Dear Dr. <<LAST>>,

Welcome to Oregon Health & Science University (OHSU)! We are very pleased that you will be joining our professional staff in 2018 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, 4/13/2018**.

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

Again, welcome to OHSU!

Sincerely,

The OHSU Graduate Medical Education Team
GME ONBOARDING CHECKLIST
DUE: APRIL 13, 2018

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 on Saturday, March 17th with a personalized link to your GME Onboarding dashboard. Please use that personalized link to login to MedHub and complete all forms and tasks before Friday, April 13, 2018.

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

ACTIVITIES TO BE COMPLETED BY 4/13/18

☐ OHSU Incoming Information Form via MedHub
☐ Review and electronically sign OHSU Contract/Appointment Agreement via MedHub
☐ Review, sign, and upload all policy forms in MedHub
☐ Upload passport style photo to MedHub (page 10)
☐ Upload copies of ACLS/BLS/PALS/NRP cards & medical school diploma to MedHub (if you have them)
☐ Submit OHSU background check via Advanced Reporting (page 3)
☐ Drug screening kit via US Mail (page 3)
☐ Complete ReadySet account and surveys, and email immunization records to Occupational Health (page 4)
☐ Apply for Oregon medical license (pages 5-6)
☐ Apply for NPI number (page 7)
☐ View online learning modules via Echo360 (page 8)
☐ Mail completed original VA onboarding forms to VA (VA Info Tab)
☐ Schedule VA Courtesy Fingerprints at local VA (VA Info Tab)
OHSU BACKGROUND CHECK AND PRE-EMPLOYMENT DRUG SCREENING

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

BACKGROUND CHECK

If you have a start date in June, you will receive an e-mail from Advanced Reporting, OHSU’s background check vendor, on approximately March 28, 2018. If you have a start date in July, you will receive an e-mail from Advanced Reporting on approximately May 2, 2018.

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. Keep in mind that 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 2 (for June start dates) or May 7 (for July start dates), please check your junk or spam folders. If it is not found, please e-mail OHSU Human Resources at tcap@ohsu.edu.

PRE-EMPLOYMENT DRUG SCREENING

Your pre-employment drug screen will be coordinated by A Work Safe Services. 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.

Employment shall not be finalized except upon completion of a negative drug test, 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. Tests are paid for by OHSU.
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:

☐ Create your ReadySet account and Complete Surveys
   - Go to this webpage: https://OHSU.readysetsecure.com
   - Click “Create a New Account” and follow the instructions. **NOTE: this will be a temporary username and password until your GME Check-In date. On or after your GME Check-in date, you will use your OHSU network username and password to access ReadySet and other OHSU systems.**
     o Enter the Access/Org Code: **1508**
     o Select the Program Type called “NEW Resident”
     o Employee ID – enter your full date of birth in MMDDYYYY format
     o Select the Population type of “NEW Resident.”
   - Complete all surveys under the ‘My Health’ tab.

☐ Email Immunization Records to Occupational Health (occhealth@ohsu.edu). Include all of the following Immunization/titer records:
   1) MMR (measles, mumps, and rubella) requirement:
      ▪ Documentation of titer showing immunity for each disease, OR
      ▪ Documentation of 2 doses of MMR vaccine
   2) Varicella (Chicken Pox) requirement:
      ▪ Documentation of titer showing immunity for disease, OR
      ▪ Documentation of 2 doses of Varicella vaccine, OR
      ▪ Documentation of provider diagnosis of disease
   3) Hepatitis B requirement:
      ▪ Documentation of 3 doses of Hepatitis B vaccine, AND
      ▪ Documentation of positive titer (positive titer alone is not acceptable proof of immunity)

**All required actions must be completed by June 1st, 2018**

What to Expect at your GME Check-In Session for Occupational Health Requirements?

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

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

If you have any questions, please feel free to contact Occupational Health at any time. We look forward to meeting you!
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).
  - NOTE: If you are entering a fellowship, apply for either a Postgraduate Limited License or an Unlimited Full Permanent License, do NOT apply for the MD Fellow License.
  - NOTE: For entering fellows, some specialty boards require that you have an unlimited license to take your board exams. Please check with your specialty board to ensure you get the correct type of license.

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

Postgraduate Limited License:

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

1. To apply, follow the link in your MedHub Onboarding dashboard to the Oregon Medical Board’s website (www.oregon.gov/omb).
   a. New users will have to register.
   b. Save your OMB password for future use. You will need it to log back in to the system.

2. After registering on the site, select your profession → Limited Temporary License → MD/DO Postgraduate-RESIDENT (even if you are a fellow).

3. Put OHSU for your HOME, MAILING and PRACTICE address:

   **OHSU**
   3181 SW Sam Jackson Park Rd. L-579
   Portland, OR 97239

   a. Since most of you will be moving, this will ensure your license certificate is mailed to OHSU. We will save a copy of your license in MedHub and provide the original to you at your GME Check-In session. You will update your home address at your GME check-in session.

4. Under “Intended Oregon Practice Location” indicate “OHSU” – in this exact abbreviated format.

5. Start and end dates for license should span 13 months:
   a. Example: If your contract start date is 7/1, license dates should be: 7/1/18 – 7/31/19

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 2018-2019. 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 (omb.appdocuments@state.or.us) 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.

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 omb.appdocuments@state.or.us 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.

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

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

17. Check the “Attestation/Certification Statement” box and “SUBMIT”.

18. Payment:
   a. PGY2 and above → Pay OMB licensing fees online at the time of your application.
   b. PGY1 ONLY → Select “pay by mail”; GME will send payment on your behalf for your PGY1 year only. (This refers only to those who do not have any postgraduate training in the US.)

**Unlimited Full Permanent License**

If you are interested in obtaining instructions and reviewing eligibility for an unlimited license please view the OMB website: [http://www.oregon.gov/omb](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 7/1/2018, you will need to have the application submitted to the OMB at least 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 7/1/2018. In that case, please call GME to discuss options.

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.

**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](http://www.oregon.gov/omb). Under License Applications choose Online Status Report (OSR) and log in using your application ID and password.

