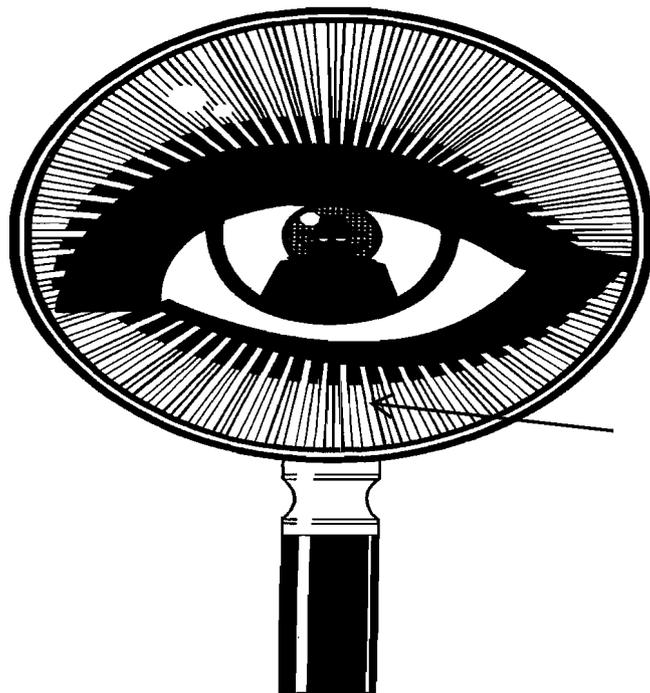


WOC  
(Without Compensation)  
Employees  
Federal Background

Check

Updated on  
January 24, 2013



UPDATED ON  
January 24, 2013  
Updated contact persons  
in AAVA HR Office  
Updated Form SF-87  
->Goodbye "InfoSec 201"

## Without Compensation Employee (WOC) Instructions – January 2013

All WOC employees who will be conducting research at the VA Ann Arbor Healthcare System (VAAAHCS) must have a Federal Background Check prior to conducting any research/gathering data, or participating in any way in research.

**\*\*\*If you will be working as a WOC employee in the Health Services Research & Development (HSR&D)/Center for Clinical Management Research (CCMR), or in the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC), you MUST contact Art Davidge at 845-3606 prior to your in-processing appointment in Research Service.\*\*\***

1. **Step 1** – Complete **Declaration for Federal Employment (OF-306)** (see p. 3) and submit by FAX to Rich Koons or Todd Vaive (HR Coordinators) at 734-845-3221

**YOU MUST DO THIS before you can complete the information in e-QIP.**

2. **Step 2** – complete the following documents and submit at time of in-processing in Research.

- a. Principal Investigator – Required Information (p. 4)
- b. SF-85 Checklist (R&D office use only) (p. 9)
- c. On-Line Electronic Questionnaire For Investigations Processing **See e-QIP Information (pages 10-12)**
- d. Insert Your Resume (p. 13)
- e. SF-87 Worksheet (p. 14)
- f. VAAHS Release of Information Authorization Form (p. 15)
- g. VHA Handbook 6500, “National Rules of Behavior” (p. 16)

**ALL PAGES MUST BE SUBMITTED AS SINGLE-SIDED COPIES**

3. **Step 3** – Appropriate Education must be completed

- a. **Mandatory Education (everyone must complete)**

- 1) VA Privacy and Information Security Awareness and Rules of Behavior - (automatically assigned)
- 2) Privacy and HIPAA Training – (must check box during self enrollment)
- 3) Infection Control: Bloodborne Pathogens and Tuberculosis - (self assign after account validation)

→ <https://www.tms.va.gov/plateau/user/login.jsp>

**[TMS self-enroll Instructions, p. 32-34]**

- b. **Laboratory work:** (If you will work in a laboratory [verify with supervisor] you must complete this section.)

- 1) The supervisor or other authorized personnel must do laboratory safety orientation with you and complete the Safety Training Checklist. **[PAGE 24]**
- 2) VA requires all new research laboratory staff to receive VA Biosecurity Training before beginning their laboratory duties.

- c. **Human Studies:** (If you will be working with identifiable data, identifiable specimens or interacting with human subjects)

- 1) The Protection of Human Research Subjects and Good Clinical Practice **[PAGE 25]**
- 2) Scope of Practice **[PAGE 26]**

- d. **Animal Studies:** (If you are working with animals [verify with supervisor] you must complete this section.)

- 1) Animal Studies Education Policy **[PAGE 25]**
  - a. **Working with the VA IACUC** (You must complete this module.)
  - b. **Working with (species) in Research Settings** (You must complete this module.)
  - c. **Post Procedure Care of Mice & Rats** – (Verify with your supervisor that you will be performing surgery on and/or caring for animals after survival surgery, then complete this module.)
- 2) Occupational Health and Safety Survey **[PAGE 27]**
- 3) Scope of Practice – Working with Animals and/or in a Laboratory **[PAGE 28]**
- 4) Animal Handling Workshops at UM **[PAGE 29]**
- 5) Occupational Health and Safety Program (OHSP) for Personnel with Laboratory Animal Contact **[PAGE 30]**

4. **Step 4**

- a. Gather all documents, training certificates and research forms according to the above list. Ensure that all are completed and properly signed. Assemble them in the order given.
- b. If US Citizen, **bring two original forms of ID** as shown on the list of Acceptable Documents located in this packet – one must be a photo ID. If you are a US citizen but NOT born in the US, you must also **bring the original proof document of citizenship** (i.e., Naturalization Certificate, Citizenship Certificate or State Department Form 240-Report of Birth Abroad of a Citizen of the US)
- c. If non-citizen – bring VISA and Passport
- d. If your position requires a license, bring the original.

5. **Step 5** - **Call Bob Pollock at 734-845-5600 to schedule an appointment for in-processing.**

# ANN ARBOR VA RESEARCH WOC REGISTRATION: FORM OF306, DECLARATION FOR FEDERAL EMPLOYMENT

*PLEASE CLICK ON THIS WEB-LINK TO ACCESS FORM OF306*



[http://www.opm.gov/Forms/pdf\\_fill/OF306.pdf](http://www.opm.gov/Forms/pdf_fill/OF306.pdf)

PLEASE USE THIS PAGE AS A FAX COVER PAGE  
PLEASE FAX YOUR COMPLETED FORM OF-306  
TO  
AAVA HUMAN RESOURCES SPECIALISTS  
AT 734-845-3221

## **ADDITIONAL INSTRUCTIONS**

1. When VA HR Staff receive your Form OF-306, he will register you to complete e-QIP, the new government background checking system. Allow at least 24 hours for VA HR Staff to complete registration process (during business week hours).

2. You should begin collecting information that will be required once you enter e-QIP. You will need to fill out the form in its entirety during your session. You cannot save the form and continue at a later date, so having all of the information at your fingertips is a must! A brochure is included in the WOC Yellowbook describing the information needed to complete e-QIP. **[See pages 10-12 in this pdf booklet.]**

Some of the required information is listed below:

- a) All education information.
- b) Work experience for the last 5 years.
- c) Places you have lived the last 5 years.
- d) People who can verify the above information.
- e) Friends (not work related) who know you (including addresses and phone numbers)

3. Follow all instructions carefully and fill out all forms completely in the WOC Yellowbook. This must include the e-QIP forms which you should access after registration through the site embedded in the WOC workbook.

4. Follow all instructions for registration and complete all modules required through the TMS training site. Two modules: Information Security 201 and Bloodborne Pathogens will be assigned to you when you visit the Research Office. You will complete those modules at that time.

5. Contact Robert Pollock (734-845-5600) to make an appointment for completing the WOC registration process. This appointment will take at least one hour.

# Principal Investigator – required information

*The principal investigator must complete and sign this form.*

*Your WOC employee will not process in without this completed form.)*

<b>Employee Name</b> ( <i>Last, First, MI</i> )		<b>SSN#</b>
<b>Describe what employee will be doing:</b>  		
<b>Work Location of Employee:</b> Room: _____ Building: _____		<input type="checkbox"/> <b>Lab employees:</b> <i>Lab safety orientation is required. Employee must bring a completed Research Safety Checklist when processing in.</i>
<b>Will this person work with:</b> <input type="checkbox"/> <b>Animals:</b> <i>If working with <b>animals</b>, the employee must have all appropriate training completed, submit the appropriate training certificates, and complete and submit the Occupational Health and Safety Survey.</i> <input type="checkbox"/> “Working with the VA IACUC” – Everyone must complete this training. <input type="checkbox"/> “Working with (species) in Research Settings” – Please list species here: _____ <input type="checkbox"/> “Post Procedure care of Mice and Rats” - If survival surgery is performed on protocols listed below.  <input type="checkbox"/> <b>Human:</b> <i>If working with <b>identifiable data, identifiable specimens or interacting with human subjects</b>, all research employees on VA projects must complete and provide certificates of completion for “The Protection of Human Research Subjects” and “Good Clinical Practice.” A “Scope of Practice” must also be submitted.</i>		
<b>List specific project(s) on which this employee will work:</b>		
a.		
b.		
c.		
<b>Access Needed:</b> <input type="checkbox"/> Telephone (long distance pin) <input type="checkbox"/> Research Building <input type="checkbox"/> DHCP <input type="checkbox"/> CPRS -- Will they need read/write authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Lab keys (If this is a WOC employee, keys will need to be assigned to the investigator) Room/Building # _____ Key #: _____		
<b>Investigator Signature:</b>		<b>Date:</b>

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## **Requirement for credentialing of all research staff**

This requirement applies to all research staff including those that are compensated by the VA, those that are appointed as Without Compensation (WOC), and those appointed by the Intergovernmental Personnel Act Mobility Program (IPA). The staff may be full time, part time, or fee basis.

