U.S. Department of Veterans Affairs
Veterans Health Administration
VA Ann Arbor Healthcare System

TMS Transfer Form

If you have been at another VA facility and completed the TMS online training you will need to provide the following information so that we may transfer your TMS account to the Ann Arbor VA facility.

Name of VA facility you worked at previously:

Your full Name (First, Middle, Last):

_____,_____,_____

Dare of Birth:

_____

Email that you will be actively checking:

_____

If you have any question please contact our TMS coordinator Sara Peth at sara.peth@va.gov or (734) 845-5408

Thank you