**Questions**

If you have any questions about the license application or your current status please call the Oregon Medical Board directly, at 971-673-2700. They are open M-F from 9 a.m. - 12 p.m. and 1 - 3 p.m. PST.
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 ASAP 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 already have an NPI number, provide that number to GME via the NPI form in your MedHub Onboarding dashboard, and update the practice address to OHSU once you move.

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.

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)

Select “individual” for provider type.

Here is a list of information you will need to complete the application:

- 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)
- Practice Location Address and Phone Number (OHSU, 3181 SW Sam Jackson Park Road, Portland OR 97239, 503-494-8211)
- Taxonomy (Student, Health Care 390200000X)
- State License Information (Not required with student taxonomy information)
- Contact Person Name (you)
- Contact Person Phone (use OHSU phone 503-494-8211)
- Email

For NPI technical support contact 1-800-465-3203 or email customerservice@nienumerator.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, including information about benefits and parking. They also provide additional information about Portland and employment at OHSU.

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](https://echo360.org/directLogin). Your account has already been created for you, but you will need to create a password.
2. Click on “Forgot your password?”
3. Enter email address and click “SEND EMAIL”
4. Check email inbox/junk folder entered in step 3, for an email from donotreply@echo360.org with subject “Echo360 password reset”
5. Click the big blue “RESET PASSWORD” button in the email body
6. Enter a new password and click “SAVE”.
   - Passwords should have a minimum of 8 characters. Don't reuse a password from another site and avoid names or dates associated with you. [Read more tips for a strong password](#)
7. The next screen is your dashboard. Congratulations! Your account is ready to use. To view modules, click on “ALL CLASSES”.
8. Click on the module title to proceed to the video. Once viewed, the green play button will turn gray. You can pause and return to the modules at any time. They can also be viewed multiple times. All videos must be viewed by April 13, 2018.

List of Echo360 Modules:
- Benefits at OHSU
- Care Management
- Culture of Safety in the Environment of Care
- Hospital Lab Service
- Imaging at OHSU
- Infection Prevention Control
- Medication Safety
- Oregon Medical Licensure
- Pain Management
- Patient Advocate
- Patient Safety Intelligence
- Resident & Faculty Wellness Program
- Sleep Deprivation
- Working with Interpreters – Language Services
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 email gme@ohsu.edu or indicate your interest via the Incoming Information form in the Onboarding dashboard in MedHub. You will then be contacted by interpreter services to set up a time to complete the exam.

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 are required to 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 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.

**Eligibility**
Languages available for testing to meet OHSU needs:

- American Sign Language
- Arabic
- Cantonese/Mandarin
- Korean
- Russian
- Spanish
- Vietnamese

**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.
PHOTO FOR OHSU ID BADGE, BUSINESS CARDS & PHOTO ROSTER

As part of your incoming paperwork you will need to upload a professional, passport-style color photo to MedHub by April 13.

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
- Directly face the camera (head and shoulders visible)
- Take the photo indoors
- Photo must be in color
- Use a SOLID and LIGHT COLORED background
- Do not use flash
- Do not manipulate the image in any way
- 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

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

GOOD EXAMPLES:

![Good Examples](image1.jpg)

AVOID:

![Avoid Examples](image2.jpg)

A non-solid background
Florescent “office” lights and not direct facing
GME CHECK-IN SESSION

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

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

☐ YOU MUST BRING TWO FORMS OF ACCEPTABLE UNEXPIRED IDENTIFICATION

  o 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.

  o Examples of acceptable ID include:
    ▪ BOTH Passport AND US Driver’s License
    ▪ BOTH US Driver’s License AND Social Security Card

  o Please refer to I-9 instructions on in this section for more information and other examples of acceptable ID.

  o If rotating at the VA, see VA Section for identity documentation criteria and a list of acceptable ID for the VA.

☐ Laptop and charger

☐ A pair of headphones for use with online training modules

☐ License plate number, car make and model to sign up for parking

☐ Blank, voided check or account and routing number to sign up for direct deposit

☐ This Welcome Booklet for reference
GME CHECK-IN SESSION ACTIVITIES

You have been assigned to a GME check-in session. Attendance is mandatory. Your program coordinator will contact you regarding your check-in session date and other orientation activities.

The check-in appointments will start at **8:00 a.m.** and end around **5:00 p.m.** All sessions will be located in the BICC/Library building on the first floor in the BICC Gallery. Directions are on the following pages.

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

**You cannot be hired or paid without attending your GME Check-In session.**

**CHECK-IN SESSION ACTIVITIES:**

***ESSENTIAL: BRING TWO FORMS OF ACCEPTABLE UNEXPIRED IDENTIFICATION ***

- GME Presentation & Orientation
- Activate OHSU network login
- New hire paperwork (bring two forms of ID)
- Occupational Health
  - N-95 mask fitting
  - TB Screening/Quantiferon test
- Obtain OHSU ID Badge
- Obtain OHSU pager
- Sign up for payroll direct deposit
- Sign up for parking
- Check-in with the VA – If you rotate to the VA you will:
  - Take an oath of appointment
  - Get your fingerprints verified
  - Have your VA ID Badge photo taken
- Online training modules (bring laptop, charger, and headphones)
- Sign up for benefits
- Participate in interactive tables
Part Eight
Acceptable Documents for Verifying Employment Authorization and Identity

The following documents have been designated as acceptable for Form I-9 to establish an employee’s employment authorization and identity. The comprehensive Lists of Acceptable Documents can be found on the next pages of this Handbook and on the last page of Form I-9. Samples of many of the acceptable documents appear on the following pages.

To establish both identity and employment authorization, a person must present to his or her employer a document or combination of documents, if applicable, from List A, which shows both identity and employment authorization; or one document from List B, which shows only identity, and one document from List C, which shows only employment authorization.

If a person is unable to present the required document(s) within three business days of the date work for pay begins, he or she must present an acceptable receipt within that time. The person then must present the actual document when the receipt period ends. The person must have indicated on or before the time employment began, by having checked an appropriate box in Section 1, that he or she is already authorized to be employed in the United States. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Receipts are also not acceptable if employment is for fewer than three business days.

