

# Onboarding Guide for New Lab Members

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## Introduction

Welcome to your new lab. This is a brief outline for your onboarding process. Please find the information on how to reach your PI and others in [Appendix 4: Contact Information](#).

## HR Onboarding

This will take place with the HR department. They will inform you of the steps you need to take through e-mail. Please follow the instructions carefully. Your recruiting officers will help and guide you in the right direction, should you have any questions.

## Trainings for Lab Onboarding

### OHS approval from EHSO

Emory Occupational Health and Safety screenings: <http://www.iacuc.emory.edu/ohsq/index.html>

- a. Click on the blue OHSQ to take the questionnaire – OHS will review and e-mail back approval or suggest various vaccinations etc. This may take several days and is needed by VAMC (if you will also work on a VA project) and Emory IACUC, so start with this one ASAP. Request vaccinations/vaccine consents/questionnaires through People soft/self-service/workplace health
- b. Complete the online screening questionnaire at the following website: [OHSQ](#)
- c. You may also receive an Employee Health Medical Questionnaire – Required Addendum of OHS Clearance.

After the OHS form is cleared you and your PI will receive an email. The clearance info will be forwarded to Emory IACUC and you or your PI need to forward the OHS clearing information to VAMC to M. Kallie Medbery ([mary.medbery@emory.edu](mailto:mary.medbery@emory.edu) or [mary.medbery@va.gov](mailto:mary.medbery@va.gov)), if you are going to work in a VAMC lab or will be paid from a VA grant directly or via an IPA or WOC mechanism (check with PI).

## CITI.org Training

Please register/sign on CITI.org first.

### For Emory CITI Training

Sign-in to CITI website – click “Add Institutional Affiliation” and associate with “Emory University” if not already done. Run the wizard which will find required courses. If you will only work on animals, do **not** list human subjects. For mice you will need:

- a. Post-Procedural Care of Rodents (ID 20707)
- b. Working with the IACUC (ID 20711)
- c. Working with Mice in Research Settings (ID 20712)
- d. Biomedical Research – Basic
- e. Biomedical Responsible Conduct of Research (ID 58430)
- f. Responsible Conduct of Research (RCR) - Animal Research Track (RCR) (ID 104802)

**Important note:** If you are going to be stationed only at a VAMC lab, then there will be no need for CITI training for Emory. However, the regulations may change in time, please check with your PI before proceeding with your training modules.

### If you will also work with animals at the VA you will also need VAMC CITI Training

Sign in to CITI.org – click “Add Institutional Affiliation” and associate with “[VA Atlanta \(Decatur\), GA-508](#)”. Run the wizard as above. Animal use: mice only.

- a. Atlanta VAMC Research Safety/Biosafety Annual
- b. Post-Procedural Care of Rodents
- c. Working with Mice in Research Settings (ID 10338)
- d. Working with the IACUC (ID 10337)
- e. Biosecurity - VA ORD Biosecurity Training (ID 10349)
- f. Research Radiation Safety - Atlanta VAMC Research Radiation Safety (ID 11675)
- g. Avoiding Financial Conflicts of Interest in VA Research (ID 20858)

Training modules (f) and (g) may not show up before you are added to a VA IACUC protocol (ACORP). If they still do not show up after addition to ACORP, please contact your PI.

After completion of your trainings, please save your certificates and/or completion reports in your folder on G Drive (not all labs use G drive). Please email the certificates to you PI and store a print copy in your EHSO lab folder for inspections (much of this is now monitored electronically, but a paper record is still useful).

### Emory Environmental Health and Safety (EHSO) – Trainings

Sign up log into your SciShield account via [www.emory.SciShield.com](http://www.emory.SciShield.com) using your Emory ID and password to take courses listed below. Your PI or your designated proxy will add your name to his/her Members tab in SciShield. If you do not see your name, please contact him/her.

- a. EHSO - Research Lab safety - ANNUAL
- b. EHSO - BBP for Researchers - ANNUAL – not required for animal work but is required if any human tissues (blood) or human cell lines are to be used in the lab.
- c. EHSO - Biosafety - Take now and then EVERY THREE YEARS
- d. EHSO - Lab Safety Awareness

As of May 2019, this module is only offered to Highschool students. However, the rules may change periodically. Please check your SciShield to see if you need to take this module.

- e. EHSO - Radiation Safety – Required for use of Isotopes. If your lab uses X-ray producing equipment a short training is required and you should be added to a Committee II and/or III approval as necessary/appropriate.
- f. EHSO - Shipment of Infectious Agents

If your lab does not ship, receive or work with infectious agents, you do not need this training.

If you received an email from Human Resources (HR) asking you to do the Shipment of Infectious Agents training module, then you may disregard the training assignment based on your PIs response. When you are added to SciShield, the lab manager will also be able to indicate that you do not ship biological materials. This way EHSO has a way of capturing lab personnel that are required to receive shipping training based on the job activities that are assigned to them in SciShield. As long as your job activities do not include that function, then you are ok.

If you have any questions about your SciShield account, please e-mail [biosafe@emory.edu](mailto:biosafe@emory.edu) Visit <http://www.ehso.emory.edu/training/index.html> for more info.

