

Department of Veterans Affairs

Employee Incentive Scholarship Program (EISP) MOBILITY AGREEMENT

The purpose of the Employee Incentive Scholarship Program (EISP) is to establish an incentive program for Veterans Health Administration (VHA) employees, in order to assist VHA in meeting its staffing needs for health professional occupations in which recruitment or retention of qualified personnel is difficult. The National Nursing Education Initiative (NNEI) and VA National Education for Employees Program (VANEEP) are initiatives stemming from the legislative authority of EISP.

Eligibility for EISP under Title 38 United States Code Chapter 76, requires a participant's agreement to serve in the position for which the program prepared him/her, and to serve as a full-time employee in a VHA facility selected by the Secretary.

This Mobility Agreement is being executed by (Employee Name) cursuant to consideration for participation in the following EISP initiative:				
_ EISP	NNEI	VANEEP -	☐ VA/DOD CRNA	
Initial	I understand that while my preferences will be considered to the extent possible, my initial assignment after graduation and completion of my licensure/certification, will be made based on the needs of the VHA, and I may be required to accept assignment at any VHA facility where my services are needed.			
Initial	I agree to relocate, if necessary, at my own expense to complete my service obligation period in accordance with Sections C.10 and C.11 of my EISP/NNEI/VANEEP Agreement.			
Initial	I understand if my initial assignment is not offered at my facility of choice, relocation benefits will not be paid by the Scholarships and Clinical Education Office and that I cannot accept any additional incentive or benefit that will result in a service obligation which will run concurrently with my EISP/NNEI/VANEEP service obligation.			
Initial	I understand that I am subject to the provisions of Section C of my EISP/NNEI/VANEEP Agreement.			
I certify that I have read and understand this Mobility Agreement, and that by accepting this scholarship I hereby agree to abide by the terms and conditions of this Mobility Agreement.				
Employee Name			Current VA Facility	
Date		Signature (Signature (Electronic signature enabled)	

PRIVACY ACT NOTICE: The VA is asking you to provide the information on this form under the authority of 38 U.S.C. 7671-7675 in order for VA to determine your eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has an interest; the administration of VA training and scholarship programs, including verification of your eligibility to participate; and personnel administration. You do not have to provide this information to VA, but if you do not, VA will be unable to process your request for a scholarship. If you give VA your social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer your scholarship, if awarded. It also may be used for other purposes authorized or required by law.