The following pages show the most recent versions and representative images of some of the various acceptable documents on the list. These images can assist you in your review of the document presented to you. These pages are not, however, comprehensive. In some cases, many variations of a particular document exist and new versions may be published subsequent to the publication date of this Handbook. Keep in mind that USCIS does not expect you to be a document expert. You are expected to accept documents that reasonably appear to be genuine and to relate to the person presenting them. For a list of acceptable receipts for Form I-9, see Table 1 in Part Two.

LIST A: Documents That Establish Both Identity and Employment Authorization
All documents must be unexpired.

1. U.S. Passport or Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)
4. Employment Authorization Document (Card) that contains a photograph (Form I-766)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien’s nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI
### LIST B: Documents That Establish Identity

All documents must be unexpired.

**For individuals 18 years of age or older:**

1. Driver’s license or ID card issued by a state or outlying possession of the United States, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

2. ID card issued by federal, state, or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address

3. School ID card with a photograph

4. Voter’s registration card

5. U.S. military card or draft record

6. Military dependent’s ID card

7. U.S. Coast Guard Merchant Mariner Card

8. Native American tribal document

9. Driver’s license issued by a Canadian government authority

**For persons under age 18 who are unable to present a document listed above:**

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

### LIST C: Documents That Establish Employment Authorization

All documents must be unexpired.

1. A Social Security Account Number card unless the card includes one of the following restrictions:
   - (1) NOT VALID FOR EMPLOYMENT
   - (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   - (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION

   **NOTE:** A copy (such as a metal or plastic reproduction) is not acceptable.

2. Certification of Birth Abroad issued by the U.S. Department of State (Form FS-545)

3. Certification of Report of Birth issued by the U.S. Department of State (Form DS-1350)

4. Original or certified copy of a birth certificate issued by a state, county, municipal authority, or outlying possession of the United States bearing an official seal

5. Native American tribal document

6. U.S. Citizen Identification Card (Form I-197)

7. Identification Card for Use of Resident Citizen in the United States (Form I-179)

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

You will have the option to add family members, change your medical, dental, and vision policies, add accidental death & dismemberment coverage, increase your voluntary life insurance, and sign-up for short and long-term disability insurance. 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/), the Echo360 Benefits video, and at your GME check-in. Please review the options and be ready to make your selections at your GME check-in.

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

### BENEFIT DOLLARS FOR 2018

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<th>Employee &amp; child(ren)</th>
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### MEDICAL, DENTAL, AND VISION COSTS FOR 2018

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<td>$24.76</td>
<td>$22.29</td>
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</tr>
</tbody>
</table>
OHSU TRANSPORTATION AND PARKING OPTIONS FOR RESIDENTS

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

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

- **Annual 2 Diamond Marquam Hill or Annual South Waterfront Schnitzer Permit**: You will pay for the cost of the parking permit through a pre-tax payroll deduction. **Do not use your parking permit prior to informing T&P of your start date and receipt of the email confirming when payroll deductions will start or you may be subject to T&P enforcement policies. Your permit is only active when payroll deductions are occurring from your paycheck.**
- **Monthly or Quarterly 2 Diamond Marquam Hill or Monthly or Quarterly South Waterfront Schnitzer Parking Permit**: You may select 1-3 months and pay with credit card.
- **Daily Passes**: You may purchase day passes online or at pay stations located in the Dotter lot and the Schnitzer lot at the South Waterfront.

Alternative Transportation Option Details:
**Biking**: [www.ohsu.edu/bike](http://www.ohsu.edu/bike)
The OHSU Bike Program offers facilities, resources, cash-for-biking, bike share and trip tracking. At South Waterfront, our partner, Go by Bike ([www.gobybikepdx.com](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).

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

**Portland Streetcar**: [www.portlandstreetcar.org](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 mass transit options 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 can be purchased at the Customer Service Center in the Physical Plant Building or at the annual Transit Pass distribution that occurs the last two weeks of August.

**Rideshare Vehicles**: Zipcar offers vehicles on campus for round trips, log into their website for more information. You can also rent your own vehicle via Getaround. Another option is Car2Go which allows one-way trips within their home area in designated Car2Go vehicles.

**Carpools**: [www.drivelessconnect.com](http://www.drivelessconnect.com)
Join an active permit or split a day pass. Find other’s interested in carpooling on drivelessconnect.com

If you have any questions, please visit the Transportation and Parking website at www.ohsu.edu/parking or contact Graduation Medical Education at 503-494-8652.
DRIVING DIRECTIONS TO MARQUAM HILL

OHSU interactive map: www.ohsu.edu/map

From Lake Oswego/Sellwood Bridge area
- Travel north on S.W. Macadam Ave.
- Turn left onto S.W. Boundary St.
- Proceed one block and turn right onto S.W. Corbett Ave.
- Turn left onto S.W. Hamilton St.
- Turn right onto S.W. Barbur Blvd. and continue for approximately 2.5 miles.
- Make a sharp left onto S.W. Caruthers St.
- Turn left at the second light onto S.W. 6th Ave.

From the west
- Travel east on Hwy. 26/Sunset Hwy.
- Stay in the right lane and follow the signs to I-405 (Salem/The Dalles).
- After passing through the Vista Ridge tunnel, stay to the right as the freeway branches.
- Take the 6th Ave. exit.
- Turn right onto S.W. 6th Ave., following signs to OHSU.

From the east
- Travel west on I-84. Follow signs to I-5 south (Salem).
- Cross the Marquam Bridge and merge into one of the two left lanes to City Center/Beaverton.
- Take the S.W. 6th Ave. exit. Immediately move to the left lane and turn onto S.W. College St. (or the next street that allows a left turn).
- Turn left onto S.W. Broadway Ave. and move to the right lane.
- Bear right onto S.W. 6th Ave., following signs to OHSU.

From the south via I-5
- Travel north on I-5.
- Take exit 297 (Terwilliger Blvd).
- Turn left at stop light onto S.W. Terwilliger Blvd.
- Turn right onto S.W. Barbur Blvd. and continue for approximately 3 miles.
- Make a sharp left onto S.W. Caruthers St.
- Turn left at the second light onto S.W. 6th Ave.