### General & Facility Orientation with Division of Animal Resources

You may get an e-mail from HR indicating that you will need a General and Facility Orientation with the Division of Animal Resources at Emory University (phone; 404/727-3248 | website: [www.dar.emory.edu/SAFETY/index.php](http://www.dar.emory.edu/SAFETY/index.php))

### HIPAA Training

If your lab does not work with identifiable human subjects or tissues, you will not need HIPAA training. In the case of HR insisting you that you need it (although you do not), you may require a letter from the Office of Compliance: <http://compliance.emory.edu/> or email: [compliance@emory.edu](mailto:compliance@emory.edu) or Tel 404-727-2398.

### IACUC Training

Please register or sign in on AALAS Learning Library (website: <https://aalaslearninglibrary.org>)

Before you start your IACUC training, double check with your PI and IACUC office at the time of your onboarding to confirm which training modules you need to complete.

Please see a sample list of [Training Required Prior to IACUC Approval](#):

1. OHS Annual Certification – this is from EHSO, [click here](#) to see the info in this document.
2. Working with the IACUC – required for all staff
3. Pain Management in Laboratory Animals – required for all staff with animal contact
4. Introduction to: SPECIES SPECIFIC – required for all species to be worked with.
5. Post-procedural Care of Rodents – required for if job duty involves mice or rats
6. Inhalation Anesthesia systems for Rodents – required for use of isoflurane vaporizer for anesthesia in rats or mice.

If you have further questions please contact the IACUC Office Note contacts are allocated alphabetically based on PI last name and listed on the IACUC website [www.iacuc.emory.edu](http://www.iacuc.emory.edu)

**VAMC: Training and Credential completion to have access and work at VAMC Lab - ignore if not working on a VAMC funded project or a VA lab, or are not paid through a VA IPA or WOC agreement. Check with your PI!**

Please see below for an outline of the required items that must be completed BEFORE beginning your research at the VAMC. The page that follows will provide detailed instructions on how to complete these items. Please see [Appendix 1: VAMC Trainings and Forms to complete for access to VAMC](#) check list. Also see the website [link here](#).

**This checklist can be changed by VAMC, and not all of these (or others) may be needed, so please contact M. Kallie Medbery for an updated version for your situation, during your onboarding.**

**FORMS TO COMPLETE**

1. Occupational Health and Safety.pdf
2. OHS Screening Form
3. Risk Assessment
4. Scope of Practice (Bio) (click here to sample file [Bio Scope of Practice](#))
5. WOC Appointment Application Packet ([WOC Appointment Application Packet \(please note this is a sample file\)](#))

**REQUIRED TRAININGS**

1. Radiation Training (if applicable)
2. 2. Animal/VMU Orientation - if using the VMU animal facility at the VA

**REQUIRED ONLINE TRAININGS**

1. CITI Instructional Attachment. Please also see the [VA CITI training section](#) in this onboarding document)
2. Follow the info in TMS Instructional Attachment Create your TMS account.
3. Online Training: CITI: Working with the IACUC (If using animals)
4. Online Training: TMS: Infection Control, Blood Borne Pathogens and Tuberculosis
5. Online Training: TMS: VA Privacy and Information Security Awareness and Rules of Behavior
6. There are additional requirement for human research not discussed here.

**ITEMS TO PROVIDE**

1. Background Check Application (e-Qip)

Please create an atla.ref.org account and update your OHS, see the information document in Appendix: [Update your OHS Enrollment & Screening Form](#).

Please note that atla.ref.org may be replaced by another system in the near future.

### Getting added to the IACUC or VA IACUC (ACORP) protocol by your PI

If you are going to be working with live animals, you will be added to the IACUC protocol. Your PI will modify the protocol to add you and will require a list of your expertise with animals especially for procedures listed on the protocol. Please see an example list below.

Specific procedure(s) that this individual will perform	Experience with each procedure in the species described in this ACORP
DXA	1 year practical experience
Cardiac puncture (exsanguination)	20 years practical experience
Bilateral Thoracotomy	20 years practical experience
T-cell isolation and Adoptive transfer.	12 years practical experience
Injections (R.O., S.Q., I.P., I.V.)	20 years practical experience
Euthanasia	20 years practical experience
Anesthesia (Isoflurane & Ketamine/Xylazine)	12 years practical experience

## Accessing Data

Check with your lab administrator for information regarding data saving/sharing details (i.e. OneDrive or Emory Box). Some labs may use the following;

### Emory Access to the G Drive

G Drive is the secure online server where many labs save their data. G:\ is a collection of folders for all Emory SOM departments starting at <\\eu.emory.edu\som>.

Contact appropriate IT department and cc your PI for approval to be added to the G drive. The IT department will ask you for your path to the folders you need access to and who the folder PI / manager / authorizing user this is.

- If you are on a Mac, go to Finder > Go > Connect to server > “ smb://eu.emory.edu/som” you’d be able to get to the top level folder of the G:\ drive once IT adds the permissions. Another way to reach the lab folder is: look for: <smb://nasn2acts.cc.emory.edu/dom-ts>
- If you are on a PC, please follow the information in [Appendix 3: G Drive; Shared Folder Authorization form and how to connect with PC](#) .

### Additional Sources and Disclaimer

Visit "The Hitchhiker's Guide to Navigating Mandatory Research Compliances and Approvals at Emory" for helpful additional information.

Link: <http://medicine.emory.edu/research/internal-research-resources/research-resources/hitchhikers-guide/index.html>

The regulations, procedures, sample information, files and forms in this document are subject to change without prior notice by their respective offices and institutions. This guide is prepared for informational purposes only. It is the new lab member’s duty to reach out and confirm the latest training modules and forms etc. needed with the responsible people and/or offices.