### **Credentialing**

Credentialing is the systematic process of screening and evaluating qualifications and other credentials, including licensure, registration, certification, required education, relevant training and experience, and current competence.

### **Unlicensed staff**

All staff that by virtue of their education and training is eligible to obtain licensure, registration, or certification is required to be credentialed through Vetpro even if they do not hold an active license, registration, or certification at the time they are appointed.

Unlicensed nurses, physicians, pharmacists, clinical psychologists, and others requiring licenses, registration, or certifications for clinical practice cannot be hired into those occupations unless they obtain an active license, registration, or certification for the occupation and qualify under VA qualification standards. If they do not obtain the license, registration, or certification they must be hired under some other occupational category for which they qualify. If this other occupational category allows a scope of practice to perform procedures AND there is no requirement for licensure or certification, then with a duly exercised scope of practice after the appropriate credentialing could be processed. *Note: See VHA Directive 2006-067 for a list of all effected occupations.*

### **VetPro: Staff that must be credentialed in VetPro**

- All health care professionals who claim licensure, certification or registration as applicable to their position within VHA.
- All research staff that holds a degree that may make them eligible for licensure, registration, or certification. Such persons would include but is not limited to: nurses, physicians, Foreign Medical Graduates, Clinical Psychologists, and pharmacists that do not have a current active license. *Note: See VHA Directive 2006-067 for a more complete list.*
- All research staff including research administrative personnel, who by the nature of their position have the potential to assume patient care-related duties, or oversee the quality or safety of the patient care delivered, e.g. Research Assistants, Project Officers, etc..

# Research Credentialing Verification

<b>Name:</b>	<b>Email address:</b>
<b>Principal Investigator</b>	<b>Phone No.</b>

*Please answer the following questions after you have read "Requirement for credentialing of all research staff"*

**1. Do you hold a degree that may make you eligible for licensure, registration or certification?**

Yes       No

**2. If yes, list specific Degrees that apply (MBBS, MD, RN, MSW, RRT, PhD ---specify area of study for the PhD)**


**3. Please list all current or past licensure, registration, or certification (no matter State or specialty this was held in).**


**4. By the nature of your position at the VA, do you have the potential to assume patient care-related duties or oversee the quality or safety of the patient care delivered, e.g. Research Assistants, Study Coordinators, etc.**

Yes       No

**5. Are you currently credentialed through Vetpro?**  Yes     No

<b>Employee Signature</b>	<b>Date</b>	<b>Principal Investigator Signature (Required)</b>	<b>Date</b>	

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### **Scope of Practice or Functional Statement**

A Scope of Practice or Functional Statement outlines all the duties of employees. These duties must: 1) be consistent with the occupational category under which they are hired, 2) allowed by the license, registration, or certification they hold, 3) consistent with their qualifications (education & training), and 4) be agreed upon by the person's immediate supervisor and the ACOS. *Note: When working on specific research protocols, the Principal Investigator for each protocol must also agree.*

### **Clinical Privileges**

If the person's license allows for independent practice and the facility chooses to allow independent practice, privileges must be granted in accordance with VHA Handbook 1100.19 and the facility's Medical Staff Bylaws, Rules and Regulation prior to performing the interventions covered under the privileges they have been granted.

### **Points to consider**

Individuals must not practice beyond the occupation they are hired/appointed into and their Scope of Practice or Functional Statement.

Principal Investigators are responsible for the overall conduct of their research protocols including ensuring that all research staff for the protocol are working within their Scope of Work or Functional Statement.

The appropriate background check as defined in VA Directive and Handbook 0710 must also be completed. *Note: For those employees working with Select Agents or Toxins, additional background investigations must be completed. See VHA Handbook 1200.06 for more information.*

Trainees from our academic affiliates must have a Resident/Trainee Credentials Verification Letter (RCVL) prior to any interactions with research subjects. VHA Handbook 1400.1 contains further information regarding residents and trainees.

### **Human Resource Management (HRM) responsibilities**

HRM has the primary responsibility for verifications of a candidate's qualifications including education, relevant training and experience, and current competence to hold the position. HRM is also responsible for checking US citizenship or visa status.

### **ACOS/R&D and/or AO/R&D responsibilities**

Either the ACOS/R&D and/or the AO/R&D must ensure that all research staff:

- Have been credentialed prior to appointment. If not, they must be credentialed ASAP. *Note: Credentialing for those who are covered by Directive 2006-067*

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*and VHA Handbook 1100.19 must be credentialed through VetPro. Staff that hold a degree that may make them eligible for licensure, registration, or certification related to in health care must also be credentialed through VetPro.*

- Have a Scope of Practice or Functional Statement that is consistent with their education, licensure, or certification, and
- Have been granted the appropriate privileges, if applicable under the facility's Bylaws,

In addition, the following must be done:

- Annually ascertain compliance with these requirements.
- Maintain records that will adequately show these responsibilities have been fulfilled.

#### **VHA Policies regarding credentialing**

- VHA Directive 2006-067 December 22, 2006 “Credentialing of Health Care Professionals”
- VHA Handbook 1100.19 March 6, 2001 “Credentialing and Privileging”
- VHA Handbook 1400.1 July 27, 2005 “Resident Supervisions”
- VA handbook and Directive 0710, September 10, 2004 “Personnel Suitability and Security”
- VA Handbook 5005 April 15, 2002 “Staffing”

# CHECKLIST

## SF-85 QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

This is an **OPTIONAL** form to help you complete the SF-85 Questionnaire. Please call the VAAHS, Human Resources office at: **(734) 769-7100 x 4010, if you have questions.** Read the instructions on this checklist AND on the SF-85 questionnaire. Place a check mark in each box on this checklist after you complete the corresponding section on the SF-85 questionnaire form. **USE ONLY BLACK INK. Draw one line through and initial and date all cross-outs, corrections, and errors.**

SF-85 Question		Instructions	Check Off
1.	Full Name	Enter Last, First and Full Middle Name. If no middle name, enter "NMN."	
2.	Date of Birth	Enter date of birth. Example: 01/04/53	
3.	Place of Birth	Enter city, county, state (use two-letter State code). Enter Country (if not in US).	
4.	Social Security Number	Self Explanatory	
5.	Other Names Used	Enter <b>full first, middle and last</b> other name(s) used. Include maiden name, former married name(s), aliases, and <b>dates</b> names were used.	
6.	Sex	Self Explanatory	
7.	a. Citizenship	Mark appropriate box and answer items a., b., c., d., or e. as indicated.	
	b. Mother's Maiden Name	Enter mother's first and last name.	
	c. United States Citizenship (If you are a US citizen but not born in the US)	Enter information about proof of US citizenship in appropriate place and <b>bring original document with you for verification purposes (i.e., Naturalization Certificate, Citizenship Certificate or SF Form 240-Report of Birth Abroad of a Citizen of the U.S.)</b>	
	d. Dual Citizenship	If you are currently or ever were a dual citizen of US and another country, name other country of citizenship and <b>bring original document with you for verification purposes.</b>	
	e. Alien	If you are an alien, provide ALL information requested and <b>bring original document with you for verification purposes.</b>	
8.	Where You Lived (For the last five (5) years.)	Enter COMPLETE addresses including STREET NUMBERS—NO P.O. BOXES. LEAVE NO GAPS IN TIME GOING BACK FIVE (5) YEARS. Do not use relatives, spouse or former spouse.	
9.	Where You Went to School (For the last five (5) years.)	Enter COMPLETE STREET NUMBERS—NO P.O. BOXES. LEAVE NO GAPS- LAST FIVE (5) YEARS. DO NOT COMPLETE THIS SECTION IF YOU HAVE NO SCHOOL IN THE LAST FIVE (5) YEARS.	
10.	Employment Activities (For the last five (5) years.)	<b>#1 must be current job that you are entering at the VA.</b> LEAVE NO GAPS-LAST FIVE (5) YEARS. Enter ALL EMPLOYMENT (full-time, part-time, volunteer, military, temporary) SELF-EMPLOYMENT and UNEMPLOYMENT. For UNEMPLOYMENT and SELF-EMPLOYMENT, enter VERIFIER NAME instead of Employer and VERIFIER ADDRESS instead of Employment Address, etc.	
11.	People Who Know You	Enter full names, full addresses (with street numbers) of three (3) people who <b>live in US</b> and know you well. Do not list relatives, spouse, or former spouse. Enter their phone numbers.	
12.	Selective Service	Self Explanatory. Obtain Registration No at: <a href="http://www4.sss.gov/regver/verification1.asp">www4.sss.gov/regver/verification1.asp</a> .	
13.	Military History	Self Explanatory. Check "O" for Officer or "E" for Enlisted in the appropriate box.	
14.	Illegal Drugs	Self Explanatory. Any dates should be complete—month and year (MM/YY).	
Certification – Page 5		Sign (with first, middle and last name) and date. Date must be within the last 30 days.	
Authorization for Release of Information – Page 6		Sign (with first, middle and last name) and date. Date must be within the last 30 days. <u>OTHER NAMES USED BOX</u> : Enter full first, middle and last names of ALL other names used.	
OF 612 Form: Optional Application for Federal Employment		This form <b>MUST</b> be completed in full—it is not optional. <b>BLACK INK—ENTIRE FORM.</b>	
OF 306 Form: Declaration for Federal Employment		<b>MUST</b> be completed in full—NOT optional. <b>BLACK INK—ENTIRE FORM.</b> <u>OTHER NAMES USED</u> : Enter full first, middle and last names of ALL other names used. <u>BACKGROUND INFORMATION Section</u> : Read Instructions Carefully. Provide COMPLETE data requested including date(s), explanation(s), place(s) of occurrence, and name(s) and COMPLETE addresses (including street numbers) of any police department(s), court(s), employer(s) involved.	

