



DEPARTMENT OF VETERANS AFFAIRS
James A. Haley Veterans' Hospital
13000 Bruce B. Downs Boulevard
Tampa, FL 33612

In Reply Refer to: 673/11J

March 27, 2014

Dear _____: Service/Department: _____
(FIRST NAME/LAST NAME)

Welcome to the James A. Haley Veterans' Hospital (JAHVH)! Listed below is a check-off list of the required application materials for your reference. All forms **MUST** be completed in their entirety in order to assure timely processing of your materials.

Complete:

Human Resources Appointment Letter – PLEASE REVIEW, ENTER RESIDENCY START DATE/GRADUATION DATE, PRINT NAME and SIGN.	_____
Application for Health Professions Trainees – VA Form 10-2850d – PLEASE COMPLETE ENTIRE FORM and SIGN (If you are not an American citizen, complete questions 13a, 13b, 13c, or 13d. If you are a foreign medical graduate, please include your ECFMG # in questions 21a, 21b, and 21c.) Be sure to answer all questions on each page (if applicable).	_____
Declaration of Federal Employment-OF 306 – PLEASE COMPLETE, SIGN, and DATE.	_____
VA Personal Identification Verification (PIV) Form – PLEASE COMPLETE ENTIRE FORM and SIGN if you DO NOT have a PIV Card from another VA facility. If you do have a PIV card from another VA facility, please list the name of the facility and PIV Card Expiration Date.	_____
_____ (VA Facility) _____ (PIV Card Expiration Date)	_____
Appointment Affidavit-SF 61 – PLEASE SIGN and PRINT your name. FORM MUST BE NOTARIZED.	_____
Mandatory Training for Trainees (MTT) Course – PLEASE COMPLETE THE ONLINE COURSE (instructions provided) and include the certificate of completion with your packet.	_____
Computerized Patient Record System (CPRS) Tab-by-Tab Course - PLEASE COMPLETE THE ONLINE COURSE and include the certificate of completion with your packet.	_____
Fingerprint Request Form – PLEASE PRINT AND WRITE LEGIBLY.	_____
Computer Access Registration Form – PLEASE PRINT AND WRITE LEGIBLY.	_____
DEA Card for Rx – PLEASE SIGN and PRINT your name	_____
VA Vehicle Registration for Physician Parking - PLEASE COMPLETE ALL HIGHLIGHTED AREAS. (If you have more than one vehicle, additional stickers will be distributed at orientation.)	_____

Sincerely,
Erika Barr
 Erika Barr
 Medical Education Coordinator