## Appendices

### Appendix 1: VAMC Trainings and Forms to complete for access to VAMC

## Non-VA Paid - Lab Research + Animal Research

**THIS CHECKLIST IS FOR STAFF HIRED THROUGH EMORY, AREF, CDC, OR OTHER AGENCIES, VOLUNTEERS, AND CONTRACTORS. TO AVOID DELAYS, PLEASE READ INSTRUCTIONS CAREFULLY TO ENSURE THAT INFORMATION IS COMPLETE AND ACCURATE.**

**ACCESS WILL NOT BE GRANTED TO THE ANIMAL FACILITY UNTIL YOU FINISH ALL APPLICAPABLE ANIMAL TRAINING.**

Prospective Researcher,

Please see below for an outline of the required items that must be completed BEFORE beginning your research at the VAMC. The page that follows will provide detailed instructions on how to complete these items.

### FORMS TO COMPLETE

1. Occupational Health and Safety.pdf
2. OHS Screening Form
3. Risk Assessment
4. Scope of Practice (Bio)
5. WOC Appointment Application Packet

### REQUIRED TRAININGS

1. Radiation Training (if applicable)
2. Animal/VMU Orientation

### REQUIRED ONLINE TRAININGS

1. CITI Instructional Attachment
2. TMS Instructional Attachment
3. Online Training: CITI: Working with the IACUC
4. Online Training: TMS: Infection Control, Blood Borne Pathogens and Tuberculosis
5. Online Training:: TMS: VA Privacy and Information Security Awareness and Rules of Behavior

### ITEMS TO PROVIDE

1. Background Check Application (e-Qip)

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### FORMS TO COMPLETE

Status	Item	Instructions	PDF/Links
<input type="checkbox"/>	Occupational Health and Safety.pdf	Review Information, Complete Requirements	
<input type="checkbox"/>	OHS Screening Form	<p>Please complete your risk assessment prior to completing this item. If you designate on your risk assessment that you would like to enroll in the Occupational Health and Safety program here at the VA then please follow the directions below. If you designate that you are already enrolled in a Occupation Health and Safety Program at another Institution, please provide us with that paperwork.</p> <p>Using a VA computer, login to complete and print the online OHS screening form. The link to access the online system is: <a href="http://vhaatqfpc10.280/">http://vhaatqfpc10.280/</a> <b>YOU</b></p>	URL: <a href="http://vhaatqfpc10.280/">http://vhaatqfpc10.280/</a>

		<b>MUST BE ON THE VA NETWORK TO ACCESS THIS SYSTEM.</b> Contact the WOC Training Coordinator to schedule a time to see the nurse for your health screening.	
<input type="checkbox"/>	Risk Assessment	To complete this requirement you must be logged in to your AREF account. From the homescreen, click on the "Risk Assessment" link on the left side of the screen and complete the fields that appear. Then, click on each of the links on the left side of the screen (1-5) and complete those fields as well. <b>NOTE:</b> Only complete section 6 if you indicated that you would like to enroll in the Occupational Health and Safety program at the VA.  <b>Please make sure to type your signature and date in section 5 or else the assessment will not show as complete in your checklist.</b>	URL: <a href="http://www.atlaref.org">http://www.atlaref.org</a>
<input type="checkbox"/>	Scope of Practice (Bio)	This form is included in your zip file and needs to be filled out and signed by both you and your principal investigator before being returned.	
<input type="checkbox"/>	WOC Appointment Application Packet	Please fill out all forms included in the packet per the directions on the first page, then organize your packet per the checklist on the second page. Once your packet is complete, send an email to Kallie Medbery ( <a href="mailto:Mary.Medbery@va.gov">Mary.Medbery@va.gov</a> ) to schedule your appointment to come to the VA to get your fingerprints done and submit your completed packet. <b>I would advise completing this step ASAP as the process to apply for a WOC appointment at the VA will take atleast a month.</b>	

**REQUIRED TRAININGS**

Status	Item	Instructions	PDF/Links
<input type="checkbox"/>	Radiation Training (if applicable)	If using radioactive materials, contact Sean Riggan at <a href="mailto:sean.riggan@va.gov">sean.riggan@va.gov</a> or at 404.321.6111 ex. 2543 to schedule for this training. These training sessions occur on the 2nd Wednesday of each month from 9:30-11AM. Please check with your PI if you need this	

		training before contacting Jean Rigglin.	
<input type="checkbox"/>	Animal/VMU Orientation	These training sessions occur on the 2nd and 4th Thursday of each month from 10-11AM. Please schedule with the WOC Training Coordinator.	

