

Oregon Health & Science University  
Graduate Medical Education

# 2021 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 2021 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, 4/9/2021**.

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 [gme@ohsu.edu](mailto: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](mailto:gme@ohsu.edu)

503-494-8652

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## VA Onboarding Materials

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.

- [VA Welcome Letter](#)
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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 23, 2021:

- ☐ Current Contact Information Form via MedHub
- ☐ Lab Coat and Scrubs Form via MedHub

## Items to be completed by April 9, 2021:

- ☐ 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 16, 2021:

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 orientation.

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:

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.





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 5-8 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.



Some items require a file to be uploaded:


**Upload Photograph**



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		
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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		
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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](mailto: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**

You will receive an e-mail from Advanced Reporting, OHSU's background check vendor, on approximately April 16, 2021. 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, please check your junk or spam folders. If it is not found, please e-mail Advanced Reporting at [ohsubackgrounds@advrep.com](mailto: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 [becky.thompson@aworksafeservice.com](mailto:becky.thompson@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 **"New User? Click Here to Begin"** 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.**
  - Enter the Access/Org Code: **1508**
  - Select the Program Type called **"NEW Resident"**
  - Employee ID – enter your full date of birth in MMDDYYYY format
  - Select the Population type of **"NEW Resident."**
- Once your user account is created, please navigate to the **"My Health"** tab and complete all of the Health Surveys assigned to you.

☐ **Gather any available immunization documents and email them to [occhealth@ohsu.edu](mailto:occhealth@ohsu.edu) with the subject "NEW RESIDENT ONBOARDING"**

- We will specifically be looking for proof of immunity to:
  - Hepatitis B -- Must be vaccination; antibody titer alone is not sufficient
  - Measles – Vaccination or titer
  - Mumps– Vaccination or titer
  - Rubella– Vaccination or titer
  - Varicella– Vaccination or titer
  - Covid-19 – Must be vaccination; antibody titer alone is not sufficient
- If you are unable to provide proof of immunity to any of the above, we can provide the necessary services free of charge at your onboarding appointment.

### What to expect at your GME Session for Occupational Health Requirements:

Occupational Health will be performing the following required services:

- TB Test using the Quantiferon Gold (QFN – IGRA)
- N-95 Mask Fit Testing

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

**Occupational Health**

t –503-494-5271

f –503-494-4457

e - [occhealth@ohsu.edu](mailto: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)**.

## NOTES FOR FELLOWS:

- Apply for either a **Postgraduate Limited License** or an **Unlimited Full Permanent License**, do NOT apply for the MD Fellow License.
- 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. (For Example, Pediatrics Fellowships requires fellows to have an unlimited 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 Applicant/Licensee Services choose “Check my application status” 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 or email the OMB, at [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov). They are open M-F from 9 a.m. - 12 p.m. and 1 - 3 p.m. PST.

# Oregon Medical Board Beginning the Licensure Process



OMB Licensing Staff

## Information & Resources

For basic application information regarding eligibility requirements, and to obtain other general information regarding licensure and license types:

[oregon.gov/omb/Licensing/Pages/default.aspx](https://oregon.gov/omb/Licensing/Pages/default.aspx)

Apply for a license, either limited or unlimited: [omb.oregon.gov/login](https://omb.oregon.gov/login)

New to the system? You will be required to register. Please save your password to log in for all future licensure needs.

If applying for an unlimited license, the OMB requires you to check with your GME office first. Please provide a statement regarding this when submitting your application to the OMB, as OMB staff will contact you if you have not.

Once you have submitted an application, please utilize the Online Status Report (OSR) - this is how the Board communicates with you regarding your application. This may be reviewed by logging in to the Applicant/Licensee Services page on the Board's website: [omb.oregon.gov/login](https://omb.oregon.gov/login)



## Things to Remember

Ensure that you are submitting the correct application, as all applications are non-refundable, non-transferrable, and cannot be prorated

All applications are kept on file for one year to allow for completion.

Carefully read and answer all personal history questions on the application. Affirmative answers may require additional documentation to come directly from source. Always err on the side of caution and disclose.

Utilize the Board's Call Center for any questions regarding the application process:

- **971-673-2700** (M-F, 9 a.m. – Noon & 1 p.m. – 3 p.m.)
- [licensing@omb.oregon.gov](mailto:licensing@omb.oregon.gov)

*The Board is excited for you  
and your future in medicine!*

## **Postgraduate Limited License Instructions:**

**NOTE ABOUT PAYMENT:** Per the House Officer Union contract, OHSU will pay for all limited licenses for GME residents and fellows. However, for unlimited licenses, OHSU does not cover the cost.

1. To apply, follow the link in your MedHub Onboarding dashboard to the [Oregon Medical Board's website \(www.oregon.gov/omb\)](http://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**

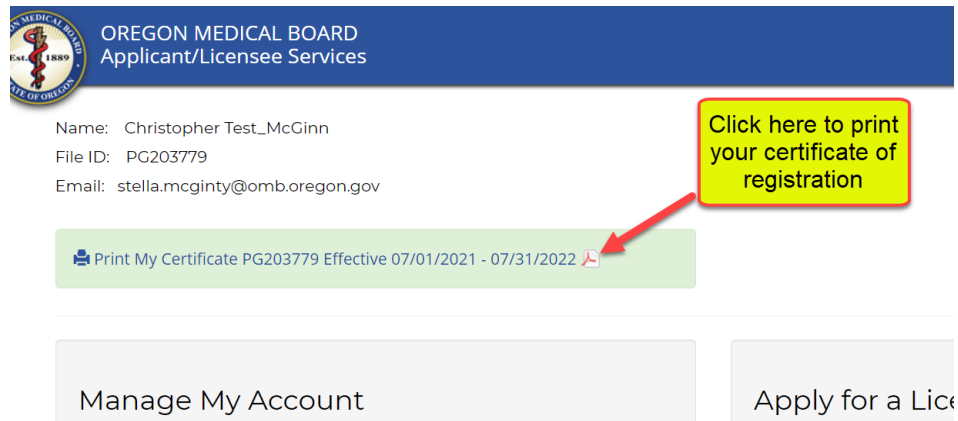
NOTE: The address you list is public information, which is why we ask that you enter the above OHSU address for your HOME, MAILING, and PRACTICE address.

