and Complete Mandatory Training

Follow these steps to launch and complete all of your assigned training.

1. Your TMS home screen displays. It lists the mandatory training you must complete and the date by which completion must occur.

Figure 12: TMS Home Screen

As an HPT, only one course is required – *VHA Mandatory Training for Trainees*.

2. Hover your mouse over the course title listed on your TMS Home screen. Brief information pertinent to this course displays.
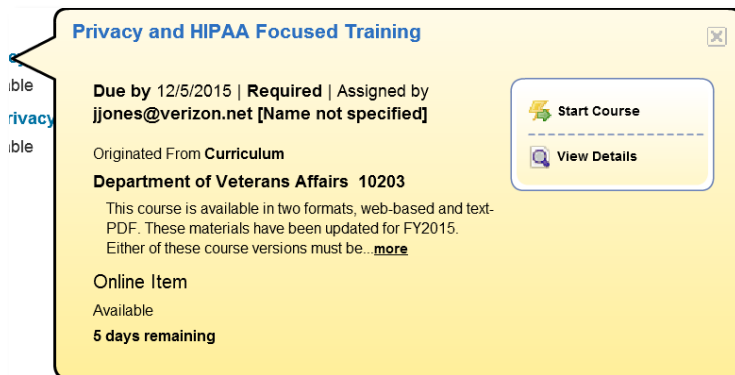

Figure 13: Course Information Pop-up on Mouse Hover

3. Select the **START COURSE** link.

   The course windows launch in another browser window. You will see the Online Content Structure screen that is immediately followed by the initial screen of the selected course

   Follow the instructions on each of the course screens to complete all modules of the mandatory training course.

4. Once a course has been completed, select the **HOME** link located at the top left of the screen to return to your TMS Home screen.
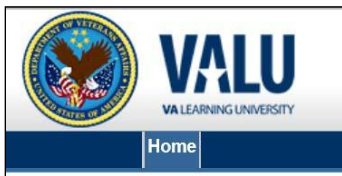

Figure 14: Snapshot of the Home Link

5. Once the mandatory training has been completed, you will see the **Learning Status Pod** display information stating that the work is completed.
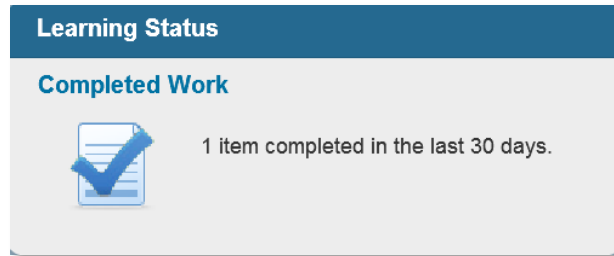

Figure 15: Learning Status Pod Example

6. While the completion of the mandatory training is recorded in the TMS, you must also print a Certificate(s) of Completion. To do this, you must select the **Learning Status Pod** to access the **Completed Work** screen.
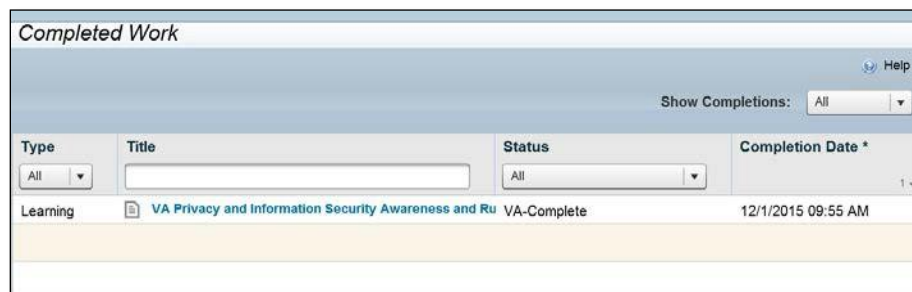

Figure 16: Completed Work Screen

The courses that you have completed and the date when they were completed display on this screen.

7. Hover the mouse over the course title for which a completion certificate is to be printed to display the Completed Course pop-up window.
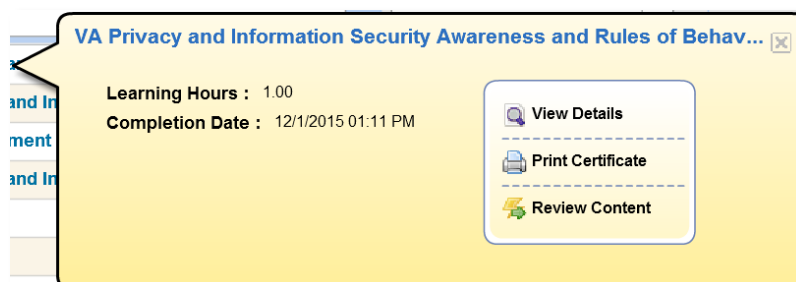

Figure 17: Completed Course Pop-Up

8. Select the **PRINT CERTIFICATE** link. A message indicating the information is being generated.

Please wait...