## E QIP - ELECTRONIC QUESTIONNAIRE FOR INVESTIGATIONS PROCESSING

As a condition of without compensation employment, it is required by law to conduct a background investigation on all new employees. You have been given access to the e-QIP Applicant Site at [www.opm.gov/e-qip/](http://www.opm.gov/e-qip/). ← [Hot Link]

On this site, you will complete the required background questionnaire. An informational brochure is enclosed to assist you with this process.

When you report to Human Resources for in-processing please bring with you, The Authorization for RELEASE of Information and the CERTIFICATE that my answers are true forms.

If you have any questions you should contact:

Todd Vaive @ ext:53387 at Todd. [Vaive@va.gov](mailto:Vaive@va.gov)



## PLEASE COMPLETE YOUR INVESTIGATION PRIOR TO YOUR ENTRANCE ON DUTY DATE

### Getting Started:

1. You must have access to a computer **with Internet access**. If you do not, contact the office listed on the front of this brochure.
2. You may be required to enter information related to where you have lived, where you went to school, your employment history, people who know you well, past employment, selective service record, your spouse, your relatives and associates, military history, foreign activities, foreign countries you have visited, medical history, police record, use of illegal drugs or drug activity, use of alcohol, investigations records, financial records, financial delinquencies, public record civil court actions. It is advised that you collect addresses, phone numbers, dates, etc. relating to the items mentioned above before you begin.
3. **Go to the following website:**  
[www.opm.gov/e-qip/](http://www.opm.gov/e-qip/)
4. The e-QIP Gateway page will appear. Click the link that says "E-QIP Applicant Site".
5. The system will test your computer for e-QIP compatibility. Click the "continue" button to proceed to the application. If your system is found to be incompatible, refer to the section in this pamphlet labeled "Web Browser Requirements". If that does not resolve the problem, contact the office listed on the front of this brochure.
6. A Security Alert box will appear, ending with "Do you want to proceed? Click the "Yes" button to continue.
7. The e-QIP Welcome Screen will appear. Enter your Social Security Number in the text entry boxes, and click the "Submit" button to login to the e-QIP site.
8. Answer the three (3) default Golden Questions and then create new Golden Questions and Answers according to the instructions printed in this brochure.
9. Click the highlighted link that says "Enter Your Data".
10. Complete the questions and save as instructed.
11. Validation of your data will occur after every screen save.

12. Be sure to Certify/Submit your form when form is complete and print out your release forms and certification.

13. In the event that your form is rejected by the reviewing office, you will have a menu option to Display Previous Rejection Comments.

### Choosing Your Golden Questions/Answers:

It is **YOUR RESPONSIBILITY** to provide Golden Questions to uniquely identify you. Golden Questions help the e-QIP system verify your identity. By creating a combination of Golden Questions that **ONLY YOU** can possibly know all of the correct answers to, you are assured that no one (including parents, spouses, and close friends) can impersonate you on the e-QIP system. Please carefully consider who else may possibly know the answer to each possible Golden Question you enter. We suggest creating questions concerning different time periods in your life. **PLEASE REMEMBER THAT IT MAY BE 4 OR 5 YEARS BEFORE YOU RETURN TO THE e-QIP SYSTEM!** Make sure you create questions you can still answer in the distant future.

### Entering Your Golden Questions/Answers

After you have selected your set of Golden Questions/Answers, enter each Question under a "**Question**" header and enter the corresponding Answer under the "**Answer**" header directly under that question. You must provide a non-blank answer for each question you provide, and vice versa. You must provide three Golden Questions.

It is **YOUR RESPONSIBILITY** to protect the answers to your Golden Questions.

Golden Answers are your "password" to the e-QIP system. The text entry fields for Golden Answers are **NOT** password protected, to allow more accurate entry of your answers. Asterisks automatically mask Golden Answers, but if you choose, you can view your answers by clicking the "*Allow me to see my Golden Answers*" checkbox. Do not allow someone to see your computer screen while your answers are on the screen. If someone acquires your answers, they will be able to logon to the e-QIP system under your identity, allowing them to see and change your personal data.

### Entering Your Data

**First Time Data Entry:** Prior to entering data for the first time, read the instructions on the "Form Completion Instructions" screen. Indicate that you have read and understand the document by clicking the corresponding button. You will then be shown a disclaimer screen that

provides additional instructions required by Executive Order 12968. You will need to indicate that you have read and understand the additional instructions by clicking the corresponding button.

**Question Navigation:** You may use the **Navigation pull-down menu** to go to any question, in any order. The navigation menu is located in the top, right-hand corner of the screen.

**Errors and Warnings:** After clicking **SAVE**, if the system displays the same screen with "**Validation Results**" listed at the top, you must correct the data you have just entered. You will only get validation messages if you have not answered a question appropriately.

For validation "**Error**" messages, you may correct your data by scrolling to the appropriate field and editing. After making corrections, click the **SAVE** button at the bottom of this page to save your changes.

For validation "**Warning**" messages, you may either provide the requested information or click the **EXPLAIN** button next to the message to explain why the information cannot be supplied. Upon clicking **EXPLAIN** you may provide an explanation in the text field or check the box labeled "*I do not know the requested information*". After choosing an action, click the **SAVE** button to save your changes.

For validation "**Error**" and "**Warning**" messages, you may also choose to click the **SAVE/CONTINUE** button. If you click the **SAVE/CONTINUE** button, you may advance to the next question screen and correct the information at a later time prior to the final submission of your form.

If you make a mistake and want to start over on a given screen, click on the **RESET THIS SCREEN** button at any time prior to clicking the **SAVE** button.

When you are finished and ready to proceed, click the **SAVE** button. Upon clicking **SAVE**, your information will be submitted and you will proceed to the next screen.

### Displaying Your Data

When you are ready to display and/or print your information that has been entered into e-QIP, select the "Display" command from the top banner (located in the upper left-hand corner).

By selecting "Display", a new browser window will appear using Adobe Acrobat Reader. This window will generate a

portable document file (PDF) which will display on the screen all the data that has been entered up to that point. If desired, you can print the displayed data by first selecting **“File,”** then **“Print”** from the new browser window. If you do not have Adobe Acrobat Reader, it can be downloaded at no charge from [www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html).

You can also save a copy of the displayed data to your own floppy disk. To do so, click the **“Save”** icon (floppy disk) from the new browser window.

### Validating Your Data

Although the e-QIP system will automatically validate your data after every screen save, you may also do a manual validation. To do so, go to the navigation pull-down menu and select **“Validate, Review, and Certify”**. The **“validation results”** show errors that need to be corrected. Read the validation results and the associated errors. Close the window. To correct your answers, use the navigation pull-down menu to go to the question that needs to be edited.

### Certifying Your Data

**When you have completed all the questions on the form and are ready to submit, select the “Certify That My Answers Are True” command from the Navigation Bar.**

Ensure that you have completely entered your data, validated your data for errors, and reviewed your data for correctness. Follow the instructions on the **Certify** screen.

Certify that the answers you provided on the questionnaire are correct and accurate. After certification, your answers to the questionnaire will be locked and unavailable for editing. Select **“Display”** (in the upper left-hand corner of the screen) to generate a .PDF (printable) copy of your data, release forms, and certification statement.

**You are required to print the release form(s) and the certification statement.** If you do not have a printer, you should contact the office listed on the front of this brochure and ask for assistance.

After printing copies of the release form and certification statement, please sign them in ink and return the originals to your office.

**After you have successfully certified your form and released it to your office, you cannot change your data. However, the next time you need access to e-QIP, most of your data will re-populate the e-QIP form. This will eliminate the need to start over from the beginning.**

### Web Browser Requirements

If using **Microsoft Internet Explorer (IE)**, you must have version 5.5 or later, with Service Pack 2. Internet Options for IE should be set as follows:

- Enable JavaScript
- Enable Cookies
- Enable Scripting
- Enable TLS 1.0 (this option is disabled by default)

To enable TLS 1.0 in IE, on the top menu:

- Select **TOOLS**
- Select **INTERNET OPTIONS**
- Select the tab labeled **ADVANCED**
- Scroll down to the section labeled **SECURITY**
- Check the box to enable TLS 1.0
- Click the **OK** button to save

**If using AOL, open a separate window in IE (outside AOL) and set TLS 1.0 following the instructions above; or directly within AOL, go to the top menu in AOL, then:**

- Select **SAFETY**
- Select **SETTINGS**
- Select **INTERNET PROPERTIES**
- Under **RELATED SETTINGS**, select **INTERNET EXPLORER SETTINGS**, then the **ADVANCED** tab
- Scroll down to **SECURITY**
- Check TLS 1.0
- Click the **APPLY** and **OK** buttons
- Click **SAVE** in the AOL Browser Setting box

If using **Mozilla**, you must have version 0.9.4. Although security settings may already be defaulted to the proper values, you should verify by doing the following in this order:

- Select **“Edit”**
- Select **“Preferences”**
- Select **“Privacy and Security”**
- Select **“SSL”**
- Under **SSL Protocol Versions**, enable **“SSL Version 2,” “SSL Version 3,”** and **“TLS”**

Mozilla users must also verify that they are enabled to use cookies. To do so, go to your browser’s toolbar and verify in the following order:

- Select **“Edit”**
- Select **“Preferences”**
- Select **“Privacy and Security”**
- Select **“Cookies”**
- Ensure that either **“Enable cookies for the originating website only”** or **“Enable all cookies”** is checked.

e-QIP is also compatible with **Netscape Navigator**, 6.1 and newer.

If using **JAWS** screen-reading software, please note that JAWS requires the use of Internet Explorer, version 5.5 or later.