**REQUIRED ONLINE TRAININGS**

Status	Item	Instructions	PDF/Links
<input type="checkbox"/>	CITI Instructional Attachment	This information will help you to access the CITI site and complete trainings required.	
<input type="checkbox"/>	TMS Instructional Attachment	These instructions will assist you with logging into TMS and completing required trainings.  <i>Use Internet Explorer only, always have Pop-Up blocker turned to off. Make sure JAVA versions and updates are current and make sure computer you are using is running Adobe Flash Player 10 or higher.</i>	
<input type="checkbox"/>	CITI: Atlanta VAMC Research Safety/Biosafety Annual Refresher	This is a Collaborative Institutional Training Initiative (CITI) Training  It is located at <a href="https://www.citiprogram.org">https://www.citiprogram.org</a> . Instructions for creating a CITI account are included in the zip file of your forms.	
<input type="checkbox"/>	CITI: Working with the IACUC	This is a Collaborative Institutional Training Initiative (CITI) Training  It is located at <a href="https://www.citiprogram.org">https://www.citiprogram.org</a> . Instructions for creating a CITI account are included in the zip file of your forms.	
<input type="checkbox"/>	TMS: Infection Control, Blood Borne Pathogens and Tuberculosis	This training is found on the <a href="http://www.tms.va.gov/SecureAuth35/">www.tms.va.gov/SecureAuth35/</a> site and must be completed by all.  Instructions for creating a TMS account are included in the zip file with your required forms.	
<input type="checkbox"/>	TMS: VA Privacy and Information Security Awareness and Rules of Behavior	This training is found on the <a href="http://www.tms.va.gov/SecureAuth35/">www.tms.va.gov/SecureAuth35/</a> site and must be completed by all.  Instructions for creating a TMS account are included in the zip file with your required forms.	

**ITEMS TO PROVIDE**

Status	Item	Instructions	PDF/Links
<input type="checkbox"/>	Background Check Application (e-Qip)	Once you have come to the VA to complete your fingerprints and submitted your completed WOC appointment application, the VA Human Resources Department will initiate your Background Check Application, also known as eQip. You will receive an email from the HR department directly with instructions for filling out this application electronically typically within 1-3 weeks of the submission of your WOC Appointment Application packet.	

All forms and training certificates should be returned to:  
 WOC Training Coordinator  
 1670 Clairmont Road (151F)  
 Decatur, GA 30033  
 Office Number: 404.321.6111 ex. 6177  
 Fax Number: 404.728.4847  
 Email: [woccoordinator@faver.foundation](mailto:woccoordinator@faver.foundation)  
 Best times to stop by office (Please call prior to stopping by): Monday - Friday,  
 10-12pm or 1-4pm

## Appendix 2: G Drive; Shared Folder Authorization form and how to connect with PC



### Shared Folder Authorization/Request Form

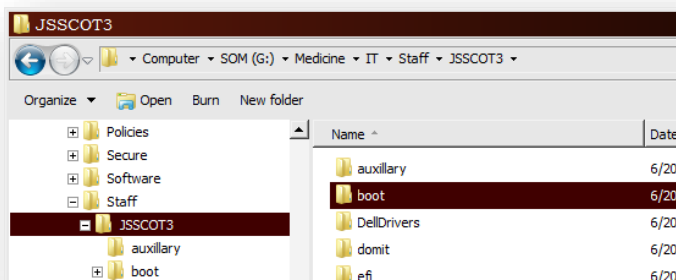
All fields are required. Each user will be able to create, modify, add, and remove files within the share. When listing the personnel, please use the correct respective NetID.

First Name	<u>Enter First Name</u>	Last Name	<u>Enter Last Name.</u>	Date	<u>Click here to enter a date.</u>
NetID	<u>Enter NetID.</u>	Phone #	<u>Phone Number</u>	Division	<u>Enter Division</u>
Folder Name	<u>Name of folder</u>	<input type="checkbox"/> Check box if new folder	<u>Path</u>	<u>Full path to folder (If not known, see next page)</u>	

Names & NetID(s)	1) Last, First Name	User NetID	2) Last, First Name	User NetID
	3) Last, First Name	User NetID	4) Last, First Name	User NetID
	5)		6)	User NetID
	7)		8) Last, First Name	User NetID
	9)		10) Last, First Name	User NetID

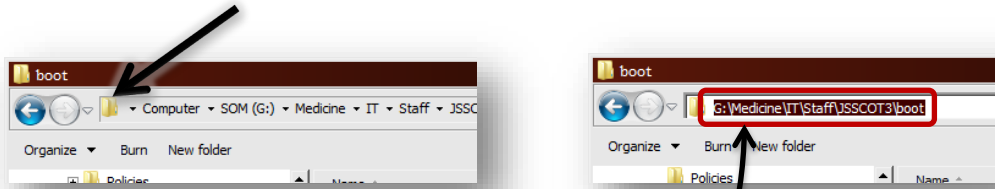
#### Find folder path in Windows 7

- Use Windows Explorer to navigate to the folder you want to find the path for:



*In this example, we want to find the path to the “boot” folder on drive “G:” so we have navigated to that folder.*

- Click the small folder icon in the upper-left section directly to the right of the navigation arrows of the window. This will display the path in the address bar.



*The full path of the folder is now showing in the address bar*

### Appendix 3: VAMC FORMS TO COMPLETE

This checklist can be changed by VAMC, so please contact M. Kallie Medbery.

#### a. Bio Scope of Practice

**VAMC ATLANTA  
RESEARCH PERSONNEL SCOPE OF PRACTICE  
For Non-Human Studies Research**

NAME: \_\_\_\_\_

**PRINCIPAL INVESTIGATOR:** \_\_\_\_\_

The Research Scope of Practice is specific to the duties and responsibilities of each individual working with a Principal Investigator on an approved research study(ies). The purpose of developing the Scope of Practice is to define the parameters and functions of individuals participating in research activities, including human studies, animal studies, bench studies, and research development studies.

**PROCEDURES:**

An individual working in Research Service may be authorized to perform the following duties/procedures on a regular and ongoing basis. Duties listed below are provided as a template to the individual and Principal Investigator. The final list should reflect the duties assigned to each individual. The individual should initial in the appropriate space provided. For each duty granted the Principal Investigator should initial and date in the appropriate space. Those duties granted must be based on the individual's education, training, and experience.