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: **7/1/21 – 7/31/22**
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 2021-2022. 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 \(licensing@omb.oregon.gov\)](mailto: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](mailto: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 “selfies” are acceptable.
15. In the **Required Documentation Checklist**, where you see “If you are appointed at summer start time, request your name 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. **Limited Licenses** → Select “pay by mail”; GME will send payment on your behalf.
  - b. **Unlimited Licenses** → Pay OMB licensing fees online at the time of your application.
19. Once you receive the approval email from the Oregon Medical Board, you will then be able to log back into your record and print your certificate of registration from the green box illustrated below.

a.



- b. Once downloaded, upload a copy to your Medhub onboarding package.



## **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 7/1/2021, 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 7/1/2021. 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 \(https://nppes.cms.hhs.gov\)](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)

OHSU

3181 SW Sam Jackson Park Road

Portland OR 97239

503-494-8211

- 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](mailto: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](mailto: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 "COURSES".
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 9, 2021.**

List of Echo360 Modules:

- ☐ Care Management
- ☐ Clinical Education Work Hours (aka "Work Hours" or "CEW Hours")
- ☐ Decedent Affairs
- ☐ Hospital Lab Service
- ☐ Imaging at OHSU
- ☐ Language Services
- ☐ Library Resources
- ☐ Medication Safety
- ☐ Mission Control
- ☐ Oregon Medical Board
- ☐ Pain Management
- ☐ Resident & Faculty Wellness Program
- ☐ Services Provided by Patient Relations
- ☐ Sleep Deprivation

## 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.

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)
- Photo must be in color
- Use a solid 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 manipulate the image in any way (i.e. with Photoshop, filters, etc.)

If you have any questions, contact the GME office at [gme@ohsu.edu](mailto:gme@ohsu.edu).

### GOOD EXAMPLES:



### AVOID:



A non-solid background



Florescent "office" lights and not direct facing

# VA ONBOARDING MATERIALS





Welcome! In partnership with Oregon Health & Science University, the Veterans Affairs Portland Health Care System (VAPORHCS) would like to extend our congratulations on joining the graduate Medical Education Program. As a Resident, you join the clinical team in achieving our mission to honor America's Veterans by providing exceptional health care that improves their health and well-being. We are excited to embark with you on your educational journey and look forward to welcoming you to VAPORHCS.

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

Your check-in appointments will be held jointly with OHSU to make the best use of your time. Your check-in appointment will include taking an oath of office and signing an appointment letter<sup>1</sup>, verification of ID<sup>2</sup> and having your photo taken for the ID Badge (fingerprints should be done prior to your check in session. See CourtesyPrints Memo for instructions).

Please note: All VA forms need to be signed with pen & ink signature. This means no electronic PDF signatures. **You must print, sign with a physical pen, and mail to the VA the completed VA packet.**

<sup>1</sup>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.

<sup>2</sup>You must bring **TWO** valid forms of identification: Government ID (State or Federal); one of the ID's needs to have a photo. (See "Identity Documentation Criteria" 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 (TMS# VA 35795). 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 <b>x55860</b>
Division of Hospital & Specialty Medicine	Smitha Rejoy/Rhonda Gay – 503-220-8262 <b>x56245</b>
Emergency Department	Charles Dailey – 503-220-8262 <b>x55435</b>
Imaging Service	A'me Solheid – 503-220-8262 <b>x54480</b>
Mental Health Division	Jill Friedman – 503-220-8262 <b>x59832</b>
Neurology Service	Amie Lanter – 503-220-8262 <b>x57019</b>
Operative Care Division (OCD) OCD includes Anesthesiology, Dermatology, Eye Care, and Surgery	Lenwit Belanger - 503-220-8262 <b>x57540</b>
Pathology & Laboratory	Elisa Romero – 503-220-8262 <b>x57029</b>
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 our staff at 503-220-8262 x56109, or by e-mail at [VHAPOR-EDUOAA@va.gov](mailto:VHAPOR-EDUOAA@va.gov). Thank you for your interest in the Portland VA Health Care System and we look forward to meeting with you.

Sincerely,

VA Graduate Medical Education Team




# **VA ONBOARDING CHECKLIST**

**DUE: Friday, April 16, 2021**

- ☐ **Self-Certification Document of Continuous Federal Service**
  - ☐ Provide the date of your last day of rotation if you are currently at a VA. If you don't know provide an estimate of when you think you will complete your rotation.
  - ☐ Indicate if you have been at a VA previously, check the box and identify which VA you were at.
  - ☐ Please note if this information is not known, this will halt your onboarding process until this information is provided. This may cause up to a month or more delay.
- ☐ **Declaration for Federal Employment (OF 306)**
  - ☐ See instructions in welcome booklet to fill out the 306.
  - ☐ Once the form has been completed digitally, please print out and sign the signature blocks in pen & ink.
- ☐ **1028-50d – Application for Health Profession Trainees**
  - ☐ Once the form has been completed digitally, please print out and sign the signature blocks in pen & ink.
- ☐ Provide a copy of VISA if not a US Citizen or a Naturalized US Citizen
- ☐ Provide Photocopy of an UNEXPIRED ID with your FULL legal name, i.e. passport, green card, birth certificate
- ☐ Complete TMS Registration: See TMS Instructions section.
  - ☐ Complete VHA Mandatory Training for Trainees (MTT) Online Training in TMS.
  - ☐ This training must be completed before your fingerprinting appointment date.
  - ☐ Please note that your VA Resident Coordinator will be adding the “CPRS Tab by Tab TMS Training”. This must be completed before you can access the VA Medical Record.
- ☐ Complete a courtesy fingerprinting appointment at your local VA.
  - ☐ Please include "SOI Number (VA79) / SON (1141)" these if out of state.
  - ☐ Please note that some VA's do not use the online PIV Scheduler, if so, please call the local VA directly to schedule.
  - ☐ Present VISA if not a US Citizen or a Naturalized US Citizen
  - ☐ Present 2 pieces of Government ID (State or Federal); one of the ID's needs to have a photo.
- ☐ Send an email to [vhapor-eduoaa@va.gov](mailto:vhapor-eduoaa@va.gov) containing the date of the scheduled fingerprinting appointment.
  - ☐ Please note if this date is not emailed, this will halt your onboarding process until we receive this information and may cause up to a month delay.
- ☐ All paperwork must arrive at the Portland VA Education Department by close of business on Friday, April 16th, 2021 to be processed without delays.
  - ☐ Please note every document needs to be signed with pen and ink signatures. This is a VA HR mandate. The paperwork will not be processed unless there is a pen & ink signature.
  - ☐ Please note if this the documentation is not signed with pen & ink, this will halt your onboarding process until we receive this information and may cause up to a month delay.
  - ☐ 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.
  - ☐ Please note if this the documentation does not arrive, this will halt your onboarding process until we receive this paperwork. This may cause up to a month or more delay.
- ☐ Mail the VA completed packet to:  
VA Health Care System Graduate Medical Education (P2EDUC)  
3710 SW US Veterans Hospital Rd  
Portland, OR 97239-2999

## **Scheduled Onboarding Day**

- ☐ Report to the VA desk at your OHSU Incoming Session.
- ☐ Present 2 pieces of Government ID (State or Federal); one of the ID's needs to have a photo.