Report Title: Certificate of Completion

Status: Generating

Your report is being generated now, and will be delivered to your browser when it has completed as long as you do not close this page. (If you close the page, the report will be automatically cancelled.)
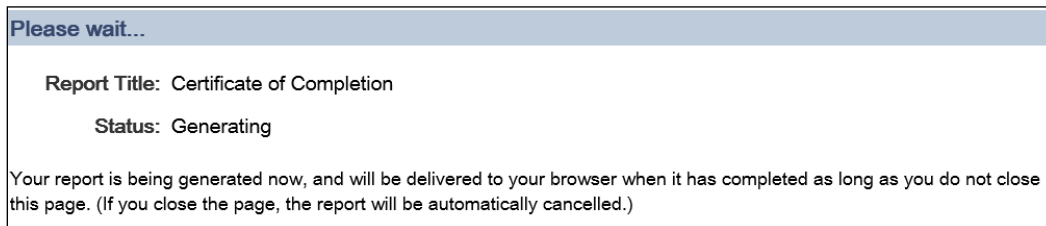
Figure 18: Generating Certificate of Completion Message Screen

Once the necessary information has been gathered, another browser window opens and displays a PDF of the Completion Certificate.
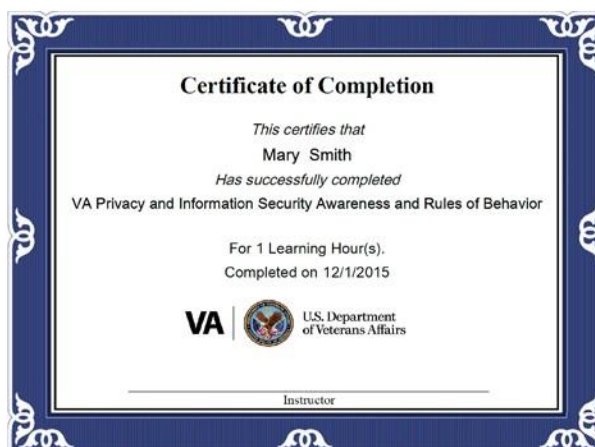
Figure 19: Certificate of Completion PDF

You may save this to your local drive and/or print the certificate to a local printer. Follow the instructions provided by your VA Point of Contact to either save it, print it, or do both.

9. Once you have printed and/or saved your certificate(s), you may log out of the TMS. Select the **SIGN OUT** link located in the upper right portion of your TMS Home screen.
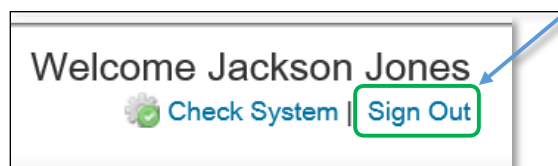

Figure 20: Snapshot of the Sign Out Link

In order to expedite your VA check in process, we are asking that you complete **"courtesy fingerprinting"** at a local VAMC close to your current location. If you do not get courtesy prints, you will be at least a 2 - 4 weeks delayed in processing by the time of your OHSU GME check-in.

☐ If you are for some reason not able to get your courtesy prints completed, please email VHAPOR-EDUOAA@va.gov or call 503-220-8262 x56109.

In order to get your courtesy prints, you will need to complete the follow steps:

☐ Go to https://va-piv.com Click on "Accept the Terms and Conditions" and then "Click Here to Create a new PIV Card Applicant Account"
- o Enter your First Name, Last Name, email address, phone number, and password
  - • Organization is VHA
  - • Type of Applicant is Affiliate
- o Click "Create Account" then "Continue" then "Make Appointment"
- o Enter your current zip code, click "Continue"
- o Select the location you would like to go to, click "Continue"
- o Select Fingerprint for the activity, click "Continue"
- o Select a date that works for you, but please no later than **May 1ˢᵗ, 2020**
- o Select a time that works for you
- o Review the appointment information, if it looks correct click "Confirm Appointment"
- o You will receive an email confirmation of your appointment
- o **Please forward your confirmation email to VHAPOR-EDUOAA@va.gov.**
- o **If you are not able to make a online appointment, then call your local VA to determine their walk in hours and office hours.**

DO NOT SCHEDULE A PHOTO APPOINTMENT – THIS WILL BE COMPLETED AT YOUR CHECK-IN SESSION IN PORTLAND, OR

☐ When you arrive for your appointment, be sure to bring two pieces of valid ID. You can refer to the List of Acceptable Documents in this booklet (**as confirmed when you made the appointment**) and the following information so that your results get routed back to VAPORHCS.

☐ To ensure that the results are sent to us here at VAPORHCS, please be sure to let your local VA know that you are there for "courtesy prints" and give them the following information or bring the Courtesy Print Memo (see next page) to your appointment:

VAPORHCS Site Organizational Number SON: 1141
VAPORHCS Site Organizational Identifier SOI: VA79
Your position is: Resident

Please note: Fellows should also use "Resident" as position name.

For Questions or if you have problems scheduling with your local VA, please contact the Portland VA Security Team at 503-220-8262 x 57337 (HR Front Desk).

APPENDIX B – IDENTITY DOCUMENTATION CRITERIA

1. The following criteria must be met by all VA employees, contractors, and affiliates prior to being issued a PIV card or Non-PIV Card.

