Department of Veterans Affairs

CLINICAL TRAINEE REGISTRATION FORM

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

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

First Name	MI	Last Name	
Social Security Number		Home Email Address	
Street Address 1			
Street Address 2			
Street Address 3			
City		State	Zip

Current Degree Level: ***(mark only one)***

- ○ Certificate/Diploma
- ○ Associate
- ○ Baccalaureate
- ○ Master's
- ○ Post-master's fellowship
- ○ Doctoral
- ○ Postdoctoral (other than residents)
- ○ Residency/Fellowship

Program of Study: ***(mark only one)***
(Discipline that best describes the current program of study

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

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

○ 2003 ○ 2004 ○ 2005
○ 2006 ○ 2007 ○ 2008