From the south using S.W. Barbur Blvd.
- Travel north on S.W. Barbur Blvd.
- Make a sharp left onto S.W. Caruthers St.
- Turn left at the second light onto S.W. 6th Ave.

From the southeast
- Travel west on S.E. Powell Blvd.
- Cross the Ross Island Bridge and take the City Center exit.
- Stay in the left lane and merge onto S.W. Kelly, which will turn into S.W. Arthur.
- After crossing S.W. Barbur Blvd., bear left onto S.W. Caruthers.
- Turn left onto S.W. 6th Ave.

From the north
- Travel south on I-5 toward Salem.
- Cross the Marquam Bridge and merge into one of the two left lanes to City Center/Beaverton.
- Take the S.W. 6th Ave exit. Immediately move to the left lane and turn onto S.W. College St. (or the next street that allows a left turn).
- Turn left onto S.W. Broadway Ave. and move to the right lane.
- Bear right onto S.W. 6th Ave, following signs to OHSU.
OHSU CAMPUS DIRECTIONS

Parking on the Hill
- Go straight through the light at SW Terwilliger, there will be a gas station on your left—do not turn onto SW Terwilliger Boulevard at the light.
- Continue up the hill on SW Sam Jackson Park Road as it curves several times.
- When you get to the hospital area you will pass under two pedestrian bridges. Immediately after the second pedestrian bridge, turn left onto US Veterans Road.
- Turn left again at parking lot D. You will enter a driveway that descends into a parking lot.
- **There is reserved parking for you on your check-in day.** It is to the right on the top level. There will be a parking lot attendant waiting on the top level to check you in. If you arrive after 8:00a.m., please call GME at 503-494-8652. See parking structure “D” (Canyon Lot) Map.
- DO NOT park in any patient parking lots. You will be ticketed.

To the BICC/LIBRARY
- Go to the elevator in Parking Garage D and take it to the BR (bridge) level.
- Exit to your left and continue on the walkway.
- At the end of the walkway, turn right and enter the doors all the way at the end on the left.
- Take the elevator or the stairs down to LEVEL 1.
- Turn left as you exit the elevator, or if taking the stairs, turn slightly right as you exit the stairway.
- GME Check-In will be in the BICC Gallery, the long large room with glass doors.
## VA ONBOARDING CHECKLIST

**DUE: April 13, 2018**

### DOCUMENTS TO BE MAILED TO THE VA

*Completed, signed, included in the envelope provided, and returned to VA by 4/13/18.*

- [ ] VAMC Self Certification of Continuous Federal Service
- [ ] VAMC Application (10-2850d)
- [ ] VAMC Declaration for Federal Employment (OF 306)
- [ ] Photocopy of an **UNEXPIRED** ID with your **FULL** legal name, i.e. passport, green card, birth certificate.

### ACTIVITIES TO BE COMPLETED FOR THE VA

- [ ] Schedule courtesy fingerprinting at your local VA
- [ ] Complete *VHA Mandatory Training for Trainees* Online Training
Welcome! Congratulations on joining the Oregon Health & Science University Graduate Medical Education (OHSU GME) Program and the Portland Veterans Affairs Health Care System (VAPORHCS). We are proud of our relationship with OHSU, and look forward to our educational experience with you at the VAPORHCS where our mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being.

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

The GME and VA check-in appointments will be held jointly to make the best use of your time. Your check-in appointment will include taking an oath of office and signing an appointment letter*, verification of ID** and having your photo taken for the ID Badge (fingerprint should be done at least a week BEFORE your check in session). See Courtesy Prints memo for instructions.

*Your signed appointment letter entitles you to coverage under the US Federal Tort Claims Act (i.e. malpractice insurance). Please note an appointment is based upon a satisfactory fingerprint criminal history report.

**You must bring TWO valid forms of identification. (See “Identity Documentation Criteria” included in this section.)

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

<table>
<thead>
<tr>
<th>Department</th>
<th>Contact Person</th>
<th>Phone numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Service</td>
<td>Earl Emery – 503-220-8262</td>
<td>x55860</td>
</tr>
<tr>
<td>Division of Hospital &amp; Specialty Medicine</td>
<td>Adam Trabka– 503-220-8262</td>
<td>x55593</td>
</tr>
<tr>
<td>Emergency Department</td>
<td>Charles Dailey – 503-220-8262</td>
<td>x55435</td>
</tr>
<tr>
<td>Imaging Service</td>
<td>Rayn Dunbar – 503-220-8262</td>
<td>x52025</td>
</tr>
<tr>
<td>Mental Health Division</td>
<td>Catarina Felix –503-220-8262</td>
<td>x58281</td>
</tr>
<tr>
<td>Neurology Service</td>
<td>Elizabeth Hilberg – 503-220-8262</td>
<td>x57019</td>
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<tr>
<td>Operative Care Division (OCD)</td>
<td>Allison Amabisca - 503-220-8262</td>
<td>x57540</td>
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<tr>
<td>OCD includes Anesthesiology,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology, Eye Care, and Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pathology &amp; Laboratory</td>
<td>Shayla Anderson – 503-220-8262</td>
<td>x56774</td>
</tr>
<tr>
<td>HR/Security</td>
<td>503-273-5236, Fax: 503-273-5029</td>
<td></td>
</tr>
</tbody>
</table>

I hope the information provided here answers most of your questions, if not, please do not hesitate to contact me at 503-220-8262 x57420 or x54749, or by e-mail at Jonathan.Collins2@va.gov or Andrew.Cox3@va.gov. I thank you for your interest in the Portland VA Health Care System and look forward to meeting with you.

Sincerely,

Johnathan Collins
Graduate Medical Education
Portland VA Medical Center
An envelope is provided for you in the center pocket of this Welcome Book. Mail all items to:

PVAHCS
c/o Grad MED EDUCATION
P2EDUC
3710 SW US Veteran’s Hospital Rd
Portland, OR
97239-2999

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

1. Self Certification of Continuous Federal Service*
2. Application for Health Professions Trainees – VA Form 10-2850D*
3. Declaration for Federal Employment - Form OF306*
4. Photocopy of an ID with your FULL legal name, i.e. passport, green card, birth certificate. A middle initial is NOT considered a full name.
5. Biometrics Form 0711 – i.e. height, weight, hair color, etc.*

* These forms are in the center pocket of this Welcome Booklet. Please complete fully, sign and date all pages where required.

