Department of Veterans Affairs

COMPUTER ACCESS REGISTRATION FORM

Response is mandatory. This information will be kept confidential. It will be used to obtain COMPUTER ACCESS. This information will be entered in the "OI&T EPAS (Electronic Permission Access system)" to obtain access to the Veterans Health Information Systems and Technology Architecture (VistA) & (CPRS).

Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

First Name:	**Middle Initial:**	**Last Name:**
Social Security Number:		**DOB:**
Service/Sub-Specialty:		**Supervisor:**
Rotation Start Date:		**Rotation End Date:**
Date of Last Mandatory Training for Trainees (MTT):		

Program of Study *(select only one):*	
☐ **Medical Student**	☐ **Associated Health Trainee** _____ **(discipline)**
☐ **Medical Resident**	☐ **Medical Fellow**
☐ **Medical Post-residency Physician in a VA**	☐ **Other:**
What is the LAST YEAR that you anticipate being in a training program at this VA facility?	
2014 2015 2016 2017 2018 2019 2020 2021 2022	

PERSONNEL USE ONLY:	
Epas/ICN#:	
PIV Card:	
MTT Completion Date:	
Date Epas submitted:	
Outlook Account:	
NOTES:	