 <b>Department of Veterans Affairs</b>		<b>APPLICATION FOR HEALTH PROFESSIONS TRAINEES</b>			
<b>SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER</b>					
<p><b>INSTRUCTIONS:</b> 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.</p> <p><b>VA must protect the safety of our patients.</b> 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.</p>					
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) <input type="checkbox"/> UNKNOWN		7C. VA TRAINING END DATE (mm/yyyy) <input type="checkbox"/> UNKNOWN
<b>II - U.S. MILITARY DUTY STATUS</b>					
8A. ARE YOU NOW IN U.S. MILITARY? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO		8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD? <input type="checkbox"/> YES (If YES, complete 8c) <input type="checkbox"/> NO		8C. BRANCH OF SERVICE	
<b>III - CITIZENSHIP</b>					
9A. CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 9B)				9B. COUNTRY OF CITIZENSHIP	
<b>NOTE: Complete items 10A, 10B, 10C, or 10D ONLY if you are NOT a U.S. citizen.</b>					
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? <input type="checkbox"/> YES <input type="checkbox"/> NO
DATE	ISSUE DATE	EXPIRATION DATE	ISSUE DATE	EXPIRATION DATE	DATE OF LAST VALIDATION (MM/DD/YYYY)
<b>IV- THIS SECTION TO BE COMPLETED BY DESIGNATED EDUCATION OFFICER (DEO) OR DESIGNEE</b>					
11A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL).					<input type="checkbox"/> YES <input type="checkbox"/> NO
11B. Incomplete items on the TQCVL have been addressed and resolved.					<input type="checkbox"/> YES <input type="checkbox"/> 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.					<input type="checkbox"/> YES <input type="checkbox"/> NO
11F. Comments:					
12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE			12B. TITLE		12C. DATE

LAST NAME, FIRST NAME, MIDDLE NAME			SOCIAL SECURITY NUMBER		
<b>V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION</b>					
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)		
<b>VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S)</b>					
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)					
<b>The following two questions apply to both your current health profession and any prior health profession.</b>					
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? <span style="float: right;"> <input type="checkbox"/> YES - EXPLAIN IN PART XI    <input type="checkbox"/> NO         </span>					
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? <span style="float: right;"> <input type="checkbox"/> YES - EXPLAIN IN PART XI    <input type="checkbox"/> NO         </span>					
<b>VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL</b> (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
<b>VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL</b>					
19A. ARE YOU A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	19B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER			19C. ECFMG CERTIFICATE DATE	
<b>IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING</b>					
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

LAST NAME, FIRST NAME, MIDDLE NAME		SOCIAL SECURITY NUMBER	
<b>X - ADDITIONAL QUESTIONS</b>			
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>XI - REMARKS</b>			
ITEM NO.	(Include additional information requested in items above. Be sure to indicate Item number on Form to which the comment refers.)		
<b>XII - CERTIFICATION</b>			
<b>I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.</b>			
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
<b>AUTHORIZATION FOR RELEASE OF INFORMATION</b>	
<p>In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:</p> <p><input type="checkbox"/> 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;</p> <p><input type="checkbox"/> Authorize release of such information and copies of related records and documents to VA officials;</p> <p><input type="checkbox"/> Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries;</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> Authorize VA to share any information about me with the affiliated institution or training program official.</p>	
SIGNATURE OF APPLICANT	DATE
<b>PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE</b>	
<p>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.</p> <p><b>AUTHORITY:</b> The information requested on this form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.</p> <p><b>PURPOSES AND USES:</b> 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.</p> <p><b>ROUTINE USES:</b> 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.</p> <p><b>EFFECTS OF NON-DISCLOSURE:</b> 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.</p>	
<b>INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)</b>	
<p>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.</p>	

# Declaration for Federal Employment\*

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

Form Approved:  
OMB No. 3206-0182

## 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\*

Form Approved:  
OMB No. 3206-0182

(\*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?**

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

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

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)

Form Approved:  
OMB No. 3206-0182

## 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: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

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

### 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? \_\_\_\_\_ DATE: MM / DD / YYYY
- 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



Department of Veterans Affairs  
Health Care System  
Graduate Medical Education – P2EDUC  
Building 101, Room 216b  
3710 SW US Veterans Hospital Road  
Portland OR 97239-2999



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 ☐ ☐

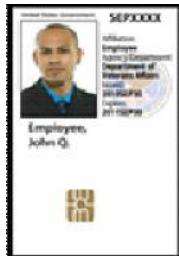
If yes: Expiration date on PIV badge \_\_\_\_\_

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 or estimated end date if not known:** \_\_\_\_\_



