

# Guide to Completing Required Documents

## for Academic Programs at the New Mexico VA Health Care System

The instructions below will guide you to complete the forms listed on the “Checklist of Required Documents.” Non-licensed student, licensed student, and instructor requirements vary. Complete only those forms which are relevant to you. **Please attach your completed paperwork to the “Checklist of Required Documents” in chronological order, and submit it at least 60 days prior to your orientation date.** Failure to comply will result in candidates being delayed and/or denied entrance. Submit only originals. Save a copy of all documents, as they may be needed in the future.

### Tips for Success:

- ✓ Save time. Keep your resume nearby while filling out the documents. Many require your job history.
- ✓ Type or print neatly in black ink. If your information is not legible, it will be returned.
- ✓ List your job and educational histories consistently on all forms and the eQIP. They must match.
- ✓ List your position title consistently on all forms. (*The most common titles are: “nursing student” and “nursing instructor.”*)
- ✓ Use the date format: mm/dd/yyyy.
- ✓ If you make a printing mistake, draw one line through the error, then initial and date it. Do not use white-out. Exception: *If you make a mistake dating a signature, stop. Re-write both your signature and the date immediately above (or below) the mistake.*
- ✓ Provide physical addresses. This applies whether or not you receive mail at a P.O. Box.
- ✓ Enter full phone numbers, including area codes.
- ✓ Enter full school addresses, including zip codes.
- ✓ Names of cities and schools must be spelled out completely.
- ✓ Middle names must be spelled out completely.
- ✓ If you have a double last name, be consistent in hyphenating it.
- ✓ If you do not have a middle name, write “NMN” wherever a middle name is requested.
- ✓ If your middle name is a single letter, list your full legal name and social security number on a separate sheet of paper and submit it with your paperwork.
- ✓ All **NEW** instructors and licensed students must complete a credentialing process. (*See page 7.*)

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### 1. Questionnaire for Non-Sensitive Positions, SF-85

Click the following Link: [Questionnaire for Non-Sensitive Positions](#). Instructions for specific answers are below:

- ✓ **Question 5:** If you have always used the name listed on your birth certificate, answer “none.” If you have had more than one name, spell out each name completely, and write “nee” to indicate the name listed on your birth certificate.

- ✓ **Question 7:** If you are not a U.S. citizen, proof of residency and permission to work in the U.S. are required. **Print a copy of either your F-1 Visa** from a Foreign Student Program Office, **Green Card**, or **I-20 Permission to Work** from a Foreign Student Program Office, **and submit it with your paperwork. Bring the original document to the Human Resources Department to allow them to verify authenticity. Your school must also specify your proper citizenship in writing to the VA.**
- ✓ **Question 7d:** If you are not a dual citizen, answer “N/A.” Do not leave this blank.
- ✓ **Question 8:** Provide your residence history, spanning 5 years. Leave no breaks longer than 30 days. Indicate your current residence with the word “present.” (**Example:** 05/13/2006 to present.)
- ✓ **Question 9:** Provide your education history, spanning 5 years. Leave no breaks longer than 30 days.
- ✓ **Question 10:** Provide your employment history, spanning 5 years. Leave no breaks longer than 30 days.
- ✓ **Question 12:** Men born after 12/31/1959, who are at least 18 years of age, must provide their selective service number. If you do not know it, please find it at the Selective Service website. Men born after 12/31/59 who are not registered with Selective Service must provide an explanation. (*Examples: “Not a citizen,” “Became a citizen after age 26,” or “Not yet 18.”*) **Women may answer “no” to question 12a and proceed to question 13.**
- ✓ Print the signature pages, but DO NOT sign them. Bring them to HR for your eQIP finalization.
- ✓ **Do not submit the completed SF-85. Use it to populate your eQIP background information. Then, bring it to your VA Orientation. It will be needed if the Human Resources Department (HR) requires further eQIP corrections.**

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## 2. □ Declaration for Federal Employment, OF-306

Click the following Link: [Declaration for Federal Employment—OF 306](#). Instructions for specific answers are below:

- ✓ **Question 5:** If you have always used the name listed on your birth certificate, answer “none.” If you have had more than one name, spell out each name completely and identify it, as on form SF-85.
- ✓ **Question 6:** Type a phone number in each space, even if the numbers are the same.
- ✓ **Question 7a-7c:** If you answered “no” to question 7a, proceed to question 8. Men who are NOT registered with the Selective Service must answer question 7c, as on form SF-85.
- ✓ **Questions 9-13:** If you answered “yes” to any of these, provide an explanation for each in box 16.
- ✓ **Question 14:** “Agency” is interpreted as the local facility, i.e., New Mexico Veterans Administration Health Care System (NMVAHCS.) If you are related to a NMVAHCS

employee, indicate his/her agency, job title, and relationship to you. Do not use abbreviations.