2. FIPS 201-1, Section 2.2 states the applicant shall be required to provide two original forms of identity source documents. The identity source documents are taken from the list of acceptable documents included in *Form I-9, OMB No. 1615-0407, Employment Eligibility Verification*, dated August 7, 2009. At least one document shall be a valid State or Federal government-issued picture identification (ID).

3. Identity Document Criteria

    a.   The Registrar must examine each identity source document provided by the Applicant.

    b.   All identity source documents must be unexpired

    c.   Any document that appears invalid (e.g., absence of security hologram, or other known security features, on a State issued driver's license; absence of security features on a birth certificate or passport; smeared ink; missing information; etc.) is to be rejected by the Registrar and reported to the Office of Security and Law Enforcement (OSLE) for review.

    d.   Handwritten or photocopied documents are not acceptable.

4. Acceptable Identity Documents. Two forms of identification are required from Table 1: Acceptable Identity Documents. The following combinations are accepted:

    a.   Two forms of identification from Column A (Government Issued Photo ID);

    b.   One form of identification from Column A and one form from Column B (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government); or

    c.   For persons under the age of 18 who are unable to present a document from Column A, the following documents are acceptable:

    (1)   School record or report card or

    (2)   Clinic, doctor, or hospital record.

5. Applicant Names

    a.   The name of the Applicant in the card request must match the name exactly as printed on at least one of the identity source documents. The names on the identity source documents must match using the examples in Table 2: Acceptable Name Mismatches and Table 3: Not Acceptable Name Mismatches.

b.   Applicants with multiple last names may use the guidance for middle names in Table 2: Acceptable Name Mismatches.

c.   An ID issued before a legal name change (e.g. birth certificate or driver's license) can be presented as one form of ID if a legal document (e.g. marriage certificate/license or a court order) is also presented linking the previous name to the current legal name. The linking document has to display both the former and current legal names. Both documents must be valid and not expired. For example, a married woman may use both a certified copy of her birth certificate displaying her maiden name and a driver's license displaying her married name as the 2 forms of ID compliant with PIV Guidelines as long as she provides a marriage license displaying both her maiden name and married name.

Table 1. Acceptable Identity Documents

COLUMN A Government Issued Photo ID	COLUMN B Non-Picture ID and or Acceptable Picture ID not issued by Federal or State Government
• U.S. Passport or U.S. Passport Card • Permanent Resident Card or Alien Registration Receipt Card (Form I-551) • Foreign passport that contains a temporary I-551 stamp • Employment Authorization Document that contains a photograph (Form I-766) • Foreign passport with Form I-94 or Form I-94A • Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A • Driver's license or State issued ID card • Federal, state, or local government issued ID card • U.S. Military card • Military dependent's ID card • U.S. Coast Guard Merchant Mariner Card	• Social Security Card • Original or certified Birth Certificate • Certification of Birth Abroad Issued by the Department of State (Form FS-545) • Certification of Report of Birth issued by the Department of State (Form DS-1350) • Voter's Registration Card • Native American Tribal Document • U.S. Citizen ID Card (Form I-197) • Identification Card for Use of Resident Citizen in the United States (Form I-179) • Employment Authorization document issued by the Department of Homeland Security • Canadian Driver's License
For persons under age 18 who are unable to present a document listed above:	
• School record or report card • Clinic, doctor, or hospital record	

Table 2. Acceptable Name Mismatches

Name	Acceptable Mismatches	
	First Name Source Shows	Second Name Source Shows
First	Single first name Example: "Mary" (with "L." given as middle initial)	First name as two words Example: "Mary Lou"
Middle	Single letter as middle initial Example: "L."	Middle name spelled out, first letter of the name matches the single letter Example: "Lawrence"
	Compressed middle name Example: "Heewan"	Properly-formed expansion of middle name Example: Hee-Wan
Last	Last name given in hyphenated form Example: "Smith-Jones"	Last name given in non-hyphenated form Example: "Smith Jones"

Table 3. Not Acceptable Name Mismatches

Not Acceptable Mismatches	First Name Source Shows	Second Name Source Shows
Apparent typo or transposition of letters in the name	"John" "Smyth"	"John" "Smith"
Mismatch between given name and an alias or nickname	"Jim"	"James"
First and middle names swapped	"Eldon S. Smith"	"Scott Smith"
Mismatch of suffix	"Tom Smith Jr."	"Tom Smith"

GME CHECK-IN SESSION

GME Check-In Session

The GME Check-in session is our opportunity to meet and provide you with details about payroll, benefits, parking, and other information you will need before beginning your education at OHSU. You will also complete a variety of necessary new-hire tasks.

Your program coordinator will contact you regarding your check-in session date and other orientation activities. Attendance is mandatory.

The check-in appointments will start at 8:00 a.m. and end around 5:00 p.m. If your session is on June 15th it will be located in the Robertson Life Sciences Building (RLSB). If your session is in July or August it will be located in the BICC/Library building. Directions and parking options will be sent to you via email closer to your check-in date.

We will review your benefits in detail and help you sign up for them during your GME check-in. Please familiarize yourself with the options for benefits by using the information in this welcome book and the benefits guide prior to your check-in session.