**ANIMAL RESEARCH STUDIES**

For animal studies, the investigator delegates to the employee the ability to perform such functions as detailed in the VA approved animal protocol and may include: handling, caring and humanely treating animals. Administering euthanasia, analgesics, injections and test substances as dictated in the ACORP. Identifying humane endpoints for animals. Performing surgery according to approved protocol.

\_\_\_\_\_  
Requested  
(Employee initials)

\_\_\_\_\_  
Granted  
(Supervisor initials)

**LABORATORY STUDIES:**

For laboratory studies, the investigator delegates to the employee the authority to perform experiments as approved by the R&D Committee utilizing procedures approved by the Subcommittee on Research Safety. This also includes maintaining laboratory areas and equipment, calibration, and cleanliness and ensuring a safe working environment.

\_\_\_\_\_  
Requested  
(Employee initials)

\_\_\_\_\_  
Granted  
(Supervisor initials)

**OTHER DUTIES:**

In the event that other duties are assigned that are not within the above scope, the investigator delegates to the employee the following miscellaneous duties (if applicable should be completed separately by each PI):

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\_\_\_\_\_  
Requested  
(Employee initials)

\_\_\_\_\_  
Granted  
(Supervisor initials)

**PRINCIPAL INVESTIGATOR'S STATEMENT**

\_\_\_\_\_’s Research Scope of Practice was reviewed and discussed with him/her on the date documented on the last page of this form. After reviewing the individual’s education, training, experience, qualifications, and individual skills, I certify that the individual possesses the skills to safely perform the aforementioned duties and procedures. The individual agrees to abide by the parameters of the Research Scope of Practice and all applicable medical center policies and regulations.

This Research Scope of Practice will be reviewed annually and or amended as necessary to reflect the individual duties and responsibilities.

\_\_\_\_\_  
EMPLOYEE NAME (print)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINCIPAL INVESTIGATOR  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACOS FOR R&D  
SIGNATURE

\_\_\_\_\_  
DATE



## b. WOC Appointment Application Packet (please note this is a sample file)

### VA Research WOC Appointment Application and Instructions

In order to work in the Research Service line at the AVAMC you must have an appointment through the VA Human Resources Department. You are receiving this packet because you indicated during registration that you are not currently salaried by the VA. This means, you need to apply for a Without Compensation (WOC) Appointment with VA HR. The steps to do so are listed below. Please read and follow them carefully.

**Note: Please complete your TMS Privacy & Information Security Awareness training before proceeding with the completion and submission of this application. Refer to your credentialing checklist for instructions to complete this training.**

Step 1. Print this packet and fill out all of the forms per the instructions below. The documents are listed below in the order they appear in the packet. **All forms must be signed in ink, no electronic signatures.**

1. **WOC Appointment Letter:** Please put your name and position title at the top and sign your name and date at the bottom. Please leave the signature line in the middle of the page and the appointment dates blank. If you do not have a VA title, you can put Research Associate.
2. **Declaration of Federal Employment Form (306):** Fill out form entirely. Make sure to list your full name in section 1 or list "no middle name" if you don't have one. If you indicate you are not a U.S. citizen in section 3b, please provide a copy of your Visa, Green Card or Employment Authorization Card in your packet. At the end, sign line 17a and 17b IN INK.
3. **Statement of Commitment Form:** Fill out and sign, this form refers to your TMS training.
4. **Patient Abuse Memo (if applicable):** Fill out and return the signature page if you will be working on a Human research study. If only working with animals/lab, not applicable.
5. **Special Agreement Check (SAC):** Fill out the highlighted portions of this form.
6. **Acknowledgement Form for Research Associates:** Fill out and sign
7. **Intellectual Property Agreement:** List your employer (or if a student University) in the blank in line 4, then sign and date at the bottom. Leave ACOS signature blank.
8. **Computer Access Request Form:** Fill in highlighted portions, if you have questions regarding question 16 (type of access) ask your Principal Investigator.

Step 2. Update your Resume or CV to include your full name at the top, your current employment or student email address, and your full current address. You will also need to list a full address for any College or University attended. In the employment/experience section, please separate out positions that were unpaid and either remove them or move them to a volunteer section. For paid positions, please indicate whether the position was full-time or part-time and list a complete address for the company. Your Resume will be submitted with your background check application so it is critical that the information listed here is correct.

Step 3. Compile your application based on the checklist on the following page and email the Research Credentialing Officer, Kallie Medbery, at [Mary.Medbery@va.gov](mailto:Mary.Medbery@va.gov) to schedule an appointment to come to the VA to complete your fingerprints and drop off your application.

## WOC Appointment Application Checklist

**Gather all paperwork into one file in the order listed below:**

- WOC Appointment Letter
- Resume/CV
- Declaration of Federal Employment Form (306)
- Visa, Green Card, or Employment Authorization Card (if not U.S. Citizen)
- Statement of Commitment Form
- Patient Abuse Memo (if working on a Human Research study)
- Special Agreement Check (SAC)
- Acknowledgement Form for Research Associates
- Intellectual Property Agreement
- Computer Access Request Form



DEPARTMENT OF VETERANS AFFAIRS  
VA Medical Center  
Research and Development Service Line  
1670 Clairmont Road  
Decatur, GA 30033

In Reply Refer To: 151

VA Medical Center  
1670 Clairmont Road  
Decatur, GA 30033

Dear \_\_\_\_\_:

Position: \_\_\_\_\_:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility from \_\_\_\_\_ through \_\_\_\_\_ under authority of 38 U.S.C., 4114(a)(1)(A). During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief, Michael Hart, MD or his designee.