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: \_\_\_\_\_



### VA TMS Point of Contact Directory for VHA Mandatory Training for Trainees (MTT)

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
<b>Anesthesiology, including</b> <ul style="list-style-type: none"> <li>Anesthesia critical care</li> <li>Pain medicine</li> </ul>	<b>First name:</b> Lenwit <b>Last name:</b> Belanger <b>Email:</b> <a href="mailto:vhapor-OCDResidentCoordinator@va.gov">vhapor-OCDResidentCoordinator@va.gov</a>
<b>Emergency Medicine</b>	<b>First name:</b> Charles <b>Last name:</b> Dailey <b>Email:</b> <a href="mailto:charles.dailey@va.gov">charles.dailey@va.gov</a>
<b>Division of Hospital and Specialty Medicine (DHSM), including</b> <ul style="list-style-type: none"> <li>Gerontology</li> <li>Hospice and Palliative Care</li> <li>Sleep Medicine</li> </ul>	<b>First name:</b> Rhonda <b>Last name:</b> Gay <b>Email:</b> <a href="mailto:vhapor-DHSMresidentcoordinator@va.gov">vhapor-DHSMresidentcoordinator@va.gov</a>
<b>DHSM, including</b> <ul style="list-style-type: none"> <li>All residents from Providence Healthcare System</li> <li>Internal Medicine</li> </ul>	<b>First name:</b> Smitha <b>Last name:</b> Rejoy <b>Email:</b> <a href="mailto:vhapor-DHSMresidentcoordinator@va.gov">vhapor-DHSMresidentcoordinator@va.gov</a>
<b>DHSM, including</b> <ul style="list-style-type: none"> <li>All residents from Samaritan Health System</li> <li>Cardiology</li> <li>Critical Care</li> <li>CCE (EP)</li> <li>Endocrinology</li> <li>Family medicine</li> </ul>	<b>First name:</b> Smitha <b>Last name:</b> Rejoy <b>Email:</b> <a href="mailto:vhapor-DHSMresidentcoordinator@va.gov">vhapor-DHSMresidentcoordinator@va.gov</a>
<b>DHSM, including</b> <ul style="list-style-type: none"> <li>Gastroenterology</li> <li>Hematology/Oncology</li> <li>Infectious Diseases</li> <li>Nephrology</li> <li>Preventive medicine</li> <li>Pulmonary &amp; Critical Care</li> <li>Radiation oncology</li> <li>Rheumatology</li> <li>Transplant/Hepatology</li> </ul>	
<b>Neurology, including</b> <ul style="list-style-type: none"> <li>Neurodevelopmental</li> <li>Neurophysiology</li> <li>Vascular neurology</li> </ul>	<b>First name:</b> Amie <b>Last name:</b> Lanter <b>Email:</b> <a href="mailto:Amie.Lanter@va.gov">Amie.Lanter@va.gov</a>
<b>Surgery, including</b> <ul style="list-style-type: none"> <li>Cardiothoracic</li> <li>Dermatology</li> <li>General surgery</li> <li>Neurosurgery</li> <li>Obstetrics and gynecology</li> <li>Ophthalmology</li> </ul>	<b>First name:</b> Lenwit <b>Last name:</b> Belanger <b>Email:</b> <a href="mailto:vhapor-OCDResidentCoordinator@va.gov">vhapor-OCDResidentCoordinator@va.gov</a>
<b>Surgery, including</b> <ul style="list-style-type: none"> <li>Orthopedic surgery</li> <li>Otolaryngology (ENT)</li> <li>Surgical critical care</li> <li>Transplant</li> <li>Transplant nephrology</li> <li>Urology</li> <li>Vascular</li> </ul>	
<b>Pathology</b>	<b>First name:</b> Elisa <b>Last name:</b> Romero <b>Email:</b> <a href="mailto:elisa.romero@va.gov">elisa.romero@va.gov</a>
<b>Psychiatry, including</b> <ul style="list-style-type: none"> <li>Addiction</li> <li>Geriatric</li> <li>Psychosomatic</li> </ul>	<b>First name:</b> Jill <b>Last name:</b> Friedman <b>Email:</b> <a href="mailto:jill.friedman@va.gov">jill.friedman@va.gov</a>
<b>Radiology, including</b> <ul style="list-style-type: none"> <li>Diagnostic radiology</li> <li>Interventional</li> <li>Neuroradiology</li> </ul>	<b>First name:</b> A'me <b>Last name:</b> Solheid <b>Email:</b> <a href="mailto:A'me.Solheid@va.gov">A'me.Solheid@va.gov</a>



Dear VA Health Professions Trainee,

Welcome to the Department of Veterans Affairs and the Veterans Health Administration (VHA). To participate in training, interact with patients and gain access to our information systems you must complete an on-line mandatory training item using the VA Talent Management System (TMS) 2.0. The item is titled VHA Mandatory Training for Trainees. And, you will be happy to know, that your training transfers between VA's. So as long as you complete the training every 364 days and remain "in good standing" there should be minimal interruptions as you proceed through your education.

VA TMS 2.0 is on the internet and can be accessed using Internet Explorer, Firefox, Safari and Google Chrome. Give yourself some time because there is a 20 minute delay while your profile is created. After enrolling you will need to wait 20 minutes before you can log in and complete the training.

**First, you will need to Self-Enroll\* in TMS 2.0 and to do so you need the following *facility specific* information:**

- VA Facility:
- VA Location Code: ***[three characters]***
- VA Point of Contact First Name:
- VA Point of Contact Last Name:
- VA Point of Contact Email address:
- VA Point of Contact Phone Number:
- Printed Certificate Required? ***[recommend "No"]***

\*If you already have a VA TMS account, contact your POC or call the VA Enterprise Service Desk (ESD) at 1-855-673-4357.

Again, welcome to the VA and thank you for doing your part toward establishing VA as a 21st century organization built on providing the best care and service possible for our Veterans!

Sincerely,

Dr. Karen Sanders  
Deputy Chief Academic Affiliations Officer  
VA Office of Academic Affiliations

**1.1 Already Have a TMS Account?** Contact your POC listed on page 1 or the ESD at 1 (855) 673-4357

## 1.2 Step-by-Step Instructions for Managed Self Enrollment (New Users)

**If you have trouble making an account, please contact your Resident Coordinator. See “VA TMS Point of Contact Directory” section.**

1. From a computer, launch a web browser and navigate to <https://www.tms.va.gov/SecureAuth35/>
2. Click the [Create New User] button
3. Select the radio button for **☉Veterans Health Administration (VHA)** Click the [Next] button
4. Select the radio button for **☉Health Professions Trainee (NOT WOC)** Click the [Next] button
5. Complete all required fields, indicated by asterisk\* and any non-required fields if possible. **Note:** The email address you enter here will be your Username to log into the system.

### My Account Information:

- Create Password\*
- Re-enter Password\*
- Social Security Number\*
- Re-enter Social Security Number\*
- Date of Birth\*
- Legal First Name\*
- Legal Last Name\*
- Middle Name is optional, but extremely helpful
- Your e-mail Address\* *(Enter a personal email address. Do not use a School email address. This address will become your UserID. Also, one-time-passcodes and training notifications will be sent here.)*
- Re-enter your e-mail address\*
- Phone Number *(Enter your phone number. You will have the option to receive one-time-passcode information at this phone number.)*
- Time Zone ID\*

*\* Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.*

### My Job Information:

- VA Location Code\* *(Filter and select the Code provided on Page 1 by your VA Point of Contact)*
- Trainee Type\*
- Specialty/Discipline\*
- VA Point of Contact First Name\* *(Enter the name provided on page 1)*
- VA Point of Contact Last Name\* *(Enter the name provided on page 1)*
- VA Point of Contact Email\* *(Enter the email provided on page 1)*
- Point of Contact Phone Number\* *(Enter the phone number provided on page 1)*
- School/University\*
- School/University Start Date\*
- Estimated School/University Completion Date\*

Click the [SUBMIT] button when all required fields are completed.