Please bring the following items with you to your GME Check-in:

- **YOU MUST BRING TWO FORMS OF ACCEPTABLE UNEXPIRED IDENTIFICATION**
  - You will not be hired and will be turned away from your GME Check-in session if you do not have two forms of ID in your legal name.
  - Examples of acceptable ID include:
    - **BOTH Passport AND US Driver's License**
    - **BOTH US Driver's License AND Social Security Card**
  - Please refer to I-9 instructions on in this section for more information and other examples of acceptable ID.
  - If rotating at the VA, see VA Section for identity documentation criteria and a list of acceptable ID for the VA.
- Laptop and charger
- A pair of headphones for use with online training modules
- License plate number, car make and model to sign up for parking
- Blank, voided check or account and routing number to sign up for direct deposit

Check-In Session Activities:

- GME Presentation & Orientation
- Activate OHSU network login
- New hire paperwork (bring two forms of ID)
- Occupational Health requirements
- Obtain OHSU ID Badge
- Obtain OHSU pager
- Sign up for payroll direct deposit
- Sign up for parking
- Online training modules (bring laptop, charger, and headphones)
- Sign up for benefits
- Participate in interactive tables with additional information on OHSU offerings! For example: Resident and Faculty Wellness program, House Officers Association and the OHSU Library.
- If you rotate to the VA you will:
  - Take an oath of appointment
  - Get your fingerprints verified
  - Have your VA ID Badge photo taken

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization

1. U.S. Passport or U.S. Passport Card
 	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
 	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
 	
4. Employment Authorization Document that contains a photograph (Form I-766)
 	
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:
  a. Foreign passport; and
  b. Form I-94 or Form I-94A that has the following:
    (1) The same name as the passport; and
    (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
 	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI
	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
		
		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
		
		3. School ID card with a photograph
		
		4. Voter's registration card
		
		5. U.S. Military card or draft record
		
		6. Military dependent's ID card
		
		7. U.S. Coast Guard Merchant Mariner Card
		
		8. Native American tribal document
		
		9. Driver's license issued by a Canadian government authority
		
		For persons under age 18 who are unable to present a document listed above:
		
		10. School record or report card
		
		11. Clinic, doctor, or hospital record
		
		12. Day-care or nursery school record
			AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions:
				  (1) NOT VALID FOR EMPLOYMENT
				  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
				  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
				
				2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
				
				3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
				
				4. Native American tribal document
				
				5. U.S. Citizen ID Card (Form I-197)
				
				6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
				
				7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

RESOURCES

Benefits

You will have default benefits on the first day that you are physically working at OHSU – effective your GME Check-in session. **The default benefit plans cover only you with the OHSU PPO, Moda Dental and $25,000 core life insurance.** At the time of your GME check-in, you will have the option to change your benefit plans (see choices below for medical, dental, and vision plans) and add family members. If you add family members to your coverage, your family members' coverage will begin retroactive to your effective date of hire (your check-in date). **Any changes you make to your benefits during your check-in session will take effect immediately.**

You will have the option to add family members, change your medical, dental, and vision policies, add accidental death & dismemberment coverage, increase your voluntary life insurance, and sign-up for short and long-term disability insurance, flex spending accounts, as well as hospital indemnity and critical illness insurance. Detailed benefit information can be found under the **Resident & Fellows →
Employment & Benefits** section of the GME webpage
(http://www.ohsu.edu/xd/education/schools/school-of-medicine/gme-cme/gme/) and at your GME check-in. **Please review the options and be ready to make your selections at your GME check-in.**

OHSU provides benefits-eligible employees with "benefit dollars" to apply toward the cost of benefits. If your benefit dollars do not cover the complete cost of all the benefits you choose, you will pay the difference. The difference will be deducted from your pay semi-monthly with each paycheck.

BENEFIT DOLLARS FOR 2020

Employee Only	$669.08
Employee & spouse/domestic partner	$1183.48
Employee & child(ren)	$1083.02
Employee & family	$1675.06

MEDICAL, DENTAL, AND VISION COSTS FOR 2020

MONTHLY PREMIUMS	EMPLOYEE ONLY	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
MEDICAL				
OHSU PPO	$619.00	$1237.00	$1113.00	$1731.00
OHSU EPO	$557.00	$1113.00	$1002.00	$1558.00
High Deductible with HSA	$580.00	$1159.00	$1052.00	$1589.00
Regional Medical Home	$782.00	$1563.00	$1407.00	$2189.00
DENTAL				
Delta Dental	$43.72	$95.15	$106.25	$154.02
Kaiser Permanente	$96.36	$192.74	$173.46	$289.10
Willamette Dental	$53.85	$110.20	$99.95	$171.25
VISION				
Core	$6.36	$12.72	$11.46	$18.45
Premium	$13.28	$26.84	$24.16	$38.92

OHSU Transportation and Parking Options for Residents

More information about parking and other transportation options can be found on the Transportation and Parking website at http://www.ohsu.edu/commute

Parking Option Details:
Parking at OHSU's Central Campus facilities (Marquam Hill and South Waterfront) is available for residents and fellows by purchasing online www.ohsu.edu/parking using one of the following three options:

> Annual 2 Diamond Marquam Hill or Annual South Waterfront Schnitzer Permit: You will pay for the cost of the parking permit through a pre-tax payroll deduction.

