

FOR: Veterans Affairs – Long Beach (VALB)

Important Note: Carefully read and follow all steps listed below. Students are required to **print out** forms and then sign (in ink only) where indicated. **No typed-out signatures will be accepted.** Due to lengthy processing times, students must now **SCAN** all required pages into **one PDF document** (NO jpeg files and NO separate files please). *Helpful Hint:* If you have jpegs or image files, paste the images into a Word document and then click "save PDF." A variety of smartphone scanner apps are freely available to automatically convert images to PDFs (TinyScanner, Genius Scan, Fast Scanner, CamScanner, etc.)

Email your completed document packet (as 1 PDF), including this Check-Off sheet, to nursingdocs@fullerton.edu

Finally, **KEEP ALL OF YOUR ORIGINAL PRINTED DOCUMENTS**, as many facilities will collect these from you the first week.

Print this check-off sheet, sign, and date, and include with your PDF

1. Begin by downloading the **"Allied Health Packet WOC"**. All forms in this file must be filled out electronically and thoroughly. If any section does not apply to you, please enter "N/A". If you do not have a middle name, please enter "N/A". The name you provided on your documentation must be identical (including spaced, hyphens) to what is stated on your ID you will be using the complete your Fingerprinting at VA Long Beach. VA Training Start and End dates will be provided to you within your placement email by the Clinical Placement/Document Team for you to complete the required forms:
 - Once all forms are filled out completely, please print and provide handwritten signatures (in ink) in any fields requiring a signature.
 - Attention Non-Citizens:** Please include a copy of your current green card, resident alien card, or visa with your document packet. No expired documents will be accepted.
2. Training Management Systems (TMS) – Self Enrollment
Review the **"TMS 2.0"** or the **"SSO Login TMS Instructions"** if you already have a TMS account from a previous VALB rotation for step-by-step instructions on how to create your TMS account. Once your account has been set up, complete the **"VHA Mandatory Training for Trainees"** course.
 - Include a copy of your Certificate of Completion with your facility-required documents.**
3. Submit one additional form of identification within your facility's required documents packet. Review the approved Secondary Identity Source Documents on the VALB Acceptable Forms of ID form.
 - Please do not send your Driver's License.** We will download a copy from your CastleBranch account to use as your second form of identification.

(Continue to the next page for further instructions)

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4. Fill in the fields below. We will need this to complete the TQCVL List of Health Professions Trainees form on your behalf

Last Name	First Name	Middle Name or Initial	Generation Suffix (II, Jr. etc.)	Degree Held (MD, DO, DDS, NP)	Personal Email Address	County of Citizenship if not USA	Year/Level of Training *(PGY3, Student, Extern)

* Year/Level of Training refers to the number of years you have been enrolled in the Nursing program.

Fingerprinting: Everyone must bring **ONE** form of Government-Issued ID.

- After the fingerprinting has been completed, students will receive a second email with the scheduled time for their badge picture to be taken.

Badge Picture: Everyone must bring **TWO** forms of Government-Issued ID.

- US Citizens:** Ensure you bring two forms of valid, unexpired government identification
- Non-Citizens:** One form of ID must be your green card, resident alien card, or visa.
- Naturalized Citizens:** One form of ID must be a US Passport or the letter with your picture stating you are a US Citizen.

Please note VALB will not consider CSUF student ID cards as an official form of ID. VA will reach out to you directly regarding the fingerprinting and badges process.

I have reviewed all instructions and materials, as well as verified and completed all requirements listed above, that are specific by the facility I will be attending.

Name: _____

Signature: _____ Date: _____