Things to look for on Declaration for Federal Employment – Form OF306:

- If you answer YES to 9 through 11, you must give the details of your violation in the following format: (#9: 12/31/2001; DUI; Portland, OR, Multnomah County Courthouse, 1021 SW 4th Ave, Portland, OR 97204.)

- If you answer YES to 12 through 14, please ensure you supply the information requested by each question.

- You are considered an applicant until you are appointed at check-in. On the Declaration for the Federal Employment Form OF306, please only sign and date 17a not 17b.

Things to note on Application for Health Professions Trainees - VA Form 10-2850D:

- Check ‘NO’ on boxes 21-23
In order to expedite your VA check in process, we are asking that you get “courtesy fingerprinting” done at a VAMC close to your current location. If you do not get courtesy prints, you will be at least a week behind in processing by the time of your OHSU GME check-in.

☐ If you are for some reason not able to get your courtesy prints done, please email Jonathan.Collins2@va.gov or Andrew.Cox3@va.gov or call 503-220-8262 x54749 or x57420.

In order to get your courtesy prints, you will need to follow these 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 1st, 2018
  - 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 Jonathan.Collins2@va.gov and Andrew.Cox3@va.gov

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

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

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

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

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

For Questions or if you have problems scheduling with your local VA, please contact the Portland VA Security Team at 503-273-5236.
Dear VA Health Professions Trainee,

VHA Mandatory Training for Trainees

In order for you to train at 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). The TMS offers web-based training to VA employees and its partners.

To use the TMS, you must self-enroll and create a profile at https://www.tms.va.gov. Once you are at the TMS website, follow the steps listed below to create your profile, launch the mandatory training course and complete the content prior to your coming to VA to begin your clinical training.

Managed Self-Enrollment (MSE) enhances VA’s training and reporting compliance, and is another step toward establishing VA as a 21st century organization built on providing the best care and service possible for our Veterans!

1.1 Step-by-Step Instructions

1. From a computer, launch a web browser and navigate to https://www.tms.va.gov
2. Click the [Create New User] link located near the SIGN IN button.
3. Select the radio button for “Health Professions Trainee” DO NOT SELECT "WOC" or any other option.
4. Click the [Next] button
5. Complete all required fields, and any non-required fields, if possible.
   a. My Account Information:
      i. Create Password
      ii. Re-enter Password
      iii. Security Question
      iv. Security Answer
      v. Social Security Number* (If you do not have a Social Security Number, follow the on-screen instructions when registering.)
      vi. Re-enter Social Security Number
      vii. Date of Birth
      viii. Legal First Name
      ix. Legal Last Name
      x. Enter Middle Initial only (if you have one)
      xi. Email Address (Enter an email address you plan to have access to throughout your training. The Email address will be used as your UserID when you login)
      xii. Re-enter Email address
      xiii. Phone Number (Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)

   b. My Job Information:
      i. VA City – Portland
ii. VA State – Oregon
iii. VA Location Code – POR
iv. Trainee Type
v. Specialty/Discipline
vi. VA Point of Contact (POC) First Name: Please see list on next page
vii. VA Point of Contact Last Name: Please see list on next page
viii. VA Point of Contact Email: Please see list on next page

Once you have entered all of the required data, click the “Submit” button. Your profile will be immediately created. Copy and save the UserID displayed to you on the confirmation page, as you will need this for future logons to the VA TMS. Once done, click on the “Continue” button and wait until your “To-Do” list is displayed with the title of the mandatory training course.

***IMPORTANT: As soon as you complete self-registration, send an email to your VA POC to inform him/her that you are self-registered on TMS. At this time the POC has 72 hours in order to validate your registration. If your registration is not validated, your account will be erased and you will need to start over. Do not edit your profile after you have created your account***

1.2 Launching and Completing the Content

1. Mouse over the title of the VHA Mandatory Training for Trainees training course.
2. Click the [Go to Content] button in the pop-up window that appears.
3. Complete the course content following the on-screen instructions.
4. Exit the course and a completion of the course will be recorded for your effort.
5. Click on the “Completed Work” pod on the lower right hand side of your internet browser window.
6. Move your mouse over the title of the course you just completed and choose to “Print Completion Certificate”.
7. Print your completion certificate and save it in a pdf file for your records. Email the PDF to your VA Point of Contact (see list below).

1.3 Trouble-shooting and Assistance

The Check System link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one of the components of your computer is not in compliance with the requirements, a red “x” will appear next to the Check System link. Should this be the case with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS.

If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1.888.501.4917 or via email at VAMSEHelp@gpworldwide.com.