> Monthly or Quarterly 2 Diamond Marquam Hill or Monthly or Quarterly South Waterfront Schnitzer Parking Permit: You may select 1- 3 months and pay with credit card.

> Daily Passes: You may purchase day passes online or at pay stations located in Lot 40 on Marquam Hill and the Schnitzer lot at the South Waterfront.

Other Transportation Option Details:
MyCommute: Register on MyCommute to access a variety of tools.
- Log your commute daily to earn cash and win incentives for various commute methods
- Match for a carpool
- Track OHSU shuttles
- Purchase daily parking permits for select lots via payroll deduction

Biking: www.ohsu.edu/bike
The OHSU Bike Program offers facilities, resources, cash-for-biking, bike share and trip tracking. At South Waterfront, our partner, Go by Bike (www.gobybikepdx.com), offers free bike valet, free loaner bikes, and professional repair for a reasonable fee. The Student Center on Marquam Hill has a self-repair station, lockers, and showers.

Portland Aerial Tram: www.gobytram.com
The Tram is free with your OHSU ID Badge. The ride is approximately 5 minutes from the lower terminal at South Waterfront to Marquam Hill (Kohler Pavilion).

OHSU Shuttle: www.ohsu.edu/parking/shuttle.pdf
Marquam Hill Shuttle travels downtown every 30 minutes 7am – 5 pm, Monday through Friday.

Portland Streetcar: www.portlandstreetcar.org
The Streetcar system is free with your OHSU ID Badge. The NS Line connects NW Portland, Downtown Portland, and South Waterfront. The A & B lines connect to the Central Eastside, Lloyd and Rose Quarter district. You can plan your trip via TriMet.org or TriMet apps.

Transit: www.ohsu.edu/transit
There are two mass transit options that serve Marquam Hill; Portland regional transit: TriMet (www.trimet.org) and Vancouver transit: C-Tran (www.c-tran.com). Passes are available at a 70-90% discount and can be purchased at the Customer Service Center in the Physical Plant Building.

Dynamic Carpools: https://o2.ohsu.edu/scoop
Get paid to drive a peer to work or pay a small fee to catch a ride with a peer. Scoop coordinates day to day carpools based on location and shift.

Lyft Off: a commuter program that provides subsidized Lyft rides to employee traveling at off-peak hours between 7pm and 5am to or from Marquam Hill or South Waterfront. Visit our Lyft Off (https://o2.ohsu.edu/transportation-and-parking/lyft-off-peak.cfm) page to learn more.

If you have any questions, please visit the Transportation and Parking website at http://www.ohsu.edu/commute or contact Graduation Medical Education at 503-494-8652.

OHSU Resources

House Officers' Association
The House Officers' Association (HOA) was formed to foster communication between house officers (residents/fellows) and administration at OHSU and the Portland VA. The association also provides a means by which house officers can actively participate in the formation and change of policy that affects patient care, as well as quality of benefits provided to house officers.

House Officers' Diversity Committee
The House Officers' Diversity Committee (HODC) is an organization that seeks to advance the agenda of diversity in support of OHSU's Vision 2020 for diversity and inclusion. The HODC is a part of the larger House Officers' Association and is committed to the development of leadership roles for house officers and further shaping OHSU's commitment to providing a nurturing professional environment.

House Officers' Quality & Safety Committee
The purpose of the House Officers' Quality & Safety Committee (HQSC) is to engage Housestaff to identify, develop, and promote institutional improvement initiatives to achieve the quadruple aim (higher quality, lower cost, more patient, and care team satisfaction). This is a council of, by, and for house officers and we value an inter-professional and multidisciplinary approach to improvement as well as in our clinical care.

Center for Diversity and Inclusion (www.ohsu.edu/cdi)
The Center for Diversity & Inclusion (CDI) leads and supports the university-wide initiatives to create an environment of respect and inclusion for all people.

Employee Resource Groups (www.ohsu.edu/erg)
ERGs are OHSU-sponsored and employee-managed groups comprised of people from underrepresented backgrounds or those who share a similar interest, and include their allies. ERGs offer opportunities for employees to learn about and better appreciate others whose backgrounds may be different from their own, and whose goals and policies align with OHSU's diversity goals.

Resident and Faculty Wellness Program (www.ohsu.edu/rfwp)
The Resident and Faculty Wellness Program seeks to provide an array of services to increase clinician wellness and reduce burnout and distress, thereby facilitating a strong and thriving workforce. Our clinical focus is on intervening early, supporting distressed physicians and finding the necessary resources to build sustainable medical practices and rewarding personal lives.

OHSU RESIDENT & FACULTY WELLNESS PROGRAM

Sydney Ey, Ph.D., Anna Anderson, P.M.H.N.P., Marie Soller, M.D. Marina Valdez, Ph.D., Mary Moffit, Ph.D.

Many medical professionals struggle to manage the unique demands of working in the current health care environment. Sometimes, we can be resilient in the face of severe stress, but at other times we can become overwhelmed and may benefit from professional coaching, counseling and treatment. OHSU, Providence, and Legacy residents, fellows, and OHSU School of Medicine faculty receive <u>free and confidential</u> services in a private location at OHSU

We are here to help you address any concerns - personal or professional. You do not need to be in crisis, you may just want to talk or consult with us. You can schedule directly with a clinician by email (see below). **We are available from 8 am to 6 pm: Mon –Thurs, Fri 9-5**

Free and Confidential

No Epic medical record is created and no insurance is billed. No information is shared with others without your consent unless there is a risk of danger to self or others. You do not have to report meeting with a professional when you apply for or renew your medical license:

Impairment is reportable, treatment is not reportable.