- ✓ **Question 16:** Skip this question if you answered “no” to questions 9-13. If you answered “yes,” to questions 9-13, explain the outcome here. (**Examples:** “Case pending - hearing set for mm/dd/yyyy.” “Case closed, repayment plan in place.” “Completion of court ordered education on mm/dd/yyyy.”)
- ✓ **Question 17a:** If you make a mistake dating the signature, stop. Re-write both your signature and the date immediately above (or below) the mistake.

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### 3. **Electronic Fingerprint Capture Form**

Attain from your school and complete.

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### 4. **Point of Contact Information Form**

Attain from your school and complete.

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### 5. **Optional Application for Federal Employment, OF-612**

Click the following Link: [Optional Application for Federal Employment](#) **This form is mandatory for NON-LICENSED STUDENTS, ONLY. (NOTE to INSTRUCTORS & LICENSED STUDENTS: Proceed to step 6.)** Instructions for specific answers are below:

- ✓ **Section B:** Provide healthcare-related experience, only. If you have none, answer “N/A.”
- ✓ **Section C:** You may provide non healthcare-related work experience here.
- ✓ **Section D:** Indicate both the month and year for all education experience.
- ✓ **Section D, 2:** Fill in the checkbox to specify whether you received a diploma or GED in high school.
- ✓ **Section D, 3a-3c:**
  - ◆ List each degree separately, even if you received multiple degrees from the same institution.
  - ◆ “Total credits earned” refers to your current semester or quarter total. If you have completed multiple degree programs, provide the totals for each.
  - ◆ Do not repeat the same information in the “Major” and “Degree” boxes. (**Examples:** “Nursing” is a major. “Associate of Science in Nursing” is a degree.)
  - ◆ Degree: Spell out the full names of both your degree and area of concentration, completely. (**Example:** “Master of Science in Mechanical Engineering.”)
  - ◆ Degree: For post-high school education that has not yet resulted in a degree, answer “pending.”
  - ◆ Degree: For post-high school education that will not result in a degree, answer “none.”
  - ◆ If you did not declare a major for a particular school, answer “N/A.”

- ◆ If you listed work or education history longer than five years prior on this form, enter the same data into the eQIP. They must match.
- ✓ **Sections E-F:** Answer “N/A” in each box that does not apply to you.
- ✓ **Section F, 3:** Check “no,” unless you are a former federal employee. Do not leave this blank.
- ✓ **Section G:** You are currently an “applicant.” Please sign and date the form when finished.

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## 6. **Computer Access Request Form 215, Style 1**

*Required for PIV Card issuance. Attain from school. Complete & print **PAGE 1, ONLY.***

**Fill out ONLY sections 1, 2, 3, 4, 6, and 10.** Ensure that you fill out the correct “student” or “instructor” version of this form. Please do not turn in the instructor version if you are a student, or vice versa.

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## 7. **Computer Access Request Form 215, Style 2**

*Required for VA computer access. Attain from school. Complete & print **PAGE 1, ONLY.***

**Fill out ONLY sections 1, 2, 3, 4, 6, 10.** Ensure that you fill out the correct “student” or “instructor” version of this form. Please do not turn in the instructor version if you are a student, or vice versa.

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## 8. **Mandatory Training for Clinical Trainees (MTT) Completion Certificate**

*Self-enroll and create a profile at: <http://www.tms.va.gov>. Instructions to specific answers are below:*

- ✓ Click the [Create New User] link located near the SIGN IN button.
- ✓ Select “**Health Professions Trainee.**” **DO NOT select any other answer.**
- ✓ Click the [Next] button.
- ✓ Complete all required fields, indicated by the *red asterisk*.
- ✓ Complete all non-required fields, if possible.

**NOTE: YOU ONLY 5 DAYS TO REGISTER and COMPLETE THE MTT TRAINING COURSE and PRINT THE CERTIFICATES OF COMPLETION**

### **Tips for Entering My Account Information:**

- ◆ SSN: Follow the on-screen instructions if you do not have a social security number.
- ◆ Email Address: Enter your personal email address. This will become your User ID when you login.
- ◆ Phone Number: Enter a number where you can be reached if issues arise with your self-enrollment or other circumstances.

