VA Eastern Colorado
HEALTH CARE SYSTEM

Computer Access Request Form

Associated Health Trainees

Please block print or type clearly

USER DEMOGRAPHIC INFORMATION – Associated Health 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:	
Educational Institution / Professional E-Mail Address:	PAGER Number:	

PROGRAM OF STUDY:

Associated Trainees: Current Degree (circle one): Certification --- Associate Degree --- Baccalaureate --- Master -- PhD

NAME OF TRAINING PROGRAM: Counseling/Psychology: _____ Graduate Student Program: _____ Nursing Programs:: _____ Medical Laboratory Science: _____ Optometry: _____	Other Program: _____ Physician Assistant: _____ Podiatric Medicine & Surgery: ___ Social Work: _____ Speech and Language Pathology-Masters Program: _____	***TMS: Mandatory Training for Trainees*** Date last done: **NOTE:** All VA trainees are required to complete privacy and information security training once every 365 days. Online training is done in the VA'a Talent Management System (TMS) at: https://www.tms.va.gov.
Start Date of Current Program:	Anticipated End Date, of Program:	Length of Training Program (in years):
Trainee has VA PIV or NON-PIV ID from a prior VA? Yes ___No ___	If yes, Expiration Date of VAMC ID:	Trainee retained VA ID for new/upcoming VA PROGRAM: Yes ___ No ___
Name of VA Facility that issued VA ID:		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 associated health trainee.

Foreign National: **YES ____ NO_____**	**Select the physical 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 _____
Male ____ Female _____		
Height (feet/inches): _____	Eye Color (circle/indicate one): Black, Blue, Brown, Green, Gray or Hazel	
Weight (pounds): _____	Hair Color (circle/indicate one): Black, Blonde, Brown, Red, Gray or White	
Where were you born (city/state/country)? _____		

RETURN THIS FORM ASAP TO YOUR PROGRAM COORDINATOR AT YOUR SCHOOL.

(Program Coordinator: Please send this form along with the TQCVL & WOC application packet - to the VAMC Service Office, that your student or trainee will be in. Please submit 30 days before your student is scheduled to come to the Denver VAMC.