If your need is urgent, we are available by pager 7 days a week from 9am – 6pm. Please call 503-494-9000, pager 1-0975. After hours, if your need is urgent, call 911 or the Multnomah Crisis Hotline 503-988-4888; OHSU EAP: 800 433-2320; or go to Unity Psychiatric Hospital 503 944-8000, or to the nearest emergency room.

To Schedule a Meeting: Contact any member of our team via email (or pager if urgent):

Sydney Ey Ph.D.	**Anna Anderson, P.M.H.N.P.**	**Marie Soller, M.D.**	**Marina Valdez, Ph.D.**	**Mary Moffit, Ph.D.**
eys@ohsu.edu	andeanna@ohsu.edu	soller@ohsu.edu	valdezm@ohsu.edu	moffitm@ohsu.edu
Pager: 1-2191	Pager: 1-1067	Pager: 1-0676	Pager: 1-4234	Pager: 1-2047

OHSU Bilingual Proficiency Screening Program

OHSU is proud to have many of their clinical and non-clinical staff who are proficient in English and a second language. This great diversity is what makes OHSU stand out among its peers.

If you are interested in taking the exam, please fill out the Bilingual Proficiency Screening Application and email to bilingualscreening@ohsu.edu, or fax to 503-494-1426. Language Services follow up with you accordingly.

The OHSU Bilingual Proficiency Screening Program is eligible for all employees of OHSU and is coordinated and paid for by the Language Services department. The Language Services department will pay for one screening per individual per fiscal year.

The State of Oregon requires that healthcare providers providing direct patient care take the bilingual proficiency screening to ensure fluency if choosing to provide care in a language other than English.

Bilingual Screening
To ensure neutrality, OHSU has contracted with a third party to provide the bilingual proficiency screening. The test takes approximately 45 minutes and is administered over the phone, so it can be completed before you arrive at OHSU. The test that you will be taking is:

- Clinician Cultural and Linguistic Assessment: designed to assess physicians' ability to communicate with their patients in a language other than English in a primary care medical setting.

Note All individuals using a language other than English while conducting patient care MUST pass the bilingual proficiency exam by obtaining a competency level of proficient or superior proficiency in each category. If the applicant has not obtained this level of fluency, they CANNOT use a language other than English while providing patient care. The applicant MUST contact Language Services to provide a professional interpreter for patient encounters.

In addition, all applicants who pass each category at 80% or higher, may provide direct care in the second language but MAY NOT function in the role of an interpreter between the patient and another staff member. This screening is good for five (5) years after passing.

Housing Information

OHSU Off-Campus Housing list
A free online posting board for off-campus OHSU housing listings. housing@ohsu.edu

Portland Neighborhood Guide (www.portlandneighborhood.com)
Online Resource about Portland neighborhoods and moving to Portland.

Portland Housing Center (https://portlandhousingcenter.org)
Home buying counseling and financing.

Craigslist Portland (https://portland.craigslist.org/)
Offers local apartment listings.

Hot Pads (www.hotpads.com)
HotPads is a map-based apartment and home rental search engine.

Pad Mapper (www.padmapper.com)
Apartment rental search engine within a Google map.

ApartmentList (www.apartmentlist.com/or/portland)
A free site of listings in the Portland metro area.

Moving to Portland (www.movingtoportland.net)
Portland neighborhoods, schools, housing market, rentals, outdoors, and weather.

Regional Multiple Listing Service (www.rmls.com)
RMLS.com is a searchable database of real estate information.

The Oregonian Oregon Live Real Estate (realestate.oregonlive.com)
Portland's local newspaper, lists new homes, rentals, foreclosure and homes for sale.

Windermere Real Estate (www.windermere.com)
Real Estate and Homes for Sale in Portland.

Remax Equity Group (www.equitygroup.com)
Find RE/MAX agents or offices, and learn about real estate, mortgages and moving assistance.

Community Resources

Travel Portland (www.travelportland.com)
Offers an extensive list of information regarding the Portland area, including statistics, attractions, resources, and relocation information.

TriMet (www.trimet.org)
Public transportation in the Portland metropolitan area.

Oregon Department of Motor Vehicles (www.oregon.gov/ODOT/DMV/)
Information regarding obtaining an Oregon driver's license, vehicle registration, and other related information.

Portland Parks and Recreation (www.portlandoregon.gov/parks)
Recreational activities and community centers in Portland.

Portland Monthly Magazine (www.pdxmonthly.com)
General interest magazine covering the arts, fashion, entertainment, and dining in Portland.

Willamette Week (www.wweek.com/homepage)
Weekly newspaper including local news, culture, music, movies, restaurants, and live performances.

Portland Mercury (www.portlandmercury.com)
Weekly newspaper features entertainment and local political news; concert listings and humor.