**Tips for Entering My Job Information:**

- ◆ VA City: Enter the name of the city where the VA training facility is located.
  - ◆ VA State: Select the state where the VA training facility is located.
  - ◆ VA Location Code: Select **“ABQ(New Mexico VA Health Care System (Albuquerque.)”**
  - ◆ Trainee Type: Select **“All Other Health Professionals.”**
  - ◆ Specialty/Discipline: Select either your area of concentration, or the choice most similar to it. If you have not yet declared a concentration, answer either “Nurse: Assoc/Diplo/BACC” or “Other.”
  - ◆ VA Point of Contact First Name: Nursing students answer “Anne.” Respiratory therapy students answer “Thoa.”
  - ◆ VA Point of Contact Last Name: Nursing students answer “Dunne.” Respiratory therapy students answer “Fauntleroy.”
  - ◆ VA Point of Contact Email: Nursing students answer [“Anne.Dunne@va.gov.”](mailto:Anne.Dunne@va.gov) Respiratory Therapy students answer [“Thoa.Fauntleroy@va.gov.”](mailto:Thoa.Fauntleroy@va.gov)
  - ◆ When finished, click the “Submit” button.
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- ✓ Copy and save the UserID on the confirmation page. You will need this to login in the future.
  - ✓ Click on the “Continue” button and wait until the MTT course title appears in your “To-Do List.”
  - ✓ *For additional assistance, call 1-866-496-0463.*

**NOTE: YOU ONLY 5 DAYS TO REGISTER and COMPLETE THE MTT TRAINING COURSE and PRINT THE CERTIFICATES OF COMPLETION**

**After your profile has been created, complete the MTT course:**

- ◆ Click the following link: [Mandatory Training for Clinical Trainees - Use this information to login:](#)
  - ◆ VA Location Code: Albuquerque/NM
  - ◆ VA Points of Contact: Nursing students answer “Anne Dunne.” Respiratory therapy students answer “Thoa (Kim) Fauntleroy.”
  - ◆ VA Point of Contact for Email Addresses: Nursing students answer “Anne.Dunne@va.gov.” Respiratory therapy students answer [Thoa.Fauntleroy@va.gov.](mailto:Thoa.Fauntleroy@va.gov)
  - ◆ **When finished, click the “Completed Coursework” button to the right, choose “MTT” from the listing, and PRINT the completion certificate.**
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## 9. □ Request for Personal Identity Verification (PIV) Card

*This process involves three steps: Completing the PIV Application, Fingerprinting, and Identification.*

**STEP 1 - Completing the PIV Application:** Click the following Link: [PIV Form](#) and complete **ONLY** the following sections, as indicated below:

### **Section I - Applicant Information:**

- ◆ **Questions 1-7:** Provide your personal information.

### **Section II - Sponsor Verification:**

- ◆ **Question 2:** Indicate the unit that you are assigned to. (Examples: 3A, SCI, or 4D.)
- ◆ **Question 3:** Indicate role that you will be performing at the VA. (Examples: Respiratory Therapy Student, Nursing Student, or Nursing Instructor.)
- ◆ **Questions 5-6:** Provide contact information for your school's clinical coordinator. This ensures that PIV Office alert emails are promptly followed.

### **Section III - Applicant Identity Verification. Part A: Background Check:**

- ✓ **Question 3:** Fill in the appropriate answer.
- ✓ **Question 4:** The Race **must be limited** to one of the few possible multiple choices: **Asian/Pacific Islander, Black, Hispanic, or White**. Unfortunately, there is **no option** of choosing either "multi-ethnicities," "other," or declining to answer. Only these specific answers are accepted by the PIV system. **The application will be denied if any other answer is given.**
- ✓ **Question 5:** Enter your height in inches. **Example:** Enter 66" if you are 5' 6" tall.
- ✓ **Questions 6-8:** Fill in appropriate answers. Do not abbreviate eye or hair colors.
- ✓ **Question 9:** Provide both the city and state. For those born overseas, provide the city and country.

**STEP 2 - Fingerprinting:** All new trainees and instructors must be fingerprinted.

- ✓ After the initial paperwork is submitted, your school will be alerted to contact the VA's Human Resource Department at (505) 265-1711 ext. 2244 to schedule your fingerprinting appointment.
- ✓ Bring a **photo ID that includes a signature** to your fingerprinting appointment.
- ✓ We encourage students and instructors to coordinate the fingerprinting appointment with the "Non-PIV" photo appointment.