6. You should now see the Congratulations! Screen. Take note of your Username/Email Address.

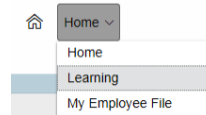
**WAIT 20 MINUTES**



7. **After 20 minutes**, please return to <https://www.tms.va.gov/SecureAuth35/>
8. On the TMS 2.0 Login Screen enter your Username/Email Address and click the [**SUBMIT**] button
9. An email will be sent to your Username/Email Address containing a one-time-passcode enter it using your keyboard or the on-screen number pad and click the [**SUBMIT**] button
10. During this first time log in you will be asked to select and answer two security questions. These will be used to reset your TMS password.
11. Select questions, enter response, confirm response.
12. Click the [**Save**] button.
13. You have now completed your TMS User Profile.

### 1.3 Launching and Completing the Content

1. Log into TMS using Username and one time Passcode
2. Click on the Home dropdown and select Learning



3. Click on the the Start Course button next to *VHA Mandatory Training for Trainees*

#### **Pop-Up blockers MUST BE TURNED OFF**

4. Complete all of the item content following the on-screen instructions.
5. Exit the item as instructed to accurately record your effort.
6. To print a Certification of Completion, click on My History and View All



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 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”
  - Enter your First Name, Last Name, email address, phone number, and password
    - Organization is VHA
    - Type of Applicant is Affiliate
  - Click “Create Account” then “Continue” then “Make Appointment”
  - Enter your current zip code, click “Continue”
  - Select the location you would like to go to, click “Continue”
  - Select Fingerprint for the activity, click “Continue”
  - Select a date that works for you, but please no later than **May 3<sup>rd</sup>, 2021**
  - Select a time that works for you
  - Review the appointment information, if it looks correct click “Confirm Appointment”
  - You will receive an email confirmation of your appointment
  - **Please forward your confirmation email** to [VHAPOR-EDUOAA@va.gov](mailto:VHAPOR-EDUOAA@va.gov).
  - **If you are not able to make an online appointment, then call your local VA to determine their walk-in hours and office hours.**  
[https://www.osp.va.gov/Badge\\_Office\\_Locations.asp](https://www.osp.va.gov/Badge_Office_Locations.asp)

**\*\*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 (State or Federal); one must be a photo 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 (this page) to your appointment:

VAPORHCS Site Organizational Identifier SOI: VA79  
VAPORHCS Site Organizational Number SON: 1141  
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).



## List of Acceptable ID's

**Please note - student IDs are not a valid form of identification for the PIV issuance process.**

Two identity source documents from the matrix below are required.

**Neither identity document may be expired or cancelled.**

One ID **must** be from the **Primary Identity Source Document** column.

The second ID can be either a **Primary Identity Source Document** or a **Secondary Identity Source Document**.

Applicants may not provide two documents from the Secondary Identity Source Documents.

The two identity credentials must be **different types of credentials**. For example, a driver's license from New York plus a driver's license from Iowa is not an acceptable combination of identity documents.

Primary Identity Source Document	Secondary Identity Source Document
<ul style="list-style-type: none"><li>• A U.S Passport or U.S. Passport Card</li><li>• A Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li><li>• A foreign passport</li><li>• An Employment Authorization Document that contains a photograph (Form I-766)</li><li>• A Driver's license or an ID card issued by a State or possession of the United States provided it contains a photograph</li><li>• A U.S. Military card</li><li>• A U.S. Military dependent's ID card</li><li>• A PIV Card</li></ul>	<ul style="list-style-type: none"><li>• A U.S. Social Security Card issued by the Social Security Administration</li><li>• An original or certified copy of a birth certificate issued by a state, county, municipality authority, or outlying possession of the U.S. bearing an official seal</li><li>• An U.S. ID card issued by a federal, state, or local government agency or entity, provided it contains a photograph</li><li>• A U.S. voter's registration card</li><li>• A U.S. Coast Guard Merchant Mariner Card</li><li>• A Certificate of U.S. Citizenship (Form N-560 or N- 561)</li><li>• A Certificate of Naturalization (Form N-550 or N- 570)</li><li>• A U.S. Citizen ID Card (Form I-197)</li><li>• An Identification Card for Use of Resident Citizen in the United States (Form I – 179)</li><li>• A Certification of Birth Abroad or Certification of Report of Birth issued by the Department of State (Form FS-545 or Form DS-1350)</li><li>• A Temporary Resident Card (Form I-688)</li><li>• An Employment Authorization Card (Form I-688A)</li><li>• A Reentry Permit (Form I-327)</li><li>• A Refugee Travel Document (Form I-571)</li><li>• An Employment Authorization Document issued by Department of Homeland Security (DHS)</li><li>• An Employment Authorization Document issued by DHS with photograph (Form I-688B)</li><li>• A driver's license issued by a Canadian government entity</li><li>• A Native American Tribal document</li></ul>

# GME CHECK-IN SESSION



# GME Check-In Session

GME check-in sessions offer you a chance to complete many new employee tasks in one-stop. Your GME check-in session will be mostly online, with a few in-person tasks. GME will contact you via email to communicate your check-in date and time. Your program coordinator will contact you regarding other orientation activities. Check-in sessions will take place in the BICC/Library building. Directions and parking options will be sent to you via email closer to your check-in date.

The check-in appointments will be between 8:00 a.m. and 5:00 p.m. Your check-in appointment will be approximately 30 minutes but please do not make any plans for this day, because the online tasks will still take a full work day. The online portion of your check-in will include reviewing detailed benefits options, parking options, GME office services and more. The online portion will also include signing up for benefits and watching required new-hire training modules.

To complete your I9 during your in-person appointment, you must bring two forms of acceptable 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. Please refer to I-9 instructions 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. If you want to sign up for Direct Deposit, please bring a blank, voided check or account and routing number to sign up for direct deposit.

