**Welcome to the Department of Veterans Affairs! We are pleased that the VA will be a part of your training and we look forward to working with you as a member of our team. In order to experience a smooth transition and ensure a timely start to VA rotations please complete all VA forms and training.**

**All forms should be completed to the best of your ability and sign where appropriate. Please pay close attention to the special instructions below and embedded in this document.**

**If you have any problems opening the documents, ensure your popup blocker is disabled. Sometimes the documents work better with the Internet Explorer web browser.**

**Please print and place in the order below for orientation.**

**If you have a question regarding any document, you may contact the program coordinator, Scott Sheridan at 1-816-861-4700, ext 52017 or email** [**scott.sheridan@va.gov**](mailto:scott.sheridan@va.gov)**.**

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| --- | --- |
| **VA Request for Personal Identity Verification (PIV) Card**  **(KCVA BG Data Collection Form)**  *Complete (Numbers 1-17)* |  |
| **VA Application for Health Professional Trainees (VA Form 10-2850D)**  *Complete and sign form*  *\*ensure name and SSN filled in on top of pgs 2-4* |  |
| **VA Declaration for Federal Employment**  **(OF 306)**  *Complete and sign block 17A & 17B* |  |
| **VA Appointment Affidavit (SF61)**  *Complete and sign form as appointee*  *\*Notarization of form is NOT required*  *\*Do not fill in data after Signature of Appointee* |  |
| **VA Fingerprinting and PIV Badge Instructions**  *Follow instructions on the form to get your fingerprints and PIV badging completed at the nearest VA Medical Center* |  |
| **VA Appointment Letter (**WOC 2yr)  *Complete and sign form* |  |
| **VA Mandatory Training for Trainees Certificate (MTT)**  *Complete online training per instructions. Save and print MTT completion certificate only*  *\*If you have completed TMS in the past contact Scott, you are not able to create another account*  *\*This training is mandatory for all trainees and must be completed.*  *\*This is a yearly requirement*  *\*Certificate expires 1 year from completion date* |  |
| **VA Random Drug Testing Notification and Acknowledgement**  *Please review, sign and date* |  |