* 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.
<table>
<thead>
<tr>
<th>Training Program</th>
<th>VA Point Of Contact</th>
</tr>
</thead>
</table>
| Anesthesiology, including  
  - Anesthesia critical care  
  - Pain medicine | First name: Allison  
  Last name: Amabisca  
  Email: vhapor-OCDResidentCoordinator@va.gov |
| Emergency Medicine | First name: Charles  
  Last name: Dailey  
  Email: Charles.dailey@va.gov |
| Division of Hospital and Specialty Medicine (DHSM), including  
  - Gerontology  
  - Hospice and Palliative Care  
  - Sleep Medicine | First name: Adam  
  Last name: Trabka  
  Email: Vhapor-DHSMresidentcoordinator@va.gov |
| DHSM, including  
  - All residents from Providence Healthcare System  
  - Internal Medicine | First name: Adam  
  Last name: Trabka  
  Email: Adam.Trabka@va.gov  
  or vhapor-DHSMresidentcoordinator@va.gov |
| DHSM, including  
  - All residents from Samaritan Health System  
  - Cardiology  
  - Critical Care  
  - CCE (EP)  
  - Endocrinology  
  - Family medicine  
  - Gastroenterology  
  - Hematology/Oncology  
  - Infectious Diseases  
  - Nephrology  
  - Preventive medicine  
  - Pulmonary & Critical Care  
  - Rheumatology  
  - Transplant/Hepatology | First name: Adam  
  Last name: Trabka  
  Email: Adam.Trabka@va.gov  
  or vhapor-DHSMresidentcoordinator@va.gov |
| Neurology, including  
  - Neurodevelopmental  
  - Neurophysiology  
  - Vascular neurology | First name: Elizabeth  
  Last name: Hilberg  
  Email: Elizabeth.Hilberg@va.gov |
| Surgery, including  
  - Cardiothoracic  
  - Dermatology  
  - General surgery  
  - Neurosurgery  
  - Obstetrics and gynecology  
  - Ophthalmology  
  - Orthopedic surgery  
  - Otolaryngology (ENT)  
  - Surgical critical care  
  - Transplant  
  - Transplant nephrology  
  - Urology  
  - Vascular | First name: Allison  
  Last name: Amabisca  
  Email: vhapor-OCDResidentCoordinator@va.gov |
| Pathology | First name: Shayla  
  Last name: Anderson  
  Email: Shayla.Anderson@va.gov |
| Psychiatry, including  
  - Addiction  
  - Geriatric  
  - Psychosomatic | First name: Catarina  
  Last name: Felix  
  Email: Catarina.Felix@va.gov |
| Radiology, including  
  - Diagnostic radiology  
  - Interventional  
  - Neuroradiology | First name: Ravyn  
  Last name: Dunbar  
  Email: vhapor-ImagingResAdmin@va.gov |
APPENDIX B – IDENTITY DOCUMENTATION CRITERIA

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

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

3. Identity Document Criteria
   a. The Registrar must examine each identity source document provided by the Applicant.
   b. All identity source documents must be unexpired
   c. Any document that appears invalid (e.g., absence of security hologram, or other known security features, on a State issued driver’s license; absence of security features on a birth certificate or passport; smeared ink; missing information; etc.) is to be rejected by the Registrar and reported to the Office of Security and Law Enforcement (OSLE) for review.
   d. Handwritten or photocopied documents are not acceptable.

4. Acceptable Identity Documents. Two forms of identification are required from Table 1: Acceptable Identity Documents. The following combinations are accepted:
   a. Two forms of identification from Column A (Government Issued Photo ID);
   b. One form of identification from Column A and one form from Column B (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government); or
   c. For persons under the age of 18 who are unable to present a document from Column A, the following documents are acceptable:
      (1) School record or report card or
      (2) Clinic, doctor, or hospital record.

5. Applicant Names
   a. The name of the Applicant in the card request must match the name exactly as printed on at least one of the identity source documents. The names on the identity source documents must match using the examples in Table 2: Acceptable Name Mismatches and Table 3: Not Acceptable Name Mismatches.
b. Applicants with multiple last names may use the guidance for middle names in Table 2: Acceptable Name Mismatches.

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

Table 1. Acceptable Identity Documents

<table>
<thead>
<tr>
<th>COLUMN A</th>
<th>COLUMN B Non-Picture ID and or Acceptable Picture ID not issued by Federal or State Government</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Issued Photo ID</td>
<td>• Social Security Card</td>
</tr>
<tr>
<td>• U.S. Passport or U.S. Passport Card</td>
<td>• Original or certified Birth Certificate</td>
</tr>
<tr>
<td>• Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>• Certification of Birth Abroad Issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>• Foreign passport that contains a temporary I-551 stamp</td>
<td>• Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>• Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>• Voter’s Registration Card</td>
</tr>
<tr>
<td>• Foreign passport with Form I-94 or Form I-94A</td>
<td>• Native American Tribal Document</td>
</tr>
<tr>
<td>• Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A</td>
<td>• U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>• Driver’s license or State issued ID card</td>
<td>• Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>• Federal, state, or local government issued ID card</td>
<td>• Employment Authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>• School ID with photograph</td>
<td>• Canadian Driver’s License</td>
</tr>
<tr>
<td>• U.S. Military card</td>
<td></td>
</tr>
<tr>
<td>• Military dependent’s ID card</td>
<td></td>
</tr>
<tr>
<td>• U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
<tr>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td>• School record or report card</td>
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</tr>
<tr>
<td>• Clinic, doctor, or hospital record</td>
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</tbody>
</table>
Table 2. Acceptable Name Mismatches

<table>
<thead>
<tr>
<th>Name</th>
<th>Acceptable Mismatches</th>
<th>First Name Source Shows</th>
<th>Second Name Source Shows</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Single first name</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: “Mary” (with “L.” given as middle initial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>Single letter as middle initial</td>
<td>Middle name spelled out, first letter of the name matches the single letter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: “L.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compressed middle name</td>
<td></td>
<td>Properly-formed expansion of middle name</td>
</tr>
<tr>
<td></td>
<td>Example: “Heewan”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last</td>
<td>Last name given in hyphenated form</td>
<td>Last name given in non-hyphenated form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Example: “Smith-Jones”</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Not Acceptable Name Mismatches

<table>
<thead>
<tr>
<th>Not Acceptable Mismatches</th>
<th>First Name Source Shows</th>
<th>Second Name Source Shows</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apparent typo or transposition of letters in the name</td>
<td>“John”</td>
<td>“John”</td>
</tr>
<tr>
<td></td>
<td>“Smyth”</td>
<td>“Smith”</td>
</tr>
<tr>
<td>Mismatch between given name and an alias or nickname</td>
<td>“Jim”</td>
<td>“James”</td>
</tr>
<tr>
<td>First and middle names swapped</td>
<td>“Eldon S. Smith”</td>
<td>“Scott Smith”</td>
</tr>
<tr>
<td>Mismatch of suffix</td>
<td>“Tom Smith Jr.”</td>
<td>“Tom Smith”</td>
</tr>
</tbody>
</table>
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? ________________

a. Has it been in the past two years 
☐ YES ☐ NO

b. I completed a background investigation (NACI) 
☐ YES ☐ NO

c. I have been previously issued a Personal Identity Verification (PIV) ID Badge 
☐ YES ☐ NO

