Revision 2.7: 5/10/04

New Employee Registration

Given Name

Middle Name

Last Name

Suffix (e.g. 'Jr.', 'III', etc.)

Initials

Social Security Number — —

Sex

Date of Birth / /

Home Address

Home Address (Continuation if needed)

City

State

Zip Code

Service Section

Position Start Date (Month/Day/Year) / /

Shaded/boxed area below to be filled out ONLY by VA personnel, NOT the applicant:

Billable Degree: ❑ AA ❑ AUD ❑ CNA ❑ CH ❑ CNS ❑ CP ❑ CSW ❑ DDS ❑ DMD ❑ DO ❑ DPM ❑ EDD ❑ MA ❑ MD ❑ MS ❑ NP ❑ OD ❑ OT ❑ PA ❑ PHD ❑ PSY ❑ PT ❑ RD ❑ RPH ❑ [None]

Signature Block Title

Person Class

Position Type: ❑ Fee Basis ❑ Consultant ❑ Contract ❑ Intergovernmental Personnel Act ❑ Non-Paid Resident ❑ Paid Resident ❑ Reg Paid Employee ❑ Remote Computer User ❑ Student ❑ Volunteer ❑ Without Compensation

Area below is only applicable to Residents, Students, and Trainees:

Academic Affiliations: ❑ Adelphi Univ. School of Nursing ❑ Air Force 722 Aeromedical Staging Squadron ❑ Allen School For Physician Aides ❑ Army Ntnl. AMEDD Augmentation Detachment ❑ Army Reserves 344th Combat Support Hospital ❑ Borough of Manhattan Comm. College, CUNY ❑ College of Mount Saint Vincent ❑ College of Staten Is. ❑ Columbia Univ. School of Nursing ❑ Hunter College-Bellevue School of Nursing, CUNY ❑ Kingsborough Comm. College, CUNY ❑ LIU Arnold & Marie Schwartz College of Pharmacy & Health Sciences ❑ Long Island Univ. ❑ NYU School of Dentistry ❑ NYU School of Education, Division of Nursing ❑ NYU School of Medicine ❑ Philips Beth Israel School of Nursing ❑ Saint Joseph's College ❑ SUNY Downstate College of Med. ❑ SUNY Health Science Cntr. At Bklyn - College of Nursing ❑ Wagner College ❑ York College, CUNY ❑ Other

Termination Date (Month/Day/Year) / /

Anticipated Last Academic Year 2 0

Degree Level: ❑ Associate ❑ Baccalaureate ❑ Certificate/Diploma ❑ Doctoral ❑ Masters ❑ Postdoctoral (Other Than Residents) ❑ Post-Masters Fellowship ❑ Residency/Fellowship

Program of Study: ❑ Audiology ❑ Chaplaincy ❑ Dentistry ❑ Dietetics ❑ Health Information ❑ Health Srvcs Research & Development ❑ Imaging (Radiologic/Ultrasound Tech, Etc) ❑ Laboratory ❑ Medical Post-Residency Physician In A VA Special Fellowship (Ambulatory Care, National Quality Scholars, Women's Health, Etc) ❑ Medical Resident/Fellow ❑ Medical Student ❑ Medical/Surgical Support (Respiratory Technology, Biomed technology, Etc) ❑ Nurse Anesthetist ❑ Nursing ❑ Optometry ❑ Other ❑ Pharmacy ❑ Physician Assistant ❑ Podiatry ❑ Psychology ❑ Rehabilitation (OT, PT, KT, Etc ❑ Social Work ❑ Speech-Language Pathology

This info will be kept confidential and will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. Info will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (VistA). Disclosure of your SSN is mandatory to identify individuals with identical names. Failure to provide info 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 Exec Order 9397 (11/22/43). The info 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.