

For: Veterans Affairs, Long Beach (VALB)

Important Note: Carefully read and follow all steps listed below. Students are required to fill out all forms electronically and then provide a handwritten signature where indicated. **No typed-out signatures nor handwritten applications will be accepted.**

All required forms outlined below will need to be submitted in person at the Nursing office (EC-190), and by the deadline provided to you by the Clinical Placement/Document Team.

All forms can be found on the SON website: <http://nursing.fullerton.edu/>, under Current Students → Facility Specific Documents → Veterans, Affairs, Long Beach (VALB)

Print this check-off sheet, sign & date, and include with your packet.

#1. Begin by downloading the “Allied Health Packet WOC” packet. 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 provide on your documentation must be identical (including spaces, hyphens) to what is stated on your ID you will be using to 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 Team for you to complete the required forms.

- Once all forms are filled out completely, please print and provide handwritten signatures in any fields requiring a signature.
- **Attention Non-Citizens:** please include a copy of your current green card, resident alien card, or visa with you 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, and include a copy of your Certificate of Completion with your facility required documents.

#3. Submit one additional form of identification within your facility 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 of your DL from your Castle Branch account to use as your second form of identification.

#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.)	Degree held (e.g., MD, DO, DDS, NP)	Personal Email Address	Country of Citizenship if not USA	Year/Level of Training (e.g., PGY3, student, extern)

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

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