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 ________________

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: _______________________________
### APPLICATION FOR HEALTH PROFESSIONS TRAINEES

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

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

<table>
<thead>
<tr>
<th>1A. NAME (Last, First, Middle)</th>
<th>1B. OTHER NAMES USED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. PRESENT ADDRESS (Include ZIP Code)</th>
<th>3A. PRIMARY PHONE (Include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3B. ALTERNATE PHONE (Include area code)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. SOCIAL SECURITY NUMBER</th>
<th>5A. PRIMARY EMAIL ADDRESS</th>
<th>5B. ALTERNATE EMAIL ADDRESS</th>
<th>6. DATE OF BIRTH (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7A. VA TRAINING FACILITY (City, State)</th>
<th>7B. VA TRAINING START DATE (mm/yyyy)</th>
<th>7C. VA TRAINING END DATE (mm/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UNKNOWN</td>
<td>UNKNOWN</td>
</tr>
</tbody>
</table>

### II - U.S. MILITARY DUTY STATUS

<table>
<thead>
<tr>
<th>8A. ARE YOU NOW IN U.S. MILITARY?</th>
<th>8B. ARE YOU IN THE RESERVES OR NATIONAL GUARD?</th>
<th>8C. BRANCH OF SERVICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES (if YES, complete 8c)</td>
<td>YES (if YES, complete 8c)</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

### III - CITIZENSHIP

<table>
<thead>
<tr>
<th>9A. CITIZENSHIP</th>
<th>9B. COUNTRY OF CITIZENSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. CITIZEN BY BIRTH</td>
<td>NATURALIZED U.S. CITIZEN</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>10A. IMMIGRANT</th>
<th>10B. EXCHANGE VISITOR</th>
<th>10C. OTHER NON-IMMIGRANT</th>
<th>10D. FORM DS2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;A&quot; NUMBER</td>
<td>VISA TYPE</td>
<td>VISA NUMBER</td>
<td>VISA TYPE</td>
</tr>
<tr>
<td>DATE</td>
<td>ISSUE DATE</td>
<td>EXPIRATION DATE</td>
<td>ISSUE DATE</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EXPIRATION DATE</td>
</tr>
</tbody>
</table>

**DO YOU HAVE A VALID DS2019?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**DATE OF LAST VALIDATION (MM/DD/YYYY)**

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

11A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL).

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

11B. Incomplete items on the TQCVL have been addressed and resolved.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

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

11D. Comments:

11E. This applicant has been approved for appointment.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

11F. Comments:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

12A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE

12B. TITLE

12C. DATE
### V - License, Certification, or Registration in Current Clinical Profession

<table>
<thead>
<tr>
<th>13A. List all licenses, certifications, and registrations, including DEA, that you have never had as a health professional, i.e., medical, nursing, pharmacy, etc.</th>
<th>13B. State issuing license</th>
<th>13C. License, certification or registration number</th>
<th>13D. Expiration date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

### VI - License, Certification, or Registration in Other/Previous Clinical Profession(s)

<table>
<thead>
<tr>
<th>14A. List all licenses, certifications, and registrations, including DEA, that you have ever had as a health professional, i.e., medical, nursing, pharmacy, etc.</th>
<th>14B. State issuing license</th>
<th>14C. License, certification or registration number</th>
<th>14D. Expiration date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

### 15. Enter your National Provider Identifier (NPI)

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

16. Do you have pending, or have you ever had any license, certification, or registration to practice (including DEA certificate) revoked, suspended, denied, restricted, or placed on a probationary status, or have you ever voluntarily relinquished a license, certification, or registration in lieu of formal action?  

   - Yes - Explain in Part XI  
   - No

17. Do you have pending, or have you ever had clinical privileges at any health care institution or agency revoked, suspended, denied, restricted, limited, or placed on a probationary status, or have you ever voluntarily relinquished clinical privileges in lieu of formal action?  

   - Yes - Explain in Part XI  
   - No

### VII - Education and Training After High School Through Graduate / Professional School (Continue in Part XI if necessary)

<table>
<thead>
<tr>
<th>18A. Name of School</th>
<th>18B. Address (City, State, and Zip Code)</th>
<th>18C. Start date (MM/YY)</th>
<th>18D. (Expected) completion date (MM/YY)</th>
<th>18E. Diploma, degree, or certificate awarded or in progress</th>
<th>18F. Major field of study</th>
</tr>
</thead>
</table>

### VIII - Graduates of an International Medical School

| 19A. Are you a graduate of an international medical school?  
   - Yes  
   - No | 19B. Educational Commission for Foreign Medical Graduates (ECFMG) certificate number | 19C. ECFMG certificate date |
|---|---|---|

### IX - Internship, Residency and Fellowship Training

<table>
<thead>
<tr>
<th>20A. Name of hospital or institution</th>
<th>20B. Address (City, State and ZIP code)</th>
<th>20C. Specialty</th>
<th>20D. Start date (MM/YY)</th>
<th>20E. (Expected) completion date (MM/YY)</th>
<th>20F. Number of months completed</th>
</tr>
</thead>
</table>
## X - ADDITIONAL QUESTIONS

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PLACE AN 'x' IN APPROPRIATE SPACE. IF YES, EXPLAIN DETAILS IN PART XI</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>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?</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>22</td>
<td>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.</td>
<td>☐</td>
<td>☒</td>
</tr>
<tr>
<td>23</td>
<td>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.</td>
<td>☐</td>
<td>☒</td>
</tr>
</tbody>
</table>

## XI - REMARKS

(Include additional information requested in items above. Be sure to indicate item number on Form to which the comment refers.)

<table>
<thead>
<tr>
<th>ITEM NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

## XII - CERTIFICATION

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

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

24A. SIGNATURE OF APPLICANT (sign in dark ink)  
24B. DATE (mm/dd/yyyy)
**AUTHORIZED FOR RELEASE OF INFORMATION**

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

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

- [ ] Authorize release of such information and copies of related records and documents to VA officials;

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

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

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

**SIGNATURE OF APPLICANT**

**DATE**

---

**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE**

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

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

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

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

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

---

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

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

Instructions

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

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

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

Privacy Act Statement

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

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

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

Public Burden Statement

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

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

GENERAL INFORMATION

1. FULL NAME (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr." or "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)

☐ ☐ ☐

Select 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."