## ELECTRONIC QUESTIONNAIRE FOR INVESTIGATIONS PROCESSING e-QIP



Version 1.07

## QUICK REFERENCE GUIDE FOR THE APPLICANT



**Questions? Contact:**

VAAAHS  
Human Resources  
Ann Arbor, MI  
(734) 845-3510, (734) 845-5130,  
(734) 845-3817 or (734) 845-5128

**Previously occupied by Form OF 612**

**INSERT YOUR RESUME HERE**

# SF – 87 WORK SHEET

## PLEASE PRINT LEGIBLY

<b>Name:</b>	<b>FIRST:</b> _____  <b>Full Middle Name:</b> _____ <b>or</b> <b>Only Have Middle Initial:</b> _____ <b>or</b> <b>No Middle Name (Indicate / NMN) :</b> _____  <b>LAST:</b> _____
<b>Other Names Used: (Maiden Name) and/or (Aliases) AKA or Nicknames:</b>	
<b>Social Security Number:</b>	
<b>Date of Birth:</b>	
<b>Race / Ethnicity:</b>	
<b>Gender:</b>	
<b>Height:</b>	<b>Feet:</b> _____ <b>Inches:</b> _____
<b>Weight:</b>	_____ <b>Lbs.</b>
<b>Place of Birth:</b>	<b>City:</b> _____ <b>State:</b> _____ <b>OR</b> <b>Country:</b> _____
<b>Hair Color:</b>	
<b>Eye Color:</b>	
<b>Current Address:</b>	<b>Address # &amp; Street:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____
<b>Citizenship: (US/other)</b>	
<b>Job Title or Affiliation:</b>	<b>VA Employee Title:</b> _____ <b>Supervisor:</b> _____ <b>PIV Re-Issuance:</b> _____ <b>Y or N if applicable</b> <b>Do you VA need computer access</b> _____ <b>Y or N</b>

Have you been fingerprinted within the last 6 months at this VA facility? Yes \_\_\_ No \_\_\_

**VA Ann Arbor Healthcare System  
 Research Service (11R)  
 2215 Fuller Road  
 Ann Arbor, Michigan 48105  
 Fax (734) 761-7693**

**RELEASE OF INFORMATION AUTHORIZATION &  
 EDUCATION AND TRAINING VERIFICATION FORM**

In order for the VA Ann Arbor Healthcare System (11R) to access and verify my educational background, professional qualifications and suitability for appointment, I hereby authorize the VA Ann Arbor Healthcare System to make inquiries and consult with all persons, places of employment, education, malpractice carriers, State licensing boards, or other similar government and non-governmental entities or who may have information bearing on my moral, ethical and professional qualifications and competence to carry out the duties outlined in my VA Research Scope of Practice. I authorize release of such information and copies of related records and/or documents to VA officials.

I authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable the VA to make such inquiries.

I release from liability all those who provide information to the Department of Veterans Affairs in good faith and without malice in response to such inquiries.

As part of the VA R&D credentialing process, it is necessary to verify my educational and professional credentials. I agree to provide the following information:

<b>EMPLOYEE NAME (print Last, First, Middle Initial)</b>		<b>SOCIAL SECURITY NUMBER</b>
<b>OTHER NAMES USED (MAIDEN, ETC.)</b>		
<b>UNIVERSITY/COLLEGE/PROGRAM ATTENDED: (Use separate form for each University/Program)</b>		
<b>CITY/STATE/COUNTRY</b>		
<b>YEARS ATTENDED</b>	<b>DATES ATTENDED (to &amp; from dates)</b>	<b>DEGREE(S) RECEIVED</b>
<b>PROFESSIONAL TRAINING/EXPERIENCE</b>		<b>DATES TRAINING RECEIVED</b>
<b>PROFESSIONAL CERTIFICATION (bring original to research office)</b>		<b>ISSUE DATE - EXPIRATION DATE</b>
<b>STATE LICENSE/REGISTRATION (bring original to research office)</b>		<b>ISSUE DATE - EXPIRATION DATE</b>
<b>EMPLOYEE WORK ADDRESS</b>		<b>EMPLOYEE DATE OF BIRTH</b>
<b>EMPLOYEE SIGNATURE</b>		<b>DATE</b>

The VA Research Office will make every possible effort to protect the confidentiality and security of this document.

**Department of Veterans Affairs (VA) National Rules of Behavior****1. Background**

a. Section 5723(b)(12) of title 38, United States Code, requires the Assistant Secretary for Information and Technology to establish “VA National Rules of Behavior for appropriate use and protection of the information which is used to support Department’s missions and functions.” The Office of Management and Budget (OMB) Circular A-130, Appendix III, paragraph 3(a)(2)(a) requires that all Federal agencies promulgate rules of behavior that “clearly delineate responsibilities and expected behavior of all individuals with access” to the agencies’ information and information systems, as well as state clearly the “consequences of behavior not consistent” with the rules of behavior. **The National Rules of Behavior that begin on page G-3, are required to be used throughout the VA.**

b. Congress and OMB require the promulgation of national rules of behavior for two reasons. First, Congress and OMB recognize that knowledgeable users are the foundation of a successful security program. Users must understand that taking personal responsibility for the security of their computer and the VA data that it contains or that may be accessed through it, as well as the security and protection of VA information in any form (e.g. digital, paper), are essential aspects of their job. Second, individuals must be held accountable for their use of VA information and information systems.

c. VA must achieve the Gold Standard in data security which requires that VA information and information system users protect VA information and information systems, especially the personal data of veterans, their family members, and employees. Users must maintain a heightened and constant awareness of their responsibilities regarding the protection of VA information. The Golden Rule with respect to this aspect of an employee’s job is to treat the personal information of others the same as they would their own.

d. Since written guidance cannot cover every contingency, personnel are asked to go beyond the stated rules, using “due diligence” and highest ethical standards to guide their actions. Personnel must understand that these rules are based on Federal laws, regulations, and VA Directives.

**2. Coverage**

a. The attached VA National Rules of Behavior must be signed annually by all VA employees who are provided access to VA information or VA information systems. The term VA employees includes all individuals who are employees under title 5 or title 38, United States Code, as well as individuals whom the Department considers employees such as volunteers, without compensation employees, and students and other trainees. Directions for signing the rules of behavior by other individuals who have access to VA information or information systems, such as contractor employees, will be addressed in subsequent policy. VA employees must initial and date each page of the copy of the VA National Rules of Behavior; they must also provide the information requested on the last page, sign and date it.

b. The VA National Rules of Behavior address notice and consent issues identified by the Department of Justice and other sources. It also serves to clarify the roles of management

and system administrators, and serves to provide notice of what is considered acceptable use of all VA information and information systems, VA sensitive information, and behavior of VA users.

c. The VA National Rules of Behavior use the phrase “VA sensitive information”. This phrase is defined in VA Directive 6500, paragraph 5q. This definition covers all information as defined in 38 USC 5727(19), and in 38 USC 5727(23). The phrase “VA sensitive information” as used in the attached VA National Rules of Behavior means:

All Department data, on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, records about individuals requiring protection under various confidentiality provisions such as the Privacy Act and the HIPAA Privacy Rule, and information that can be withheld under the Freedom of Information Act. Examples of VA sensitive information include the following: individually-identifiable medical, benefits, and personnel information, financial, budgetary, research, quality assurance, confidential commercial, critical infrastructure, investigatory, and law enforcement information, information that is confidential and privileged in litigation such as information protected by the deliberative process privilege, attorney work-product privilege, and the attorney-client privilege, and other information which, if released, could result in violation of law or harm or unfairness to any individual or group, or could adversely affect the national interest or the conduct of federal programs.

d. The phrase “VA sensitive information” includes information entrusted to the Department.

### **3. Rules of Behavior**

a. Immediately following this section is the VA approved National Rules of Behavior that all employees (as discussed in paragraph 2a of Appendix G) who are provided access to VA information and VA information systems are required to sign in order to obtain access to VA information and information systems.

### Department of Veterans Affairs (VA) National Rules of Behavior

I understand, accept, and agree to the following terms and conditions that apply to my access to, and use of, information, including VA sensitive information, or information systems of the U.S. Department of Veterans Affairs.

#### 1. GENERAL RULES OF BEHAVIOR

a. I understand that when I use any Government information system, I have NO expectation of Privacy in VA records that I create or in my activities while accessing or using such information system.

b. I understand that authorized VA personnel may review my conduct or actions concerning VA information and information systems, and take appropriate action. Authorized VA personnel include my supervisory chain of command as well as VA system administrators and Information Security Officers (ISOs). Appropriate action may include monitoring, recording, copying, inspecting, restricting access, blocking, tracking, and disclosing information to authorized Office of Inspector General (OIG), VA, and law enforcement personnel.

c. I understand that the following actions are prohibited: unauthorized access, unauthorized uploading, unauthorized downloading, unauthorized changing, unauthorized circumventing, or unauthorized deleting information on VA systems, modifying VA systems, unauthorized denying or granting access to VA systems, using VA resources for unauthorized use on VA systems, or otherwise misusing VA systems or resources. I also understand that attempting to engage in any of these unauthorized actions is also prohibited.

d. I understand that such unauthorized attempts or acts may result in disciplinary or other adverse action, as well as criminal, civil, and/or administrative penalties. Depending on the severity of the violation, disciplinary or adverse action consequences may include: suspension of access privileges, reprimand, suspension from work, demotion, or removal. Theft, conversion, or unauthorized disposal or destruction of Federal property or information may also result in criminal sanctions.

e. I understand that I have a responsibility to report suspected or identified information security incidents (security and privacy) to my Operating Unit's Information Security Officer (ISO), Privacy Officer (PO), and my supervisor as appropriate.

f. I understand that I have a duty to report information about actual or possible criminal violations involving VA programs, operations, facilities, contracts or information systems to my supervisor, any management official or directly to the OIG, including reporting to the OIG Hotline. I also understand that I have a duty to immediately report to the OIG any possible criminal matters involving felonies, including crimes involving information systems.

g. I understand that the VA National Rules of Behavior do not and should not be relied upon to create any other right or benefit, substantive or procedural, enforceable by law, by a party to litigation with the United States Government.

h. I understand that the VA National Rules of Behavior do not supersede any local policies that provide higher levels of protection to VA's information or information systems. The VA National Rules of Behavior provide the minimal rules with which individual users must comply.

**i. I understand that if I refuse to sign this VA National Rules of Behavior as required by VA policy, I will be denied access to VA information and information systems. Any refusal to sign the VA National Rules of Behavior may have an adverse impact on my employment with the Department.**

## 2. SPECIFIC RULES OF BEHAVIOR.

a. I will follow established procedures for requesting access to any VA computer system and for notification to the VA supervisor and the ISO when the access is no longer needed.

b. I will follow established VA information security and privacy policies and procedures.

c. I will use only devices, systems, software, and data which I am authorized to use, including complying with any software licensing or copyright restrictions. This includes downloads of software offered as free trials, shareware or public domain.

d. I will only use my access for authorized and official duties, and to only access data that is needed in the fulfillment of my duties except as provided for in VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology. I also agree that I will not engage in any activities prohibited as stated in section 2c of VA Directive 6001.

e. I will secure VA sensitive information **in all areas** (at work and remotely) and in any form (e.g. digital, paper etc.), to include mobile media and devices that contain sensitive information, and I will follow the mandate that all VA sensitive information must be in a protected environment at all times or it must be encrypted (using FIPS 140-2 approved encryption). If clarification is needed whether or not an environment is adequately protected, I will follow the guidance of the local Chief Information Officer (CIO).

f. I will properly dispose of VA sensitive information, either in hardcopy, softcopy or electronic format, in accordance with VA policy and procedures.

g. I will not attempt to override, circumvent or disable operational, technical, or management security controls unless expressly directed to do so in writing by authorized VA staff.

h. I will not attempt to alter the security configuration of government equipment unless authorized. This includes operational, technical, or management security controls.

i. I will protect my verify codes and passwords from unauthorized use and disclosure and ensure I utilize only passwords that meet the VA minimum requirements for the systems that I am authorized to use and are contained in Appendix F of VA Handbook 6500.

j. I will not store any passwords/verify codes in any type of script file or cache on VA systems.

k. I will ensure that I log off or lock any computer or console before walking away and will not allow another user to access that computer or console while I am logged on to it.

l. I will not misrepresent, obscure, suppress, or replace a user's identity on the Internet or any VA electronic communication system.

m. I will not auto-forward e-mail messages to addresses outside the VA network.

n. I will comply with any directions from my supervisors, VA system administrators and information security officers concerning my access to, and use of, VA information and information systems or matters covered by these Rules.

o. I will ensure that any devices that I use to transmit, access, and store VA sensitive information outside of a VA protected environment will use FIPS 140-2 approved encryption (the translation of data into a form that is unintelligible without a deciphering mechanism). This includes laptops, thumb drives, and other removable storage devices and storage media (CDs, DVDs, etc.).

p. I will obtain the approval of appropriate management officials before releasing VA information for public dissemination.,

q. I will not host, set up, administer, or operate any type of Internet server on any VA network or attempt to connect any personal equipment to a VA network unless explicitly authorized **in writing** by my local CIO and I will ensure that all such activity is in compliance with Federal and VA policies.

r. I will not attempt to probe computer systems to exploit system controls or access VA sensitive data for any reason other than in the performance of official duties. Authorized penetration testing must be approved in writing by the VA CIO.

s. I will protect Government property from theft, loss, destruction, or misuse. I will follow VA policies and procedures for handling Federal Government IT equipment and will sign for items provided to me for my exclusive use and return them when no longer required for VA activities.

t. I will only use virus protection software, anti-spyware, and firewall/intrusion detection software authorized by the VA on VA equipment or on computer systems that are connected to any VA network.

u. If authorized, by waiver, to use my own personal equipment, I must use VA approved virus protection software, anti-spyware, and firewall/intrusion detection software and ensure

the software is configured to meet VA configuration requirements. My local CIO will confirm that the system meets VA configuration requirements prior to connection to VA's network.

v. I will never swap or surrender VA hard drives or other storage devices to anyone other than an authorized OI&T employee at the time of system problems.

w. I will not disable or degrade software programs used by the VA that install security software updates to VA computer equipment, to computer equipment used to connect to VA information systems, or to create, store or use VA information.

x. I agree to allow examination by authorized OI&T personnel of any personal IT device [Other Equipment (OE)] that I have been granted permission to use, whether remotely or in any setting to access VA information or information systems or to create, store or use VA information.

y. I agree to have all equipment scanned by the appropriate facility IT Operations Service prior to connecting to the VA network if the equipment has not been connected to the VA network for a period of more than three weeks.

z. I will complete mandatory periodic security and privacy awareness training within designated timeframes, and complete any additional required training for the particular systems to which I require access.

aa. I understand that if I must sign a non-VA entity's Rules of Behavior to obtain access to information or information systems controlled by that non-VA entity, I still must comply with my responsibilities under the VA National Rules of Behavior when accessing or using VA information or information systems. However, those Rules of Behavior apply to my access to or use of the non-VA entity's information and information systems as a VA user.

bb. I understand that remote access is allowed from other Federal government computers and systems to VA information systems, subject to the terms of VA and the host Federal agency's policies.

cc. I agree that I will directly connect to the VA network whenever possible. If a direct connection to the VA network is not possible, then I will use VA-approved remote access software and services. I must use VA-provided IT equipment for remote access when possible. I may be permitted to use non-VA IT equipment [Other Equipment (OE)] only if a VA-CIO-approved waiver has been issued and the equipment is configured to follow all VA security policies and requirements. I agree that VA OI&T officials may examine such devices, including an OE device operating under an approved waiver, at any time for proper configuration and unauthorized storage of VA sensitive information.

dd. I agree that I will not have both a VA network connection and any kind of non-VA network connection (including a modem or phone line or wireless network card, etc.) physically connected to any computer at the same time unless the dual connection is explicitly authorized in writing by my local CIO.

ee. I agree that I will not allow VA sensitive information to reside on non-VA systems or devices unless specifically designated and approved in advance by the appropriate VA official (supervisor), and a waiver has been issued by the VA's CIO. I agree that I will not access, transmit or store remotely any VA sensitive information that is not encrypted using VA approved encryption.

ff. I will obtain my VA supervisor's authorization, in writing, prior to transporting, transmitting, accessing, and using VA sensitive information outside of VA's protected environment..

gg. I will ensure that VA sensitive information, in any format, and devices, systems and/or software that contain such information or that I use to access VA sensitive information or information systems are adequately secured in remote locations, e.g., at home and during travel, and agree to periodic VA inspections of the devices, systems or software from which I conduct access from remote locations. I agree that if I work from a remote location pursuant to an approved telework agreement with VA sensitive information that authorized OI&T personnel may periodically inspect the remote location for compliance with required security requirements.

hh. I will protect sensitive information from unauthorized disclosure, use, modification, or destruction, including using encryption products approved and provided by the VA to protect sensitive data.

ii. I will not store or transport any VA sensitive information on any portable storage media or device unless it is encrypted using VA approved encryption.

jj. I will use VA-provided encryption to encrypt any e-mail, including attachments to the e-mail, that contains VA sensitive information before sending the e-mail. I will not send any e-mail that contains VA sensitive information in an unencrypted form. VA sensitive information includes personally identifiable information and protected health information.

kk. I may be required to acknowledge or sign additional specific or unique rules of behavior in order to access or use specific VA systems. I understand that those specific rules of behavior may include, but are not limited to, restrictions or prohibitions on limited personal use, special requirements for access or use of the data in that system, special requirements for the devices used to access that specific system, or special restrictions on interconnections between that system and other IT resources or systems.

**3. Acknowledgement and Acceptance**

a. I acknowledge that I have received a copy of these Rules of Behavior.

b. I understand, accept and agree to comply with all terms and conditions of these Rules of Behavior.

\_\_\_\_\_  
[Print or type your full name]

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Position Title

## Ann Arbor VA Research Service (151)

### RESEARCH LABORATORY EMPLOYEE SAFETY TRAINING CHECKLIST

<b>Employee Name:</b>	Supervisor:	WOC Employee <input type="checkbox"/>	Start Date:
		VA Employee <input type="checkbox"/>	

All research personnel must have annual safety training. Complete this form with your supervisor, sign, date and return this form to the research office (11R) within seven (7) days of employee's start date. This form is used to document mandatory annual safety training requirements.

