eQIP Enrollment Form

The Department of Veterans Affairs (VA) and the Office of Personnel Management (OPM) require all Clinical Trainees WOCs (Without Compensation) to have background investigations as part of the examining and badging process. Your background investigation will consist of a National Agency Check Investigation. Written inquiries are sent to your references, military branch (if you served in the military), police departments, and other persons who know you. You must include a current email address, as additional instructions will be sent to that address.

To initiate this investigation you must complete this form in its entirety. Please print legibly. You must use your full name, no abbreviations, initials, or nicknames.

DUTY STATION: 554

Job Title: Clinical Trainee WOC (Without Compensation)

Duty Location: Eastern Colorado Health Care System, Denver CO

FULL NAME

Last Name:

First Name:

Middle Name:

DATE OF BIRTH

__ __ __ __ __ __ __ __
Mo Day Year

SOCIAL SECURITY NUMBER:

__ __ __ __ __ __ __ __ __

PLACE OF BIRTH

City:

State:

Country:

CONTACT INFORMATION:

Telephone Number: (__ __ __) __ __ __ - __ __ __ __

Email address: