

## TRAINEE REGISTRATION INFORMATION FOR VISTA

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 dinical 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://www.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	Primary Email Address
Permanent Street Address 1	
Permanent Street Address 2	
City	State Zip
VA Training Facility	
Start Date of VA Training (MM/YYYY)	What is the LAST MONTH and YEAR that you anticipate being in a training program at this VA facility? (MM/YYYY)
Target Degree Level of your current training Program: (m	ark only one)
Certifcate/Diploma	O Post-master's Fellowship
○ Associates	○ Doctoral
○ Baccalaurete	O Postdoctoral (other than residents)
○ Master's	Residency/Fellowship
Program of Study: (mark only one discipline that best de	scribes the current program of study)
○ Audiology	Medical/Surgical Support (Respiratory Tech,
○ Chaplaincy	Biomedical Tech, etc.
○ Dentistry	Nurse Anesthetist
Opietetics	○ Nursing
O Health Information	Optometry
○ Health Services Research & Development	Other Clinical Program
☐ Imaging (Readiologic/Ultrasound Tech, etc.)	O Pharmacy
Claboratory	<ul><li>Physicians Assistant</li></ul>
○ Medical Student	○ Podiatry
○ Medical Resident/Fellow	<ul><li>Psychology</li></ul>
Medical Post-residency Physician in a VA Special	Rehabilitation (OT, PT, KT, etc.)
Fellowship (Ambulatory Care, National Quality Schola	rs, Social Work
Women's Health, etc.)	<ul> <li>Speech-Language Pathology</li> </ul>