<input type="checkbox"/>	<b>1. Location and use of Life Safety Equipment:</b>	<input type="checkbox"/>	5. <b>MSDS Sheets</b> (Material Safety Data Sheets) - location and use
<input type="checkbox"/>	<b>a. Fire Safety</b> 1. Fire Emergency Plan - RACE 2. Pull Stations - location & fire codes 3. Fire Extinguishers - location & usage	<input type="checkbox"/>	6. <b>Review the Hazardous Materials Management Plan - MCM, # S-2</b> <a href="http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S2_2005.doc">http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S2_2005.doc</a>
<input type="checkbox"/>	<b>b. Minimum Accessibility Requirements</b> 1. Maintain a 48" corridor width 2. Storage at least 18" from sprinkler heads 3. Maintain a 36" semi-circle of access to electrical panels	<input type="checkbox"/>	7. <b>Safety Management Program, #S-3</b> <a href="http://www.annarbor.research.va.gov/ANNARBO_RRESEARCH/res-safety/S3.doc">http://www.annarbor.research.va.gov/ANNARBO_RRESEARCH/res-safety/S3.doc</a>
<input type="checkbox"/>	<b>c. Showers, Eye Washes</b> (location, how to use & check functioning & monthly update of inspection tags for eye washes)	<input type="checkbox"/>	8. <b>Exposure Control Plan For Bloodborne Pathogens, MCM #S-4</b> a. To work with human blood/body fluids b. Post Exposure Evaluation and Follow-up. <a href="http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S4.doc">http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S4.doc</a>
<input type="checkbox"/>	<b>d. Spill Kits</b> for Acid, Caustic, Flammable, Blood & Body fluids (how to use, fully stocked kits) 1. Replacement supplies	<input type="checkbox"/>	9. <b>Emergency Preparedness Plan , #S-5</b> <a href="http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S5.doc">http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S5.doc</a>
<input type="checkbox"/>	<b>e. Safety equipment specific to your lab</b> including personal protection equipment 1. Lab coats 2. Eye, Face, Hand, Foot, Head	<input type="checkbox"/>	10. <b>Operation of equipment</b> (such as sterilizers and centrifuges) a. Location of operation Manual b. Documented User Training
<input type="checkbox"/>	<b>2. Medical Center Safety Policies Manual</b> (review location and check documentation that each person who works in the lab has reviewed manual) (Also located on "T" Drive; Public/Policies/Policies-Current/Safety	<input type="checkbox"/>	11. <b>VA Safety of Personnel Engaged In Research</b> VHA Handbook 1200.08 <a href="http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1850">http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1850</a>
<input type="checkbox"/>	<b>3. VA Research Safety Manual On-Line</b> <a href="http://www.annarbor.research.va.gov/ANNARBORRESEARCH/res-safety/2007_11R_safety_emergency_security.doc">http://www.annarbor.research.va.gov/ANNARBORRESEARCH/res-safety/2007_11R_safety_emergency_security.doc</a>	<input type="checkbox"/>	12. <b>Specific job related hazards</b> a. Gas cylinder storage and handling b. Moving chemicals to storage c. Glass d. Chemical inventory e. Biohazard
<input type="checkbox"/>	<b>4. Radiation Safety and ALARA (MCM #S-1)</b> <a href="http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S1_ALARA.doc">http://www.annarbor.research.va.gov/ANNARBORRES_EARCH/res-safety/S1_ALARA.doc</a>	<input type="checkbox"/>	<b>NO FOOD OR DRINKS IN LABS</b> No eating or drinking in labs No coffee cups or pop cans on benches No food in laboratory refrigerators <b>VIOLATORS WILL BE FINED \$500</b>

<i>Employee Signature:</i>	<i>Date:</i>	<i>Investigator Signature:</i>	<i>Date:</i>
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## VA HUMAN SUBJECTS RESEARCH TRAINING POLICY

1. All new study team members must complete The Scope of Practice Survey Form  
[Combined Scope of Practice Form \(click-link\)](#)

### 2. Human Subjects Research Education Policy

- a. All new human research study personnel must complete the VA IRB Human Subjects Research Education requirements prior to engaging in research projects at the VAAAHS.
- b. All continuing Investigators and Study Team Members must retake a VA-approved training course at least once every **730 days**. If you fail to comply with the VA IRB Human Subjects Education Policy you must cease all work with human subjects in the research setting.

#### Primary Course Choice

#### **VA CITI COURSE AT CITIPROGRAM.ORG**

1. Web-Link = <https://www.citiprogram.org/default.asp>
2. Select Your Institution: **Veterans Affairs -> Ann Arbor, MI-506**

## VA ANIMAL STUDIES RESEARCH EDUCATION POLICY

1. Web-Link = <https://www.citiprogram.org>
2. Select Your Institution: **Veterans Affairs -> Ann Arbor, MI-506**
3. Selecting the Correct Course Groups:  
Question #2 => Yes if you are a IACUC Member  
Question #3 => Yes (Working with the VA IACUC)  
Question #4 => Check EACH species utilized in your animal research activities  
Question #5 => Yes if you perform or supervise survival surgery in rodent species  
Question #6 => Yes if you are a new research laboratory worker (VA Biosecurity Training)
4. WOC Personnel Working with Animals

## NEW VA RESEARCH LABORATORY WORKERS

**If you work in a VA Research Laboratory, you must complete the following:  
"Introduction to VA Biosecurity Concepts" course and exam at this web site:**

1. Web-Link = <https://www.citiprogram.org>
2. Select Your Institution: **Veterans Affairs -> Ann Arbor, MI-506**
3. Selecting the Correct Course Groups:  
Question #6 => Yes if you are a new research laboratory worker (VA Biosecurity Training)

*If you have any questions, please feel free to contact us.*

- a. *R&D Coordinator: Cathy Kaczmarek at 845-3439*
- b. *Human Studies Coordinator: Doug Feldman at 845-3440*
- c. *Animal Studies + Research Safety Coordinator: Len Cooke at 845-5602*
- d. *WOC Master: Bob Pollock at 845-5600*

FAX = 734-845-3241

VA Mail = 151

UM Mail = Zip 2399

US Mail = 2215 Fuller Rd.

# VA Ann Arbor Healthcare System

## Scope of Practice for Employees Involved in VA Human Studies Research

Return to VA Research Office (11R), VA Medical Center, 2215 Fuller Road, Ann Arbor, MI 48105, Box 2399

THE SCOPE OF PRACTICE IS SPECIFIC TO THE DUTIES AND RESPONSIBILITIES OF EACH RESEARCH EMPLOYEE AS AN AGENT OF THE LISTED PRINCIPAL INVESTIGATOR. AS SUCH, HE/SHE IS SPECIFICALLY AUTHORIZED TO CONDUCT RESEARCH INVOLVING HUMAN SUBJECTS WITH THE RESPONSIBILITIES OUTLINED BELOW. THE SUPERVISOR AND EMPLOYEE MUST COMPLETE, SIGN AND DATE THIS SCOPE OF PRACTICE.

<b>Employee Name (Last, First, MI):</b> ->	<b>Employment Institution:</b> ->
<b>Employee e-mail address:</b> ->	<b>Degree(s) and specific discipline:</b> ->
<b>List professional education:</b> ->	<b>Have you ever had a license/certificate/registration?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Certification/Licensure/Registration Number (s) and location (s):</b> ->	<b>Are you credentialed through Vetpro?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Principal Investigator:</b> ->	<input checked="" type="checkbox"/> <b>This form indicates all research duties the employee may perform in all of my research projects.</b>

### Human Studies Research Duties:

1. Study Coordinator for this project.	<input type="checkbox"/>	2. Initiates submission of regulatory documents to IRB, VA R&D committee and sponsor.	<input type="checkbox"/>
3. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects research visits, documenting progress notes, initiating orders, consults, etc.	<input type="checkbox"/>	4. Accesses patient medical information while maintaining patient confidentiality.	<input type="checkbox"/>
5. Develops recruitment methods to be utilized in the study.	<input type="checkbox"/>	6. Screens patients to determine study eligibility criteria by reviewing patient medical information or interviewing subjects.	<input type="checkbox"/>
7. Is authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process".	<input type="checkbox"/>	8. Performs computer data entry and/or data base management, of human subjects research results.	<input type="checkbox"/>
9. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval.	<input type="checkbox"/>	10. Performs venipuncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies).	<input type="checkbox"/>
11. Provides education, instruction of study medication use, administration, storage, side-effects and notifies IRB of adverse drug reactions.	<input type="checkbox"/>	12. Initiates intravenous (IV) therapy and administers IV solutions and medications.	<input type="checkbox"/>
13. Provides education regarding study activities to patient, relatives and Medical Center staff as necessary per protocol.	<input type="checkbox"/>	14. Collects, handles and/or tests various types of human specimens.	<input type="checkbox"/>
15. Obtains and organizes data such as tests results, diaries/cards or other necessary information for the study.	<input type="checkbox"/>	16. Maintains complete and accurate data collection in case report forms and source documents.	<input type="checkbox"/>
17. Performs statistical analysis of human subject research results.	<input type="checkbox"/>	18. Other? (please describe).	<input type="checkbox"/>

**PRINCIPAL INVESTIGATOR STATEMENT:**

This Scope of Practice was reviewed and discussed with this study team member. After reviewing his/her education, clinical competency, qualifications, research practice involving human subjects, peer reviews, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the study team member and I are familiar with all duties/procedures granted or not granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice, all-applicable hospital policies and regulations.

\_\_\_\_\_

**Study Team Member (signature)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Principal Investigator (signature)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Roger Grekin, MD ACOS/Research**

\_\_\_\_\_

**Date**

## WOC Occupational Health & Safety Survey for Personnel with Laboratory Animal Contact

Name:	SSN:
Supervisor:	email:
Lab location:	Lab phone:

### Animal Contact

1. What species of animals will you be exposed to? (This includes direct contact with animals, animal tissues and/or wastes, and animal enclosures.)
  
2. What kind of contact will you have? (Check all that apply.)
  - Direct contact with animals
  - Direct contact with non-fixed or non-sterilized animal tissues, fluids or wastes
  - Direct contact with non-sanitized animal caging or enclosures
  - Service support to animal equipment, devices, and/or facilities
  
3. Have you had any of the following vaccinations(if so, indicate date of most recent)
  - Hepatitis A --
  - Hepatitis B --
  - Tuberculosis Skin Testing --
  
4. Do you or will you handle animals that have been given infectious biohazards?
  - Yes       No
 If YES, please provide the following information:  
     Infectious agent:  
     CDC Class of agent:  
     Date of infectious biosafety training:
  
5. Do you or will you handle animals that have been exposed to or given radiation hazards?
  - Yes       No
 If YES, please describe the type of radiation hazard (e.g. UV, laser, ionizing):  
     Date of radiation safety training:
  
6. Do you or will you handle animals that have been given chemical hazards?
  - Yes       No
 If YES, please describe the chemical hazard:
  
7. **I participate in the University of Michigan Occupational Health and Safety Program for Personnel Working with Animals.**     Yes     No  
 If NO, I have signed the waiver below.     Yes     No
  
8. I have read and understand the "Occupational Health and Safety Program (OHSP) for Personnel with Laboratory Animal Contact" brochure included in the WOC Registration Packet (yellowbook)     Yes

<b>I verify that all information I have provided is accurate.</b>	
Employee Signature: _____	Date: _____
<b><u>Occupational Health Questionnaire Waiver</u></b>	
<b>I decline participation in the Occupational Health and Safety Program for animal handlers at this time.</b>	
• I understand the occupational health risks of working with animals	
_____ Signature of Participant	_____ Date

## VA Ann Arbor Healthcare System

### Scope of Practice for Employees Involved in VA Animal Studies/Laboratory Research

Return to VA Research Office (11R), VA Medical Center, 2215 Fuller Road, Ann Arbor, MI 48105, Box 2399

THE SCOPE OF PRACTICE IS SPECIFIC TO THE DUTIES AND RESPONSIBILITIES OF EACH RESEARCH EMPLOYEE AS AN AGENT OF THE LISTED PRINCIPAL INVESTIGATOR. AS SUCH, HE/SHE IS SPECIFICALLY AUTHORIZED TO CONDUCT RESEARCH INVOLVING ANIMAL SUBJECTS/LABORATORY RESEARCH WITH THE RESPONSIBILITIES OUTLINED BELOW. THE SUPERVISOR AND EMPLOYEE MUST COMPLETE, SIGN AND DATE THIS SCOPE OF PRACTICE.

