

Computer Access Request Form Medical Students and Residents

Please type or block print clearly

USER DEMOGRAPHIC INFORMATION – CLINICAL TRAINEES

Last Name:	First Name:	Middle Name:
Social Security Number:	Date of Birth (Month/day/year):	
Current Street Address:	Address 2:	
City:	State:	Zip:
Personal E-Mail Address:	Personal Cell Phone Number:	
UC Denver or other Professional E-Mail Address:	PAGER Number:	

PROGRAM OF STUDY:

MEDICAL STUDENT: Yes ___ No ___ What is your highest level of education/degree? <input type="checkbox"/> Certification <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> PhD	RESIDENT/FELLOW: Yes ___ No ___ Indicate PGY level: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10	
NAME OF TRAINING PROGRAM (i.e., Internal Med., Surgery, etc...):		*TMS: Mandatory Training for Trainees* Date last done:
Start Date of Current Program:	Anticipated End Date, of Program:	Length of Training Program (in years):
Trainee has/had a VA PIV or NON-PIV Badge? Yes ___ No ___	If yes, Expiration Date of VA Badge:	Trainee retained VA ID for new/upcoming VA PROGRAM: Yes ___ No ___
If you have ever worked/trained at any VA Facility in the country, please type name of most recent facility:		City/State:

PHYSICAL CHARACTERISTICS - Sponsoring information required by PIV PORTAL –

Any missing information will delay set up of IT accounts & new ID processing, or ID Migration, for the clinical trainee.

Foreign National: YES ___ NO ___ Male ___ Female ___	Select the ethnic group you are most like: A. American Indian or Alaskan Native _____ B. Asian or Pacific Islander _____ C. Black, Non-Hispanic _____ D. Hispanic _____ E. White, Non-Hispanic _____
Height (feet/inches): _____	Eye Color (indicate one): <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel
Weight (pounds): _____	Hair Color (indicate one): <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Gray <input type="checkbox"/> White
Where were you born (City, State/Province, Country)? _____	

For optional use by VA Administrative staff setting up user IT accounts & PIV/NON-PIV ID

WOC application rec'd:	Fingerprint Adjudication:	JIT OL request loaded:	NARS request loaded:	PIV ID Sponsored:
HR Submission:	Outlook account for PIV ID:	PIV ID User Name:		