**STEP 3 - Identification:** When picking up your new Non-PIV Card, you must bring two authorized forms of identification, as specified below. Failing to comply will result in your appointment being re-scheduled.

**Bring One ID from Group A and One from Group B. -OR- Bring Two IDs from Group A.**

### Group A: A Photo ID from the Federal or State Government

- ◆ State-issued Driver License
- ◆ State DMV-issued ID Card
- ◆ U.S. Passport
- ◆ Military ID Card
- ◆ U.S. Coast Guard Merchant Mariner Card
- ◆ Foreign Passport with appropriate stamps
- ◆ Permanent Resident Card or Alien Registration Card with photo (*INS Form I-151/I-551*)
- ◆ ID Card issued by a federal or state government agency

### Group B: Non-Photo ID or Acceptable Photo ID Not Issued by Federal or State Government

- ◆ Social Security Card
- ◆ Certified Birth Certificate
- ◆ Native American Tribal Document
- ◆ U.S. Citizen ID Card (*Form I-179*)
- ◆ Canadian Driver License
- ◆ Certificate of Naturalization (*INS Form N-550 or N-570*)
- ◆ Certification of Birth Abroad issued by the Department of State
- ◆ Form FS-545 (*of Form DS-1350*)
- ◆ Permanent or Temporary Resident Card
- ◆ ID Card issued by a local government agency, including: name, date of birth, gender, height, eye color, and address
- ◆ Non-photo ID Card issued by a federal or state government agency, including: name, date of birth, gender, height, eye color, and address
- ◆ School ID with, expiration date, and signature
- ◆ State Voter Registration

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### Your eQIP Background Investigation:

- ✓ Before you login, eQIP will display questions for you to answer. The questions are created from the information that you provided on the **Point of Contact Information Form**. If this occurs, your profile has been prepared and **you may proceed**.
- ✓ **If you are denied access**, ensure that your answers are identical to those on the **Point of Contact Information Form**.
- ✓ If eQIP displays questions that are unrelated to the **Point of Contact Information Form**, (*e.g., what is your favorite color?*) your profile has not yet been prepared. **Please do not proceed. Call HR at 505-265-1711 ext. 2244 for assistance.**
- ✓ When finished, release the document to the agency. Scroll to the bottom of the page and look for the word “farewell” to verify that this step is complete.
- ✓ If HR asks you to make eQIP corrections, please act promptly. Delaying may cause you to have to re-enter 100% of your information.

**(THIS IS THE END OF THE NON-LICENSED STUDENT REQUIREMENTS.)**

## **REQUIREMENTS FOR INSTRUCTORS AND LICENSED STUDENTS, ONLY**

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### 10. **□ Application for Nurses & Nurse Anesthetists**

Click the following Link: [Application for Nurses and Nurse Anesthetists](#) **Required ONLY for INSTRUCTORS & REGISTERED NURSES.** DO NOT submit the “Optional Application for Federal Employment, OF-612.” This form replaces it.

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### 11. **□ Application for Associated Health Occupations**

Click the following Link: [Application for Associated Health Occupations](#) **Required ONLY for RESPIRATORY THERAPISTS, PHYSICAL THERAPISTS, LICENSED PRACTICAL NURSES, PHARMACISTS, PHYSICIAN ASSISTANTS, DENTAL HYGIENISTS & OCCUPATIONAL THERAPISTS.** DO NOT submit the “Optional Application for Federal Employment, OF-612.” This form replaces it.

## **CREDENTIALING REQUIREMENT FOR NEW INSTRUCTORS AND LICENSED STUDENTS, ONLY**

**VetPro:** After your required paperwork has been submitted, HR will provide detailed instructions on VetPro, the online credentialing system. You will be asked to provide the numbers and dates from each license that you have held, whether current or expired, as well as your job history (*including: schooling, unemployment and staying at home.*) Leave no breaks longer than 30 days. Use the same answers that you provided for the eQIP.

**Note:** *VetPro often causes the instructor’s processing to take longer than that of the students. Please plan ahead if you need additional time to attain items such as: official transcripts, employment confirmations and license numbers. Thank you.*

**(THIS IS THE END OF THE INSTRUCTOR AND LICENSED STUDENT REQUIREMENTS.)**