<b>Employee Name (Last, First, MI):</b> ->	<b>Employment Institution:</b> ->
<b>Employee e-mail address:</b> ->	<b>Degree(s) and specific discipline:</b> ->
<b>Are you credentialed through Vetpro?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever had a license/certificate/registration?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list:
<b>Principal Investigator:</b> ->	<input checked="" type="checkbox"/> <b>This applies to all VA Research Protocols which I am currently assigned to work on for this Investigator.</b>
<b>Animal Studies/Laboratory Research Duties:</b>	
1. Study Coordinator for this project. <input type="checkbox"/>	2. Initiates submission of regulatory documents to IACUC, Research Safety, & VA R&D Committees. <input type="checkbox"/>
3. Work in Research Laboratory. <input type="checkbox"/>	4. Work with Blood, other Body Fluids, Cell Lines. <input type="checkbox"/>
5. Work with Recombinant DNA. <input type="checkbox"/>	6. Work with Chemicals. <input type="checkbox"/>
7. Work with Radiation. <input type="checkbox"/>	8. Work with Biological Agents. <input type="checkbox"/>
9. Work with Other Hazards. <input type="checkbox"/>	10. Work with Animals. <input type="checkbox"/>
11. Special husbandry or care procedures. <input type="checkbox"/>	12. Administration of anesthesia or analgesia. <input type="checkbox"/>
13. Administration of experimental test substances. <input type="checkbox"/>	14. Administration of Controlled Substances. <input type="checkbox"/>
15. Performs Survival Surgery. <input type="checkbox"/>	16. Performs Euthanasia. <input type="checkbox"/>
17. Specimen collection before Euthanasia. <input type="checkbox"/>	18. Specimen collection or tissue harvest after Euthanasia. <input type="checkbox"/>
19. Performs administrative or data collection work. <input type="checkbox"/>	20. Performs statistical analysis of animal subject/ laboratory research results. <input type="checkbox"/>
21. Other? (Please describe).     	

**PRINCIPAL INVESTIGATOR STATEMENT:**

This Scope of Practice was reviewed and discussed with this study team member. After reviewing his/her education, competency, qualifications, research practice involving duties checked above, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the study team member and I are familiar with all duties/procedures granted or not granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice, and all-applicable research and hospital policies and regulations.

\_\_\_\_\_  
**Study Team Member (signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal Investigator (signature)**

\_\_\_\_\_  
**Date**

# **Animal Handling Workshops offered at the University of Michigan**

## **Training in Rodent Survival Surgery (Lecture)**

This course will teach students about the necessary preparations for rodent surgery. Students will learn how to aseptically prepare the animal and themselves for surgery. Techniques include gowning and gloving procedures, preparing the surgical field, sterilization methods, and basic anesthetic monitoring. The class is approximately one hour in length, and utilizes a training video provided by the National Institutes of Health (NIH). This course is offered several times each month.

## **Laboratory Mouse Techniques 101 (Workshop)**

This course (combining both lecture and hands-on format) is designed to teach a variety of basic rodent injection and blood collection techniques. All of these techniques will be demonstrated and you will have the opportunity to practice them under the supervision of an experienced trainer. In addition, this class also allows for students to return at a later date in order to practice a technique, receive a refresher, or learn new techniques. Registration is required, as class size is limited. Workshop is offered several times a month or upon request.

## **Laboratory Rat Techniques 101 (Workshop)**

This course (combining both lecture and hands-on format) is designed to teach a variety of basic rodent injection and blood collection techniques. All of these techniques will be demonstrated and you will have the opportunity to practice them under the supervision of an experienced trainer. In addition, this class also allows for students to return at a later date in order to practice a technique, receive a refresher, or learn new techniques. Registration is required, as class size is limited. Workshop is offered several times a month or upon request.

## **ULAM Hazard Containment (Lecture)**

Lesley Colby

An overview of policies, guidelines, and procedures relevant to animal research involving hazardous substances including infectious agents, chemicals, toxins, and viral vectors. Topics: importance of containment, risk assessment, requesting containment housing, animal handling and transportation, Animal Biosafety Levels (ABSL), containment equipment, carcass and waste disposal, equipment disinfection, national guidelines and regulations, and relevant ULAM/UCUCA policies and standard operating procedures. Offered once a month or upon request.

## **Introduction to Laboratory Rats and Mice (Lecture)**

This introductory one-hour lecture covers the basics of laboratory rat and mouse behavior, health concerns, and methodology (handling, injection, blood collection, breeding, etc.). This lecture is offered several times each month.

## **Orientation for Animal Care and Use Personnel (Lecture)**

An introduction to research animal use. This course is offered twice a month for new personnel; and it is also recommended as a refresher course for existing personnel, particularly laboratory/facility managers and supervisors. Topics covered include: historical perspectives on animal use and the current animal research climate, animal care and use regulations & policies, the animal care and use application, etc. It is required to bring a copy of your approved animal use protocol when you attend this lecture.

To access a current list of scheduled classes or to register for one of the courses listed above, please visit:

[http://cgi.research.umich.edu/training/ucuca/ucuca\\_training.lasso](http://cgi.research.umich.edu/training/ucuca/ucuca_training.lasso)

## Occupational Health and Safety Program (OHSP) for Personnel with Laboratory Animal Contact

Each VA facility with an animal research program must establish an OHSP to protect the personnel who are involved in animal research, or who are otherwise at risk of exposure to animals or their (unfixed) tissues or fluids. The purpose of this brochure is to explain the components of the OHSP, and provide information on how you can minimize the chance of any adverse health effects from working with laboratory animals.

**Who should participate?** All personnel who work with animals or unfixed tissues in VA research must be given the opportunity to enroll in the OHSP at the VA facility at no charge. Furthermore, individuals who may have intermittent animal exposure must also be given the opportunity to enroll (e.g. IACUC members, housekeeping staff, physical plant, VA police officers) You may choose to decline to receive OHSP services that aren't required to protect the health of personnel and animals. To enroll, contact your VA research administrators or Occupational Health.

**What is included?** The services you receive will depend on the type and frequency of exposure, and your medical history. A medical surveillance questionnaire is often used to assess your individual risk factors. A health professional will review your responses and determine the frequency and type of interaction (tuberculin testing, immunizations, etc.) with the OHSP.

## ANIMAL EXPOSURE RISKS

The hazards associated with handling animals can be divided into three categories:

**1) Physical Hazards.** Examples of such hazards include animal bites and scratches, sharps injuries, injuries associated with moving cages or equipment, and adverse consequences from excessive noise or accidental exposure to workplace. The key to preventing these injuries is proper training and meticulous attention to proper work practices.

- Use appropriate techniques for animal handling and restraint.
- Do not recap needles and dispose of sharps in approved containers.
- Employ good ergonomic practices to avoid muscle sprains and repetitive motion injuries.
- Wear recommended personal protective equipment (PPE) such as a lab coat, gloves, eye and hearing protection.

**2) Allergies.** Allergic reactions to animals are among the most common conditions that affect the health of workers exposed to laboratory animals. Sneezing, itchy eyes, and skin rashes are typical clinical signs, but in serious cases, asthma or anaphylaxis may occur. Allergens include urine, dander, and saliva, especially from rodents. You can limit exposure to allergens by using appropriate PPE and using safe work practices.



### Protect Yourself from Allergies!

- Work in a clean, well-ventilated environment.

- Wear appropriate PPE such as a lab coat and disposable gloves, and **never rub your face or eyes** until you have removed your gloves and washed your hands thoroughly.
- It may be helpful to wear a surgical-type mask to reduce airborne exposure in animal rooms. If you need a respirator, you must be medically cleared, fit tested and trained annually.

**3) Zoonotic diseases.** Zoonotic diseases are those that can be transmitted from animals (or animal tissues) to humans. Although a substantial number of animal pathogens may cause disease in humans, zoonotic diseases are not common in modern animal facilities, largely because of prevention, detection, and eradication programs.

Unfortunately some infections of animals may produce serious disease in humans *even when the animals themselves show few (if any) signs of illness*. Therefore, you must be aware of possible consequences when working with each species of animal and take precautions to minimize the risk of infection. **If you experience flu-like symptoms or other signs of illness, be sure to tell your doctor that you work with animals, just in case your illness is related to your work with animals.**

**Prevention.** Common sense steps that can be taken to lessen zoonotic disease risk include:

- Do not eat, drink, or apply cosmetics or contact lenses around animals.
- Wear gloves when handling animals or their tissues.
- Use proper manual and/or anesthetic restraint when working with fractious animals and/or administering hazardous agents.