PDX Pipeline (www.pdxpipeline.com)
Lists local events in Portland, providing a monthly event calendar and a weekly newsletter with dozens of local weekend events, specials, news, and free tickets.

Portland Farmers Market (www.portlandfarmersmarket.org)
Information on seven local farmers markets.

The City Of Portland Online (www.portlandoregon.gov)
Website for City of Portland including information on the city's political system, government, current laws, and issues of debate.

Powell's Books (www.powells.com)
Powell's Books is the largest independent used and new bookstore in the world, and is located in Portland's Pearl District.

Child Care & Education Resources

Child Care Resource and Referral of Multnomah County (CCR-MC) (www.ccrr-mc.org)
CCR&R-MC is the non-profit, state designated resources and referral agency serving the diverse community of Multnomah County. The CCR&R-MC is a part of Child Development and Family Support Programs department of Mt. Hood Community College. The CCR&R-MC serves as the link between providers and families seeking quality child care, offering services to parents, providers, and the community.

ChildCare Aware of Washington State (https://childcareawarewa.org/)
Child Care Aware of Washington serves as a community resource for child care throughout the state.

Central Coordination of Child Care Resource and Referral (www.oregonccrr.com/child-care)
Provides families with child care referrals and resources in all counties in Oregon.

Healthy Starts Children's Center at OHSU (www.cclc.com/our-centers/portland/or/081010/)
OHSU employees and students are eligible for priority enrollment and discounted tuition rates at Healthy Starts Children's Center, located at the South Waterfront, next to OHSU's Center for Health & Healing.

Portland Public Schools (www.pps.k12.or.us)
Portland Public Schools contains a directory of Portland's school districts, as well as links to school websites.

Beaverton Public Schools (www.beaverton.k12.or.us)
Beaverton School District webpage contains information for the Beaverton School District.

Clackamas County School Districts (www.clackesd.org)
Information about Clackamas Education Service District.

Washington State Public Schools (www.k12.wa.us)
Washington Public Schools contains a directory of Washington's school districts, as well as links to school websites.

Student Loan Information

Please take the time to read through the following four pages of information designed to help you better understand some of the options you have during residency to manage your loans and loan repayment.

It is extremely important that you understand your financial obligations as you transition into residency. A loan can be considered delinquent if a payment is not received when due. Some loan servicers can even go so far as to mark an account as delinquent if a payment is 1 day late.

If you have loans from your undergraduate studies, those loans may go into repayment as early as July if you already used up their allowed grace period.

Keep in mind that you have several repayment and forbearance options available to you during your time as a resident. If you have any questions please contact the GME office.

Know where your loans are and your repayment timeline

It goes without saying that you need to know where your loans are located. Do you have private loans from a private lender such as a bank? Did you take out any sort of proprietary institutional loan from your former institution? Do you have any undergraduate and/or graduate federal loans?

Where to find the information:

#1 – NSLDS: http://www.nslds.ed.gov/nslds_SA/

This is the central location for all of your <u>federal</u> loan information. If you have any question of who is servicing your loans, then this is where you would look to find that information.

When visiting this page,

- Create an FSA ID
  - You will need an FSA ID to sign up for repayment later.
- Enter in the information on the login screen and log in.

Once in the site you will see your name in the top left hand corner of your screen.

Then you will see a link

Click this link to download a text file that can be imported into the AAMC MedLoans® Calculator (described later).

Loans

Please click on number in first column to see details

	Type of Loan	Loan Amount	Loan Date	Disbursed Amount	Canceled Amount	Outstanding Principal	Outstanding Interest
1	DIRECT STAFFORD SUBSIDIZED						
2	STAFFORD UNSUBSIDIZED						
3	DIRECT CONSOLIDATED UNSUBSIDIZED						
4	DIRECT CONSOLIDATED SUBSIDIZED						
5	DIRECT STAFFORD UNSUBSIDIZED						
6	DIRECT STAFFORD UNSUBSIDIZED						
7	DIRECT STAFFORD SUBSIDIZED						
8	DIRECT STAFFORD SUBSIDIZED						
9	DIRECT STAFFORD UNSUBSIDIZED						
10	DIRECT STAFFORD UNSUBSIDIZED						
	Total DIRECT STAFFORD SUBSIDIZED					$0	$0
	Total STAFFORD UNSUBSIDIZED					$0	$0
	Total DIRECT CONSOLIDATED UNSUBSIDIZED					$0	$0
	Total DIRECT CONSOLIDATED SUBSIDIZED					$0	$0
	Total DIRECT STAFFORD UNSUBSIDIZED					$0	$0
	Total All Loans					$0	$0

These boxes list out your balances as of the end of the previous month.

This section describes the types of loans you have

Click on the corresponding numbers to find out the details of your loans.

Interest rates, servicer, and servicer contact information

This lists out your total principal and interest balance for all applicable federal loans

NSLDS will not display information on private loans or loans that you received directly from your institution.

#2 – StudentLoans.gov: https://studentloans.gov/myDirectLoan/index.action

This is where you would go when deciding which repayment option to choose, complete your exit counseling (you may have received an email from your previous institution), or apply for a consolidation loan.

You must have an FSA ID to log into this site.