Signature \_\_\_\_\_

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Administration, such as leave, retirement, etc. You will, however, be eligible to receive the benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

- Quarters     Subsistence     Uniforms     Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter to room 5a104 at the VA Medical Center. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours.

Tanae C. McNeal, M.M.  
Supervisor, HR Staffing & Recruitment Specialist

-----  
I agree to serve in the above capacity under the conditions indicated.

Veteran Status
1-Vietnam Veteran*
2-Other Veteran
3-Non-Veteran
* For this purpose, a Vietnam Veteran is one with service between August 5, 1964, and May 7, 1975.

Signature \_\_\_\_\_

Date \_\_\_\_\_

FL10-294  
JAN 1990

Pursuant to the Privacy Act of 1974, the information about your veteran status is requested under Title 38 United States Code and will be used to help identify veteran status of all VA trainees for statistical and program planning purposes. It will not be used for any other purpose. Disclosure of the information sought is voluntary. Failure to furnish this information will have no adverse effect on any benefit to which you may be entitled.

# Declaration for Federal Employment\*

(\*This form may also be used to assess fitness for federal contract employment)

Form Approved:  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment\*

Form Approved:  
OMB No. 3206-0182

(\*This form may also be used to assess fitness for federal contract employment)

## GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

2. **SOCIAL SECURITY NUMBER**

3a. **PLACE OF BIRTH** (Include city and state or country)

3b. **ARE YOU A U.S. CITIZEN?**

YES  NO (If "NO", provide country of citizenship)

4. **DATE OF BIRTH** (MM / DD / YYYY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)

6. **PHONE NUMBERS** (Include area codes)

Day

Night

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

## Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below)  NO

*If you answered "YES," list the branch, dates, and type of discharge for all active duty.*

*If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.*  YES  NO

11. Are you currently under charges for any violation of law? *If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.*  YES  NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*  YES  NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) *If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.*  YES  NO

U.S. Office of Personnel Management

5 U.S.C. 1302, 3301, 3304, 3328 & 8716

Optional Form 306  
Revised October 2011  
Previous editions obsolete and unusable

# Declaration for Federal Employment\*

(\*This form may also be used to assess fitness for federal contract employment)

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) *If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.*  YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?  YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)
- 17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
---

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? \_\_\_\_\_  
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?  YES  NO  DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.  YES  NO  DO NOT KNOW



### Statement of Commitment and Understanding

As an employee of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, and VA employees and applicants.

\_\_\_\_\_  
[Print or type employee name]

\_\_\_\_\_  
Employee Signature

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

\_\_\_\_\_  
Date

VA MEDICAL CENTER (ATLANTA)  
DECATUR, GEORGIA

MEDICAL CENTER MEMORANDUM

HUMAN RESOURCES MANAGEMENT SERVICE  
NUMBER 05-11

July 28, 2008

**ABUSE OF PATIENTS BY EMPLOYEES**

1. **PURPOSE:** To express VA Medical Center policy and procedures relating to instances of alleged abuse of patients by employees.

2. **POLICY:** It is a fundamental and closely guarded policy of the VA that no patient is to be mistreated or abused in any way by any employee. A complete inquiry or investigation will be conducted into all instances of alleged abuse or mistreatment.

3. **DEFINITIONS:**

a. Patient abuse includes acts of physical, psychological, sexual, or verbal abuse. Employee intent is **not** a requirement for patient abuse. The patient's perception of how he/she is treated is an essential component of the determination as to whether or not a patient has been abused.

b. Patient abuse may contain the following components:

(1) Any action that conflicts with patient rights, identified in VA regulations at 38 CFR 17.34a.

(2) Intentional omission of patient care.

(3) Willful violations of the privacy of the patient(s).

(4) Intimidation, harassment or ridicule of the patient(s).

(5) Willful physical injury of a patient.

4. **DESIGNATIONS:**

a. Employees: It is the responsibility of each employee to familiarize him/herself with the contents of this memorandum and to avoid any act, which could possibly be considered abuse or mistreatment of patients. All employees will report instances of abuse or mistreatment of a patient to their Service Line Manager. Any employee who witnesses any unkindness, rudeness,



or violence of any kind toward a patient and who does not promptly report it to the proper authority is subject to disciplinary action.

b. **Service Line Managers:** Service Line Managers will notify the Quality Management Coordinator and the Employee Relations Section of the Business Office Service Line, Human Resources Management Service (05), of any report of alleged patient abuse. With the assistance of Employee Relations, Service Line Managers will conduct a preliminary investigation of any such allegation, and report the findings to the Quality Management Coordinator.