<table>
<thead>
<tr>
<th>Branch</th>
<th>From (MM/DD/YYYY)</th>
<th>To (MM/DD/YYYY)</th>
<th>Type of Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

U.S. Office of Personnel Management
5 U.S.C. 1302, 3301, 3304, 3328 & 6716

Optional Form 306
Revised October 2011
Previous editions obsolete and unusable
Declaration for Federal Employment*
(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.

[ ] YES [ ] NO

15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?

[ ] YES [ ] NO

Continuation Space / Agency Optional Questions

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

Certifications / Additional Questions

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

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, including 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

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8718

Optional Form 306
Revised October 2011
Previous editions obsolete and unusable
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.

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

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

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

As a service to its community, OHSU offers links from this Web site to resources and web sites developed by other organizations. These links are provided as a resource only. Unless specifically stated, the inclusion of such links does not imply endorsement or support of information, products or services offered by an organization other than the OHSU. Information contained on such linked resources should be independently verified.
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COMMUNITY RESOURCES

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

**TriMet** ([www.trimet.org](http://www.trimet.org))
Public transportation in the Portland metropolitan area.

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

**Portland Parks and Recreation** ([www.portlandoregon.gov/parks](http://www.portlandoregon.gov/parks))
Recreational activities and community centers in Portland.

**Portland Monthly Magazine** ([www.pdxmonthly.com](http://www.pdxmonthly.com))
General interest magazine covering the arts, fashion, entertainment, and dining in Portland.

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

**Portland Mercury** ([www.portlandmercury.com](http://www.portlandmercury.com))
Weekly newspaper features entertainment and local political news; concert listings and humor.

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

**Portland Farmers Market** ([www.portlandfarmersmarket.org](http://www.portlandfarmersmarket.org))
Information on seven local farmers markets.

**The City Of Portland Online** ([www.portlandoregon.gov](http://www.portlandoregon.gov))
Website for City of Portland including information on the city’s political system, government, current laws, and issues of debate.

**Powell’s Books** ([www.powells.com](http://www.powells.com))
Powell’s Books is the largest independent used and new bookstore in the world, and is located in Portland’s Pearl District.

**The Columbia River Gorge Visitors Association** ([www.crgva.org](http://www.crgva.org))
Provides recreation, lodging, dining, and shopping information, business directory, and maps.

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CHILD CARE & EDUCATION RESOURCES

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

ChildCare Aware of Washington State (www.childcarenet.org)
Child Care Aware of Washington serves as a community resource for child care throughout the state.

Community Action Child Care Resource & Referral (www.caowash.org)
Community Action’s Child Care Resource & Referral (CCR&R) program provides parents and families in both Washington and Columbia counties with free child care referrals and resources.

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

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

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

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

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

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

As a service to its community, OHSU offers links from this Web site to resources and web sites developed by other organizations. These links are provided as a resource only. Unless specifically stated, the inclusion of such links does not imply endorsement or support of information, products or services offered by an organization other than the OHSU. Information contained on such linked resources should be independently verified.
STUDENT LOAN INFORMATION

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

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

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

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

Know where your loans are and your repayment timeline

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

Where to find the information:

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

This is the central location for all of your 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).
#2 – StudentLoans.gov: https://studentloans.gov/myDirectLoan/index.action

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

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

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

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

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

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

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

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

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

FEDERAL LOANS:

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

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

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

Income Driven Repayment

There are numerous income driven (not to be confused with income based) repayment options available to borrowers of federal loans. These options include:

- Pay As You Earn
- Revised Expanded Pay As You Earn
- Income Based Repayment 1
- Income Based Repayment 2
- Income Contingent Repayment

The federal repayment website will explain each option in detail.

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

EXAMPLE TIMELINE

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

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

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

November

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

December

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

January

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

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

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

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

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

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

All residents and fellows can receive free, confidential coaching and counseling services here at OHSU.

We are here to help you address any problems or concerns that may or may not be related to training. You don’t need to be in crisis, you may just want to talk. If your need is urgent please page:

**URGENT PAGER: 10975**

We are all experienced in working with residents and fellows and we are available for an urgent consultation or scheduled appointments. We have flexible schedules throughout the day, as well as early morning and early evening appointments. We will help you find a way to take a break, so that you can access our services.

**COACHING AND COUNSELING CAN HELP YOU:**
- Manage stress better
- Set more realistic expectations
- Be more productive and effective at work
- Resolve or repair relationship concerns
- Improve your connection with others
- Enjoy life, feel more hopeful and upbeat

**SERVICES OFFERED:**
- Brief evaluation and consultation
- Individual coaching/ counseling
- Psychiatric medical consultation
- Referrals to OHSU and community resources for primary care
- Educational workshops

**CONTACT ANY ONE ON OUR TEAM:**

Marie Soller, M.D.  Mary Moffit, Ph.D.  Sydney Ey, Ph.D.
soller@ohsu.edu  moffitm@ohsu.edu  eys@ohsu.edu

www.ohsu.edu/rfwp
Employee Resource Groups

Oregon Health and Science University's Center for Diversity & Inclusion (CDI) leads and supports university-wide initiatives to create an environment of respect and inclusion for all people. Through various programs and services, CDI 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 a host of 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 or visit ohsu.edu/diversity.
THE SECRET TO SURVIVING MEDICAL TRAINING IS...

A HAPPY FAMILY!

Get connected with other Resident, Fellow and Medical Student families! ORFN is a wonderful network of medical spouses (and significant others) supporting each other throughout the medical training journey. Whether you have children or not, ORFN has something for everyone!

- Book Club
- Playgroup
- Girls Night Out
- Interest Night
- Fall Family Picnic
- Holiday Gatherings
- Community Service Opportunities

If you are interested in participating in ORFN or want to get more information, please contact Mina Nguyen-Driver at nguyendr@ohsu.edu or 503-494-1093.