#3 – FIRST MedLoans® Organizer & Calculator: https://services.aamc.org/30/first/home/organizer

This is a free resource for members if you are interested in looking at various repayment scenarios. You are able to either upload a txt. file from NSLDS (referenced above), or manually input your loan information into the calculator and see what repayment might look like for you.

Your loan servicer(s) will have the most accurate data, but this will allow for you to get an idea of how things might look over the course of your residency and beyond.

#4 – Annual Credit Report.com: https://www.annualcreditreport.com/index.action

This website allows you to view your credit report (not score) three times a year for free. If you have a private loan, then it should show up on your credit report. If you have a loan through your institution, then it would depend on if they have reported the account of not.

Once you have determined where your loans are located, you can now start the process of contacting your various loan servicers and lenders and inquiring exactly when your repayment is to begin, your options for delaying payment, and/or how to set up an income driven repayment plan.

Understand Your Options

After you understand what your balances are, who your loan servicer(s) is, and your timeline for repayment, you need to determine if you are going to pay your loans, or enter into forbearance.

FEDERAL LOANS:

If you do not choose to enter into an income driven repayment plan, your loans will automatically enter into the Standard 10 year payment plan.

This is the biggest monthly payment that will be required from you by a servicer.

Note: If you are considering setting up auto payments on your loans, please wait until you know exactly how much they will be withdrawing from your bank on a monthly basis. It is entirely possible that a servicer could pull your 'full' payment before your forbearance or income driven repayment request has been accepted and approved.

Income Driven Repayment

There are numerous income **_driven_** (not to be confused with income **_based_**) repayment options available to borrowers of federal loans. These options include:
- Pay As You Earn
- Revised Expanded Pay As You Earn
- Income Based Repayment 1
- Income Based Repayment 2
- Income Contingent Repayment

The federal repayment website will explain each option in detail.

The GME Office cannot comment on which repayment program to choose.

EXAMPLE TIMELINE
June
- Gather information on all loans while you still have time.
- Loans without any remaining grace period will enter into repayment at this time. You can request that these loans be placed on forbearance until you know what your long term repayment plan is*.*

July – September
- Deduct your expected loan payment from your checking account each month to get used to your future loan payment.

October
- Choose your repayment plan and know that your application will either be denied or be noted as *pending*
  - Perkins loans cannot be placed on an income driven repayment plan and you will probably get an error stating that 'one or more of your loans' does not qualify for income driven repayment.

November
- Contact your servicer and confirm that they have received and confirmed your income driven repayment (or forbearance) request.

December

- Your loans will enter into repayment and any unpaid interest will capitalize (add to) your principal balance.

January

- Your loan payments should begin.
    - Establish Auto Pay after you make your first payment so that you know what is going to be pulled from your account every month.

IF YOU ARE ON AN INCOME DRIVEN REPAYMENT PLAN YOU MUST RECERTIFY YOUR INCOME AND HOUSEHOLD SIZE EVERY YEAR OR YOUR PAYMENT WILL INCREASE TO THE STANDARD PAYMENT. DO NOT IGNORE THE CORRESPONDENCE YOU RECEIVE FROM YOUR LOAN SERVICER(S). YOU ARE THE ONLY ONE RESPONSIBLE FOR KEEPING TRACK OF YOUR PAYMENTS.

PRIVATE LOANS (Including those taken out for Residency and Relocation):

If you have any private loans, be sure to know how long residency forbearance will last. It is entirely possible for your private loans to enter into repayment *during residency.*

Unfortunately in many cases a private lender will not delay repayment past the time period listed in the promissory note.

Please be careful when managing your private loans. There have been cases where a PGY-5 has been instructed to begin making payments on their private loans even though they were still in training.

Employee Resource Groups

OHSU Center for Diversity and Inclusion leads and supports university-wide initiatives to create an environment of respect and inclusion for all people. Through various programs and services, the Center for Diversity and Inclusion is enhancing the community of inclusion at OHSU, where diverse students, staff and faculty can thrive and maximize their potential for creativity, innovation and educational excellence.

Our continued success depends on the diverse skills, experiences, and backgrounds that students, faculty and employees bring to OHSU.

Employee Resource Groups (ERGs) are OHSU-sponsored and employee-managed groups, and are comprised of students, staff and faculty from underrepresented backgrounds or who share a similar interest. Allies and supporters are always welcome to join any employee resource group.

ERGs provide opportunities for professional development, social support, networking, mentoring and community participation, and help promote cultural awareness and employee engagement.

Groups plan social activities, cultural events, competency lectures and networking opportunities. ERGs also work closely with Student Interest Groups to host cultural events and lectures focused on addressing health disparities in underserved communities. Emerging and established groups include:

Ability Resource Group	**Middle Eastern**
Asian Pacific Islander	**Native American**
Black Employees	**OHSU Pride (LGBTQ and allies)**
International	**Veterans (Active duty and reserves)**
Latinos Unidos	**Women**

For more information about Employee Resource Groups or other diversity and inclusion resources, contact the Center for Diversity and Inclusion at 503 494-5657, email *cdi@ohsu.edu* or visit *ohsu.edu/diversity* or *o2.ohsu.edu/diversity*.

Graduate Medical Education
gme@ohsu.edu
Phone: (503) 494-8652