- Work in pairs whenever possible.



- **Do not recap used needles!** Whenever possible, use safety devices, activate the safety feature as soon as possible and dispose them promptly in a biohazard “sharps”

container.

- When performing procedures such as bedding changes, blood or urine collections, or necropsies, work in biological safety cabinets or wear specialized PPE as directed.

- **Consult your supervisor, the Safety Officer, or Occupational Health if you need additional training at any time.**

## WHAT YOU SHOULD KNOW

### About Bites, Scratches, and other Injuries...

Contact your Supervisor and Occupational Health immediately if you are bitten or scratched, if you injure yourself while performing your job, or if you experience unusual disease symptoms.

### If you are Pregnant...

Working with hazardous agents and toxic chemicals is discouraged during pregnancy. Consult Employee Health and your personal physician for advice about working safely during pregnancy. Toxoplasma is an infectious agent sometimes shed in cat feces, and it can infect the fetus of pregnant women that do not have acquired immunity. Pregnant women should generally avoid any contact with cat feces or litter boxes.



### If you work with Nonhuman Primates...



Diseases of nonhuman primates (NHPs) are often transmissible to humans. Although, several NHP viruses may cause disease in humans, *Herpesvirus simiae* (B-virus) is of greatest concern. This virus occurs naturally in macaques such as rhesus and cynomolgus monkeys. Infected monkeys usually show no clinical signs, but the virus may cause fatal brain infections in humans. Transmission to humans occurs via exposure to contaminated saliva, secretions, or tissues. This typically occurs as a result of a bite or scratch; transmission may also occur via splashes that come in contact with mucous membranes or via injuries caused by contaminated equipment. Proper work practices are essential to preventing exposure.

- Wear PPE, (i.e. protective outer garments, gloves, face mask, and eye protection).
- Anesthetize monkeys whenever possible before handling.
- In the event of possible exposure, obtain medical attention immediately. Instructions for treating wounds and obtaining medical attention must be posted in each nonhuman primate area.

Tuberculosis may be transmitted both from humans to animals and from animals to humans. NHPs and individuals in contact with them must be screened for tuberculosis annually. *Shigella*, *Campylobacter*, *Salmonella*, and *Entamoeba histolytica* cause diarrhea in NHP species and may cause similar problems in humans exposed to NHP feces. Infection is best

prevented by protection from aerosols, the use of gloves, and careful hand washing.

Simian immunodeficiency virus (SIV) is closely related to HIV, the human AIDS virus, and can, on rare occasions, affect macaques. Some evidence suggests it may infect humans as well, so measures should be taken to prevent contact with monkey blood or blood products.

### If you work with Dogs or Cats...



The main risks associated with working with dogs and cats are bites and scratches. Sometimes scratches or bites can result in infections. Cat bites can result in particularly severe infections. Cat scratch fever (Bartonellosis) is caused by a rickettsial organism and is characterized by flu-like symptoms and swollen lymph nodes.

### Rabies

The likelihood of contracting rabies as a result of a bite is now very low because research dogs and cats are typically vaccinated for rabies. Nevertheless, it is recommended that persons in contact with dogs or cats be vaccinated against rabies.

### If you work with Farm Animals...

Q fever, a potentially serious disease caused by *Coxiella burnetii*, is carried by ruminants and shed abundantly from the placental membranes of sheep.



Human exposure can result in pneumonia and other symptoms. Sheep used in research should be assumed to be infected, and careful measures taken to prevent transmission to humans. All individuals working with pregnant laboratory sheep should wear gloves, respiratory protection, and protective outerwear.

### If you work with Rodents or Rabbits...

Allergies are common among personnel who work with rodents (e.g., mice, rats, guinea pigs, hamsters) and rabbits. If you have pre-existing allergies or if you experience a runny nose, itchy eyes, or skin rashes when working around these species you should report these symptoms immediately to Occupational Health. Measures can be taken to limit your exposure to allergens, thereby reducing the severity of symptoms and decreasing the likelihood that symptoms will worsen.



Rodents and rabbits obtained from commercial sources have a low risk of transmitting zoonotic diseases. However, animals caught in the wild can harbor a variety of bacterial, viral, fungal, and parasitic infections that can constitute a significant hazard to personnel.



### If you work with Hazardous Agents...

The proper use of hazardous biological, chemical, and physical agents in animals depends on careful planning, proper training, and careful attention to prescribed work practices. Signs should be posted indicating the

nature of the hazard, necessary precautions, and emergency contact information. The PPE needed depends on the agent in use, but in all cases gloves should be worn and hands should be washed after handling potentially contaminated materials. A biological safety cabinet should be used when handling infectious materials, especially if there is a potential for generation of aerosols, and a fume hood should be used when handling toxic chemicals or radioactive materials. The measures must be appropriate for the specific hazard, as determined by the Safety/Biosafety Officer in consultation with the investigator, the Subcommittee on Research Safety, and the veterinarian.



### FOR FURTHER INFORMATION

The services offered in your program may differ somewhat from those described in this pamphlet. For further information, contact your research administrators or Occupational Health. More guidance in this area can be found in VHA Handbook 1200.07, "Use of Animals in Research."



Dear WOC Research Employee,

You will be working as a Without Compensation Research Employee with the Department of Veterans Affairs – VA Ann Arbor Healthcare System. In order for you to engage in your work at VA, you are required to complete four mandatory training programs titled:

- 1) *VA Privacy and Information Security Awareness Training and Rules of Behavior* (annually)
- 2) *Privacy and HIPAA Training* (annually)
- 3) *Infection Control: Bloodborne Pathogens and Tuberculosis* (annually)
- 4) *Information Security 201 for Research and Development Personnel (one time only)*

These trainings are offered through the VA Talent Management System (TMS), a system that offers web-based training to VA employees and its partners.

FOR PERSONS ALREADY REGISTERED IN TMS

If you are already registered in TMS and have taken courses in the past, you do not need to register again. You will be notified of courses you must complete through e-mail communication.

FOR PERSONS NOT REGISTERED IN TMS

New WOC candidates and those not registered in TMS must self-enroll for a profile on the VA TMS by visiting <https://www.tms.va.gov/plateau/user/login.jsp>.

Once there, you should follow the steps below to create a profile, launch the mandatory training, and complete the content prior to your next day at VA. You will need to assign the Bloodborne Pathogens Training and Information Security 201 to your Learning Plan after validation of your account by the Research Office. This can be done by searching the CATALOG box in the upper right hand corner of the TMS Home Page. (You must be on a VA Computer to complete these two courses...)

Upon completion, you should provide your printed certificate of completion from the TMS while in processing for your WOC Appointment. This certificate displays your TMS User ID.

Managed Self-Enrollment (MSE) enhances VA's training and reporting compliance, and is another step toward establishing VA as a 21st century organization built on providing the best care and service possible for our Veterans. Sincerely,

Catherine Kaczmarek  
Staff Assistant, Research Service

## 1.1 Step-by-Step Instructions

1. From a computer, launch a web browser and navigate to <https://www.tms.va.gov/plateau/user/login.jsp>
2. Click the [**Create New User**] link in the menu below the “TMS” logo and login fields
3. Select the radio button for “**WOC**”
4. Click the [**Next**] button
5. Enter appropriate information in each required field, and also in any non-required field if you have the information
  - a. My Account Information:
    - i. Create **Password** (Follow the guidelines presented on screen)
    - ii. Re-enter **Password**
    - iii. **Security Question**
    - iv. **Security Answer**
    - v. Re-enter **Security Answer**
    - vi. **Social Security Number** (Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.)
    - vii. Re-enter **Social Security Number**
    - viii. **Date of Birth**
    - ix. **Legal First Name**
    - x. **Legal Last Name**
    - xi. **eMail Address** (Enter your business or personal email address. If you have a VA email address assigned to you, it is preferred. The eMail Address will be used as your UserID)
    - xii. Re-enter **eMail Address**
    - xiii. **Phone Number** – Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)
  - b. My Job Information
    - i. **VA City** – Enter “**Ann Arbor**”
    - ii. **VA State** – Select from the list
    - iii. **VA Location Code** – Select **ANN** from the list
    - iv. **VA Point of Contact First Name** – Enter Catherine
    - v. **VA Point of Contact Last Name** – Enter Kaczmarek
    - vi. **VA Point of Contact eMail Address** – Enter catherine.kaczmarek@va.gov
    - vii. **VA Point of Contact Phone Number** – Enter 734-845-3439
    - viii. If you have a requirement to take HIPAA Training, check the **HIPPA Training Required** check box

Once you have entered all of the necessary data, click on the “**Submit**” button. Your profile will be immediately created. Copy and save the **UserID** displayed to you on the confirmation page,

as you will need this for future logons to the VA TMS. Once done, click on the “**Continue**” button and wait until your “**To-Do List**” populates with the title(s) of the mandatory training content.

## 1.2 Launching and Completing the Content

1. Mouse over the title of the available Item in the **To-Do List**
2. Click the [**Go to Content**] button in the pop-up window that appears.
3. Complete the content following the on-screen instructions.
4. When you have completed the Rules of Behavior, print that out and save it.
5. Exit the course and a completion should be recorded for your effort.
6. Click on the “Completed Work” pod on the lower right hand side of your internet browser window.
7. Move your mouse over the title of the course you just completed and choose to “Print Completion Certificate”.
8. Print off your completion certificate and save it with your signed Rules of Behavior.
9. When you report to VA, bring both the signed Rules of Behavior and the Certificate of Completion for your mandatory training for verification by VA personnel.

## 1.3 Trouble-shooting and Assistance

The Check System link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one is not in compliance with the requirements, a red “x” will appear next to the Check System link. Should this be the case with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS.

If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1.888.501.4917 or via email at [VAMSEHelp@gpworldwide.com](mailto:VAMSEHelp@gpworldwide.com).