## **YOU MUST BRING TWO FORMS OF ACCEPTABLE IDENTIFICATION**

- Examples of acceptable ID include:
  - **BOTH Passport AND US Driver's License**
  - **BOTH US Driver's License AND Social Security Card**

## Check-In Session Activities

- In-person check-in session
  - Complete I-9 and sign up for Direct Deposit
  - OHSU ID badge
  - Complete VA requirements
- Online tasks
  - Activate OHSU network login
  - Sign up for benefits
  - Sign up for parking
  - Training modules
- Informative voiceover PowerPoints to watch virtually on your GME Check-in
  - GME Onboarding Part One will cover:
    - GME office introduction and services
    - Payroll
    - Resident wellness program
  - GME Onboarding Part Two will cover:
    - MedHub
    - Meal tickets
    - Call rooms
    - Taxi service
  - Benefits
  - Parking & Commuting
  - Wireless Services

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

# RESOURCES





## Benefits

You will have default benefits on your date of hire – effective your GME Check-in session. **The default benefit plans cover only you with the OHSU PPO, Delta 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 on your GME check-in day.**

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 2021 if Enrolled in OHSU PPO or High Deductible**

Employee Only	\$705.08
Employee & spouse/domestic partner	\$1246.84
Employee & child(ren)	\$1140.22
Employee & family	\$1763.94

### **MEDICAL, DENTAL, AND VISION COSTS FOR 2021**

MONTHLY PREMIUMS	EMPLOYEE ONLY	EMPLOYEE & SPOUSE/ DOMESTIC PARTNER	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
<b>MEDICAL</b>				
OHSU PPO	\$655.00	\$1309.00	\$1178.00	\$1832.00
OHSU EPO	\$589.00	\$1178.00	\$1060.00	\$1649.00
High Deductible with HSA	\$611.00	\$1222.00	\$1108.00	\$1677.00
<b>DENTAL</b>				
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
<b>VISION</b>				
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

Plan your commute with a variety of resources and tools: [www.ohsu.edu/commute](http://www.ohsu.edu/commute)

See transportation information specific to [Graduate Medical Education](#).

Campus maps: [www.ohsu.edu/visit/maps](http://www.ohsu.edu/visit/maps)

### Parking Option Details:

Parking at OHSU's Central Campus facilities (Marquam Hill and South Waterfront) is available for residents and fellows. You may reserve daily permits, or purchase an annual or a monthly permit.

Parking facility information, including addresses: [www.ohsu.edu/visit/parking-facilities](http://www.ohsu.edu/visit/parking-facilities).

Daily permits: Are available at [MyCommute](#) (paid via payroll deduction) or at [Parkmobile](#) (paid via credit card) at multiple locations on both Marquam Hill and the South Waterfront. Daily permits are offered at a reduced rate over annual or monthly permits.

Annual or monthly permits: Are available [online](#) for Garages D, E or F on Marquam Hill or for the Schnitzer Lot on South Waterfront. Log in with your OHSU login information and select "Get Permits" to see all of the options.

### Other Transportation Option Details:

MyCommute: Register on [MyCommute](#) to access a variety of tools.

- Log your commute daily to earn cash and enroll in rewards for various commute methods
- Reserve daily parking via payroll deduction
- Request a [Guaranteed Ride Home](#)

Dynamic Carpools: [www.ohsu.edu/visit/carpools-and-rideshares](http://www.ohsu.edu/visit/carpools-and-rideshares)

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.

Biking: [www.ohsu.edu/bike](http://www.ohsu.edu/bike)

OHSU offers bike facilities, resources, cash-for-biking, bike share and trip tracking. At South Waterfront, our partner, Go by Bike ([www.gobybikepdx.com](http://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](http://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).

Portland Streetcar: [www.portlandstreetcar.org](http://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](http://www.ohsu.edu/transit)

There are two transit agencies that serve Marquam Hill; Portland regional transit: TriMet ([www.trimet.org](http://www.trimet.org)) and Vancouver transit: C-Tran ([www.c-tran.com](http://www.c-tran.com)). Passes are available at a 70-90% discount and can be purchased at either [Customer Service Center](#) location.

Lyft Off:

A program that provides subsidized Lyft rides to employees commuting at off-peak hours, between 9pm and 5am to or from Marquam Hill or South Waterfront. Visit our [Lyft Off](#) 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 2025 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](http://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](http://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](http://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 Pride ([pride@ohsu.edu](mailto:pride@ohsu.edu))**

The mission of OHSU Pride is to foster an inclusive environment that promotes LGBTQ wellness, education, research and advocacy within and across OHSU and the community. For general inquiries or to get involved with the group, please email [pride@ohsu.edu](mailto:pride@ohsu.edu). The OHSU Pride Microsoft Teams page is a great place to connect with your colleagues virtually and stay up to date on the latest events and communications. In Microsoft Teams you can search for CMMT.OHSU Pride and you will be able to join the group.

## **OHSU Library Resources (<https://www.ohsu.edu/library>)**

The Oregon Health & Science University (OHSU) Library, the largest health sciences library in Oregon, serves the faculty, staff and students of OHSU, as well as health professionals and residents of the State of Oregon. The OHSU Library advances the effective, efficient, and ethical use of information in support of education, research, and healthcare.

**On behalf of the Center for Diversity & Inclusion, we want to welcome you to  
Portland and OHSU!**

Here at CDI we believe that part of being a great community member and an amazing resident or fellow is that it is imperative to have the support and community for you and your loved ones to thrive in. We welcome you and your family to OHSU and know that we are here to support and assist you throughout your tenure. <https://www.ohsu.edu/center-for-diversity-inclusion>

Please feel free to reach out to us at [cdi@ohsu.edu](mailto:cdi@ohsu.edu)

Andrew Justicia  
Program Manager CDI

Here are some resources - courtesy of the Center for Diversity & Inclusion

- We are a center that is able to assist you to connect to all resources at OHSU
- We have notary services
- Access to CDI's library of Anti-racist literature
- UBCI (Unconscious Bias Campus Wide Initiative) training
- Micro/macro aggressions training
- Bystander training
- Connection to Employee Resource Groups and communities outside of OHSU
- Mentoring opportunities to mentor medical school students, undergraduates across PNW and high school students
- Involvement on campus wide initiatives to promote diversity, equity and inclusion
- Become a UBCI ambassador email [cdi@ohsu.edu](mailto:cdi@ohsu.edu)

# 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**  
**Asian Pacific Islander**  
**Black Employees**  
**International**  
**Latinos Unidos**

**Middle Eastern**  
**Native American**  
**OHSU Pride (LGBTQ and allies)**  
**Veterans (Active duty and reserves)**  
**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](mailto:cdi@ohsu.edu) or visit [ohsu.edu/diversity](https://ohsu.edu/diversity) or [o2.ohsu.edu/diversity](https://o2.ohsu.edu/diversity).