## **5. PROCEDURES:**

a. Any complaint, allegation, or evidence that a patient has been abused or mistreated in any way by an employee will be reported immediately to the Chief of Police, the Service Line Manager and the Quality Management Coordinator. A preliminary investigation of all facts concerning the alleged abuse or mistreatment will be made by the Service Line Manager in coordination with the Employee Relations staff.

b. An Incident Report (as described in MCM 11-10), will be filled out completely on **ALL** cases of alleged patient abuse (for both inpatients and outpatients) and will be submitted to the Quality Management Coordinator. The report will include a description of the event, its location, pertinent physical factors (such as diagnosis, age, mental status, medication taken within 12 hours) and a medical evaluation. The patient should be interviewed whenever possible.

c. The initial findings will be reported to the Associate Director (for administrative employees) or to the Chief of Staff or the Associate Director for Patient/Nursing Services (for clinical employees).

d. If there is a basis for the complaint, a report of the facts and circumstances will be made to the Director so that a formal investigation may be undertaken.

e. Alleged abuse of a beneficiary, when the circumstances require a formal investigation by the facility, will be reported to VACO.

f. Appropriate disciplinary action must be taken promptly where indicated. Charges of abuse or mistreatment must be upheld against an employee if the offense is reasonably established by all the evidence. What is reasonable evidence in such cases must rest in the judgment and discretion of those responsible for determining the facts.

g. **The administrative penalty for abuse of patients is removal.** A lesser penalty (admonishment, reprimand, suspension or demotion) may be imposed only when the abuse is of a minor nature and is not a repeated offense.

**6. REFERENCES:**

- a. 38 CFR 17.508.
- b. 38 USC 3305.
- c. Medical Center Memorandum 11-10.

**7. RESCISSION:** Medical Center Memorandum 05-11, dated.

/es/

James A. Clark, MPA  
Director

DISTRIBUTION: C

**AUTOMATIC REVIEW DATE:** July 2011

**Department of  
Veterans Affairs**

# Memorandum

**Date:**

**From:**

**Subj:** Acknowledgement Abuse of Patients by Employee

**To:** Human Resource Management (05)

I acknowledge receipt of Medical Center Memorandum 05-11, dated 07-28-2008, Abuse of Patients by Employee. I understand that this acknowledgement will become part of my official personnel folder.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(SSN)



**Return to 3A164A**

**SPECIAL AGREEMENT CHECK (SAC)**

OFI Form 86C  
July 2005

U.S Office of Personnel Management  
Center for Federal Investigation Services

<b>Agreement Number:</b>		<b>OPM Use Only:</b>		<b>OPM Codes:</b>		<b>Case Number:</b>		
Agency use only								
<b>1. Subject's Full Name</b>					<b>2. Date of Birth</b>			
Last Name		First Name		Middle Name (at birth)		Month	Day	Year
<b>3. Place of Birth</b>					<b>4. SSN</b>			
City		County		State	Country			
<b>5. Other Names Used and Dates When Used</b>								
Name		From Month Year	To: Month Year	Name		From Month Year	To: Month Year	
Name		From Month Year	To: Month Year	Name		From Month Year	To: Month Year	
<b>6. (Sex)</b>			<b>7. Special Agreement Code</b>			<b>8. Position Title</b>		
<b>9. SON</b>		<b>10. SOI</b>		<b>11. OPAC-ALC Number</b>		<b>12. Accounting Data</b>		
1 0 0 3		V A 6 0		3600-1200		101-508		
<b>13. Name and Title of Requesting Official</b>		<b>Signature of Requesting Official</b>			<b>Telephone Number</b>		<b>Date</b>	
Nelson Feliz Denise Davis Dionne Newby  HR. Assistants		Nelson Feliz Denise Davis Dionne Newby Richard Sylve			Ext. 121674 Ext. 121678 Ext. 6240 Ext. 7594			



DEPARTMENT OF VETERANS AFFAIRS  
Medical Center  
(Atlanta)  
1670 Clairmont Road  
Decatur GA 30033

### Acknowledgement Form for Research Associates

I \_\_\_\_\_ fully acknowledge the following:

1. I am appointed as a Research Associate and not as an independent practitioner at the Atlanta VA Medical Center.
2. I will function under my approved Scope of Practice under the supervision of another practitioner and only under the Research Service Line.
3. I fully understand that I am not credentialed or privileged to work in any area of the hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



**VA-WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT**

This agreement is made between \_\_\_\_\_ and the Department of Veterans Affairs in consideration of my without compensation (WOC) appointment by the VA Medical Center at Atlanta, (VAMC) and performing VA-approved Research (as defined below) utilizing VA resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA-Approved Research) at the VAMC.
2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.
3. I have read and understand the **VHA Intellectual Property Handbook 1200.18 (handbook)**, available at [www.vard.org](http://www.vard.org), which provides guidance and instruction regarding invention disclosures, patenting and the new transfer of scientific discoveries.
4. Notwithstanding that I am an employee or appointee at \_\_\_\_\_, I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-Approved Research utilizing VA resources at the VAMC or in VA-approved space.
5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.
6. If VA asserts an ownership interest on my inventive contribution, then, subject to *Paragraph 7* below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with the VA, when requested, in drafting the patent application (s) for such invention and will thereafter sign any documents, recognizing VA's ownership, as required by the U.S. Patent and Trademark Office at the time the patent application is filed.
7. VA recognizes that I am employed or appointed at the entity named in *Paragraph 4* and that they may have ownership interest in any invention developed as a result of this appointment, VA will cooperate with entity mentioned in *Paragraph 4* to manage the development of the invention as appropriate.
8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the entity mentioned in *Paragraph 4*, this agreement will be implemented in accordance with the provisions of that CTAA.
9. I will disclose to the appropriate VA official any / all third party entities with possible ownership rights or interest(s).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ACOS for Research

