



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.

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.

Form with fields: Last Name, First Name, Middle (If none, enter NMN), Other Names Used, Date of Birth, Social Security Number, Email, Phone

Program Training Information

Form with fields: Name of School (Affiliate), Service PGY Level, Start Date, Service Assigned, End Date, Sub-specialty within Service, Current Degree Level, Program of Study

Fingerprinting

Form with Yes/No columns and questions: Have you been fingerprinted within the last 6 months at a VA facility? If No, DO NOT complete further or submit this packet before you are fingerprinted and completed the section above.

Previous VA Trainig/Volounteering

Form with Yes/No columns and questions: Have you trained at this facility previously? Have you trained or volunteered at any Va facility previously? If you have volunteered or trained at another VA facility, what is the name of the facility?

PIV Sponsoring information

Form with fields: Gender, Race, Height, Weight (in lbs.), Eye Color, Hair Color, Place of Birth City, State, /Country, Citizenship (US/other)

Complete Orientation

Form with instructions: In addition to completing this packet, trainees must complete the following check list and securely message all application additional material before they can be credentialed. List includes: Self enrolled in Training Management System (TMS) and complete VHA Mandatory Training for Trainees, Submit VHA Mandatory Training for Trainees certificate, VHA AHS Infection Control Primer, Disruptive Behavior Reporting VAAHS VAAHS, Joint Patient Safety Reporting (JPSR)

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

**Department of  
Veterans Affairs**

**Memorandum**

From: VHA Office of Academic Affiliations (OAA)

Subj: Random Drug Testing Notification and Acknowledgement

To: Health Professions Trainee (HPT) in a Testing Designated Positions (TDP)

1. On September 15, 1986, President Reagan signed Executive Order 12564, Drug-Free Federal Workplace, establishing a policy against the use of illegal drugs by Federal employees, whether on or off duty. In accordance with the Executive Order, VA has established a Drug-Free Workplace Program to include random testing for the use of illegal drugs by employees (to include trainees) in sensitive positions.
2. This is to notify you that as an HPT in a sensitive position you may be subject to random drug testing. The testing procedures, including the collection of a urine specimen, will be conducted in accordance with Department of Health and Human Services (HHS) Guidelines for Drug Testing Programs.
  - a. The only VHA Training Programs exempt from Random Drug Testing per policy are:  
Clinical Pastoral Education (Chaplain), Social Work, Dietetics, Occupational Therapy, Optometry, Audiology, Speech Pathology, Non-Clinical and Administrative
3. You can be assured that the quality of testing procedures is tightly controlled, that the test used to confirm use of illegal drugs is highly reliable and that the test results will be handled with maximum respect for individual confidentiality, consistent with safety and security.
4. As a trainee subject to random drug testing you should be aware of the following:
  - Counseling and rehabilitation assistance are available to all trainees through existing Employee Assistance Programs (EAP) at VA facilities (information on EAP can be obtained from your local Human Resources office).
  - You will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal drug to a Medical Review Officer (MRO).
  - VA will initiate termination of VA appointment and/or dismissal from VA rotation against any trainee who:
    - o refuses to be tested,
    - o refuses to obtain counseling or rehabilitation after a verified positive drug test, or
    - o does not refrain from illegal drug use after a verified positive drug test.
5. Random testing will begin no sooner than 30 days from the date you sign this acknowledgement.
6. Visit the US Office of Personnel Management (OPM) Work-Life webpage for information on Services Available for You, Guidance & Legislation as well as Substance User Disorder.  
<https://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/>

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**I acknowledge receiving and reading the notice which states that my position may be designated for random drug testing, and that, if selected, refusal to submit to testing will result in termination and/or dismissal from the VA.**

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Training Program and Affiliate

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Print Name and Date Signed

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Signature **Time Stamp Digital Signature Only**



**Department of Veterans Affairs Ann Arbor Healthcare System (30)**  
**2215 Fuller Road**  
**Ann Arbor MI 48105**

In Reply Refer To: 506/30

Sign this form if you are a non-stipened learner

Welcome to the VA Ann Arbor Healthcare System. You will be assigned to our facility as a:

\_\_\_\_\_ from \_\_\_\_\_ through \_\_\_\_\_  
 (Trainee i.e. Resident, nursing student etc.)      (Date began program with your school)      (Last month and year of Degree Program of Study with your school)

Under authority of 38 U.S.C. 7405(a)(1). During your period of affiliation with the VA Ann Arbor Healthcare System you are authorized to perform services as directed by, Craig Jaffe, MD, the Associate Chief of Staff for Education.

In accepting this assignment, you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Veterans Affairs, such as leave, retirement, etc.

If you agree to these conditions, please sign the statement below and return the letter to your instructor, or the Associate Chief of Staff of Education. Either party may terminate this agreement at any time by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

Chief Human Resource

Name: \_\_\_\_\_

I agree to serve in the above capacity under the conditions indicated.

School you are attending/attended: \_\_\_\_\_

Degree you are working towards/completed: \_\_\_\_\_

Program/ Major: \_\_\_\_\_

**(Please Chose One)**      Stipend learner      Non-stipend learner

Signature: \_\_\_\_\_

**Time Stamp Digital Signature Only**

Date: \_\_\_\_\_

- Veteran status
- Vietnam Veteran\*
  - Other veteran
  - Non-veteran

\*For this purpose, a Vietnam Veteran is one with service between August 5, 1964 and May 7, 1975.