# OHSU RESIDENT & FACULTY WELLNESS PROGRAM

## Contact our team:



**Anna Anderson, PMHNP.**, Psychiatric Mental Health Nurse

**Email:** [andeanna@ohsu.edu](mailto:andeanna@ohsu.edu)

**Pager:** 11067



**Mary Moffit, Ph.D.**, Psychologist

**Email:** [moffitm@ohsu.edu](mailto:moffitm@ohsu.edu)

**Pager:** 12047



**Timothy Beecher, Ph.D.**, Psychologist

**Email:** [beecher@ohsu.edu](mailto:beecher@ohsu.edu)

**Pager:** 13028



**Marie Soller, M.D.**, Psychiatrist

**Email:** [soller@ohsu.edu](mailto:soller@ohsu.edu)

**Pager:** 10767



**Sydney Ey, Ph.D.**, Psychologist

**Email:** [ey@ohsu.edu](mailto:ey@ohsu.edu)

**Pager:** 12191



**Sara Walker, Ph.D.**, Psychologist

**Email:** [walkesar@ohsu.edu](mailto:walkesar@ohsu.edu)

For more information about each clinician, please visit [Our Clinical Team web page](#)

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 can receive **free and confidential** telehealth services from our clinical team.

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.

**Appointments are available from 8:00 a.m. to 6:00 p.m. Monday – Friday**

## 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 urgent pager 7 days a week from 9 a.m. – 6 p.m.. Please call 503-494-9000, or page 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):**



OHSU LIBRARY  
HOUSE OFFICER SERVICES

# Your Learning, Care and Discovery Partner

## Anytime. Anywhere.

[www.ohsu.edu/library](http://www.ohsu.edu/library)

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## Featured Clinical Resources

### Patient Care & Procedures

DynaMed  
Pediatric Care Online  
VisualDX  
UpToDate

### Medication Resources

Lexicomp Online  
Micromedex  
Natural Medicines

### Browse all Databases

[libguides.ohsu.edu/az.php](http://libguides.ohsu.edu/az.php)

### OHSU Library Catalog

[librarysearch.ohsu.edu](http://librarysearch.ohsu.edu)

Search our catalog to find  
journals, books and  
additional resources

### Access library resources and services wherever you are

We are here to support your roles and activities as clinicians, learners, teachers and scholars. You can access the library's electronic resources, books and journals 24/7 from any location, and download mobile apps to use resources on your phone or tablet.

Use our Get It For Me service for no-cost access to electronic and print materials owned or not owned by the library.

### OHSU librarians can work with you

From one-on-one consultations to curated lists of the best tools and resources, we've got you covered. Our experts can help you with researching clinical questions, scholarly projects and more.

### Contact us to submit your question or schedule an appointment

Library staff are available to answer your reference and literature searching questions Monday through Friday from 8:00 AM to 6:00 PM.

[ohsu.libanswers.com](http://ohsu.libanswers.com)  
[library@ohsu.libanswers.com](mailto:library@ohsu.libanswers.com)  
503-494-3460

### The library's physical spaces on Marquam Hill

The Library's 4th floor space in the Biomedical Information Communications Center (BICC) is accessible 24/7. It includes spaces and workstations to study and chart, access to specialized software for scholarship, and printing and scanning stations.

[www.ohsu.edu/library](http://www.ohsu.edu/library)







## 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 see the [Bilingual Screening](#) page on O2 for more details on the program and to fill out the [application](#). Language Services will 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.

# 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/](http://www.nslds.ed.gov/nslds_SA/)

This is the central location for all of your federal 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 SUBSIDIZED						
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 – Student Aid: [www.studentaid.gov](http://www.studentaid.gov)

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 or 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:

**NOTE: On Jan. 20, 2021, the COVID-19 emergency relief measures were extended on ED-owned federal student loans through Sept. 30, 2021. Until then, all Direct Loans from the Department of Education have a 0% interest rate and \$0 payments. Find more information here: <https://studentaid.gov/announcements-events/coronavirus>**

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.

# Two-Step Authentication

OHSU uses Duo for two-step authentication (also called multi-factor authentication). It adds an extra layer of security to your OHSU account by requiring something you **know** (your password) and something you physically **have** (the Duo Mobile app on your smartphone) to log in to certain OHSU systems and applications from off campus.

## When do I use it?

Duo Mobile is required to log in to many OHSU systems and applications from off campus, including:

- The Outlook Web App at mail.ohsu.edu
- The Citrix Web Portal at portal.ohsu.edu
- VPN via Cisco AnyConnect
- Single sign-on applications, such as Box, Compass, LinkedIn Learning, MedHub, OHSU Now and ReadySet

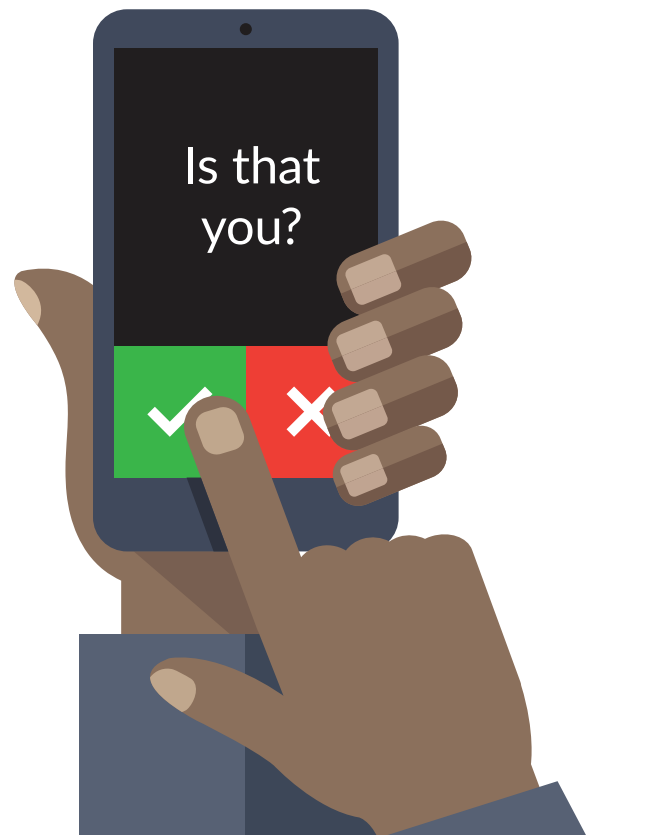
## How do I get it?

