

JAMES A. HALEY VETERANS' HOSPITAL AND CLINICS
13000 BRUCE B. DOWNS BLVD.
TAMPA, FL. 33612



**Clinical Refresher Training
Placement Request Form For Mac Dill AFB
Active Duty Registered Nurses**

RN Full Name: _____

Social Security Number _____ / _____ / _____ Date Of Birth _____ / _____ / _____

City and State of Birth _____ / _____

Clinical Start Date _____ / _____ / _____ Clinical End Date _____ / _____ / _____

I certify that the information for the trainee listed is correct. The below documents are maintained on file and available to VA officials for review.

- 1. Primary source verification of nursing licensure, current BCLS.**
- 2. Has satisfactory health to perform the duties.**
- 3. Has completed tuberculin testing as required by the Center for Disease Control (CDC), and VA facility standards, hepatitis B vaccination or have a signed declination waivers and has chicken pox vaccine or have sign declination waivers.**

Print Name of AFB Mac Dill Supervisor: _____

Signature: _____ (Date) _____
AFB Mac Dill Supervisor phone # _____

The RN will:

- Wear DOD badge to the hospital.
- Present clinical objectives to their nurse preceptor.
- Nurses will not be able to chart electronically or give medications.

Please submit this completed form in one email to all of the recipients listed below, and include a copy of the Mandatory Training for Trainees (MTT) and this form.

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