Duo Mobile is a free app that you can download from your smartphone's app store. Then, the first time you log in to one of the OHSU systems and applications listed above from off campus, you'll be guided through the app setup.

## How do I use it?

You'll be prompted to confirm your identity each time you log in to a Duo-protected system from off campus. After entering your username and password, you'll receive a push notification on your mobile device. If it's you who's trying to log in, tap approve and carry on. If it's not you, tap deny — someone else is trying to log in with your username and password! Then call the ITG Service Desk at 503-494-2222 ASAP to change your password.

**Duo takes trust and transparency seriously. Visit the [Duo Mobile Privacy Information page](#) to learn more.**



### Why use a mobile app?

Mobile apps like Duo Mobile are popular for two-step authentication because of their convenience — if you have a smartphone, it's probably always on you. If you decide the app isn't right for you, you can request a Duo security token (key fob). You can request one from your IT Contact after you start at OHSU.

# Wireless Internet Access

Looking for a Wi-Fi network to use while you're on campus? Choose **eduroam** from the list of available networks, and log in with your OHSU email address and password.

## 4 steps to secure surfing

1. Choose **eduroam** from your computer's or smartphone's list of available wireless networks.
2. Enter your **OHSU email address** and **password** when prompted.
3. If you see a **trust certificate** prompt, accept it.
4. **That's it!** Once your device connects to eduroam, you can go about your work or studies securely.

### IMPORTANT REMINDERS FOR FACULTY, HOUSE OFFICERS AND STAFF

- **You'll need the Duo Mobile app** on your smartphone to verify it's really you when connecting to certain OHSU systems and applications from eduroam, just like you do when connecting from your home Wi-Fi network.
- **Don't use the OHSU-Secure Wi-Fi network.** OHSU-Secure is a secured wireless network for computers and other devices managed by the Information Technology Group at OHSU. If you are using a personally owned device, you should use the eduroam Wi-Fi network.
- **Don't use the OHSU-Guest Wi-Fi network.** OHSU-Guest is an unsecured wireless network for OHSU patients, visitors, vendors and others who need a basic internet connection. It is not appropriate for use by OHSU employees and students.



### What is eduroam?

Eduroam is a secure wireless service used by research and education institutions around the world. As an OHSU employee or student, you can use your OHSU email address and password to connect to eduroam from any OHSU location — and from any other participating college, university or research institution.

Go to [eduroam.org](https://eduroam.org) to learn more about the service and to find a map of all participating organizations.



# Mobile Device Management

Do you want quick access to OHSU resources from your personally owned mobile device? Get the Boxer, Content and Web apps.

## Boxer

Boxer integrates your OHSU email, contacts and calendars into a single app on your device. Meetings and appointments on your calendar can be easily viewed and accepted.

## Content

Content gives you a convenient way to store OHSU data and documents on your device. It also gives you read-only access to the X: drive.

## Web

Web lets you visit internally hosted OHSU websites, such as Oracle and SmartWeb. Installing Web is optional, but it will be necessary if you want to visit internally hosted websites from your device.

## More ways to stay connected

If you don't want to use Boxer, Content and Web for quick access to OHSU resources, you have other options:

- 1. Use a mobile browser to check your OHSU email:**  
Go to [mail.ohsu.edu](mailto:mail.ohsu.edu). You'll enter your username and password, and then authenticate with Duo Mobile when your mobile device isn't connected to the OHSU network.
- 2. Use your device's built-in apps for OHSU business:**  
Enroll your personally owned mobile device in Intelligent Hub, which is required for all OHSU-owned mobile devices. Go to [O2.ohsu.edu](http://O2.ohsu.edu) and search "Intelligent Hub" to learn more.



### Get started

Go to the ITG Self Service Portal at [service.ohsu.edu](http://service.ohsu.edu) to find step-by-step instructions for setting up Boxer, Content and Web on your personally owned mobile device.

*Note: To access the portal, you must be connected to the OHSU network, either directly or via VPN or Citrix.*

# Restricted Information

You are responsible for protecting all restricted information that you come across in your role at OHSU. Simply put, restricted information is any information not intended for the public.

## What do I need to do?

Here are eight ways you can help keep restricted information safe:

- 1. Only access the minimum patient information necessary** to do your job. Don't use patient-care tools, such as Epic, to access your family members' and friends' information.
- 2. Use Haiku and Canto to access Epic from mobile devices.**
- 3. Only discuss patient information with the care team** where it is safe to do so. Don't discuss or view restricted information in public places, such as the Tram.
- 4. Safeguard all physical notes and charts** and lock rooms, drawers and cabinets containing restricted information.
- 5. Secure computing devices.** Lock screens when you step away, log out of Epic on shared computers and encrypt removable storage devices, such as thumb drives. Any personally owned computing devices you use to access restricted information must meet security and software requirements.
- 6. Use Box.com to securely store files in the cloud.**
- 7. Create a strong password for your OHSU account.** Don't use it for other personal accounts, and don't share it with anyone.
- 8. Report security and privacy incidents right away.** These include the unauthorized use, access, destruction or disclosure of restricted information, such as losing a laptop or sending an email with restricted information to the wrong address.

## Where can I ask questions?

The Information Privacy and Security Office is here to help you. Email [oips@ohsu.edu](mailto:oips@ohsu.edu), call 503-494-0219 or visit [o2.ohsu.edu/oips](http://o2.ohsu.edu/oips).



### What is restricted information?

Information that shouldn't be printed in a newspaper, shared on social media or wrapped around a Tri-Met train is restricted. PHI is just one example of restricted information. Other examples include:

- Employee and student records
- Financial statements, clinical business plans and strategic planning documents
- Law enforcement investigatory or advisory information
- Non-public research data, such as sensitive research for Department of Defense contracts

Graduate Medical Education

[gme@ohsu.edu](mailto:gme@ohsu.edu)

Phone: (503) 494-8652