<b>Leave VISN7 Computer Access Request Form – Attachment A</b>			
<b>Request and Authorization for Computer Access</b>			
THIS INFORMATION IS TO BE FURNISHED BY THE APPLICANT (PLEASE PRINT LEGIBLY)			
1) <b>LAST NAME</b>	2) <b>FIRST NAME</b>	3) <b>MIDDLE INITIAL</b>	4) <b>NICKNAME</b>
5) <b>SERVICE LINE</b> Research	6) <b>DATE OF BIRTH</b>	7) <b>MAIL CODE</b> 151	8) <b>VA Extension (if applicable)</b>
9) <b>POSITION TITLE</b>	10) <b>SSN</b>	11) <b>EMAIL ADDRESS</b>	
12) <b>VAMC YOU ARE REQUESTING ACCESS TO:</b> <input type="checkbox"/> Atlanta, GA <input type="checkbox"/> Augusta, GA <input type="checkbox"/> Birmingham, AL <input type="checkbox"/> Central Alabama (Montgomery/Tuskegee) <input type="checkbox"/> Charleston, SC <input type="checkbox"/> Columbia, SC <input type="checkbox"/> Dublin, GA <input type="checkbox"/> Tuscaloosa, AL <input type="checkbox"/> Other _____		13) <b>TERMINATION DATE:</b> _____ (Default date for remote accounts is 365 days)  14) <b>SEX:</b> ___ Male ___ Female  15) <b>TYPE OF EMPLOYMENT: (check one)</b> <input type="checkbox"/> Research Associate <input type="checkbox"/> Research Coordinator <input type="checkbox"/> Research RN <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	
16) <b>TYPE OF ACCESS REQUESTED:</b> <input type="checkbox"/> PC/Network/Email Access <input type="checkbox"/> VISTA (for VA purchasing or VA timecard) <input type="checkbox"/> CPRS <input type="checkbox"/> Other System: _____		17) <b>REACTIVATION:</b> YES NO	
18) Primary Menu Option: _____			
19) Secondary Menu Options _____			
20) Security Keys Needed: _____		21) File Manager Access Level: _____	
Patient Care Providers Only:	22) HCFA Subspecialty: _____	23) User Class: VA Code - V _____	
24) Reason and instructions for Request: _____			
25) Requestor Signature: _____			
REQUIRED SIGNATURE BY THE REQUESTOR'S SUPERVISOR SYSTEM FUNCTIONAL/PROGRAM MANAGER:			
26) Approving Official Printed Name: _____	27) Approving Official Signature: _____	28) Telephone/Ext: _____	
CONTRACTOR ACCESS REQUIREMENTS:			
29) COTR Signature: _____	30) Type of BI (NACI, BI, LBI, prints only, etc.) _____	31) Date BI Initiated by Contracting Officer: _____	32) Contracting Officer: _____
FORWARD TO YOUR LOCAL INFORMATION SECURITY OFFICER FOR APPROVAL			
33) Approving ISO Signature: _____	34) ISO Station Assignment: _____	35) Date of Security Training: _____	36) Access Agreement on File: (Circle one) YES NO
37) Date Access Setup/Request Completed: _____	38) Completed By: _____	39) Notes: _____	

ADP Rules of Behavior  
**DEPARTMENT OF VETERANS AFFAIRS**  
**VA SOUTHEAST NETWORK**  
**Automated Information System User Access Notice**

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, and 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.

**Initial**



Computer Access Request Form Page 3

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.

**Initial**

Computer Access Request Form Page 4

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.

**Initial**

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.

Computer User's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Computer User's Printed Name: \_\_\_\_\_

## c. CITI Instructional Attachment

### **COLLABORATIVE INSTITUTION TRAINING INITIATIVE (CITI) INSTRUCTIONS**

CITI is an online training system that can be completed from any computer. Please complete the following steps 1 through 3.

#### **STEP 1A: For those who have an existing CITI account, use Step 1B.**

- i. Visit [www.citiprogram.org](http://www.citiprogram.org)
- ii. Click on the "Register" link at the top of the page.
- iii. Type "Atlanta" in the search box and choose "VA Atlanta (Decatur), GA-508" from the options listed.
- iv. Review the terms of service and check the box stating that you agree to them.
- v. Press the blue "Continue to Step 2" button.
- vi. Fill in your personal information and press the blue "Continue to Step 3" button.
- vii. Create your username and password and press the blue "Continue to Step 4" button.
- viii. List your Country of Residence and press the blue "Continue to Step 5" button.
- ix. Select your CE preferences and press the blue "Continue to Step 6" button.
- x. Fill in the required information on this page and press the blue "Continue to Step 7" button. Note:
  - a. You can use your school, work or personal email address if you do not have a VA email address in the "institutional email address section".
  - b. Please list Research in the department field.
  - c. If you do not have an office phone you can list 404-321-6111
- xi. Read each question going forward very carefully, your answers here will determine which courses are assigned to your account. Answer each question and press next to proceed to the next page.

#### **STEP 1B: Only complete this step if already have an existing CITI account.**

- i. Visit [www.citiprogram.org](http://www.citiprogram.org)
- ii. Log in using your existing username and password
- iii. Click "Affiliate with Another Institution" from the blue menus in the middle of the page
- iv. Type "Atlanta" in the search box and choose "VA Atlanta (Decatur), GA-508" from the options listed and press submit
- v. Fill in the required information on this page and press submit. Note:
  - a. You can use your school, work or personal email address if you do not have a VA email address in the "institutional email address section".
  - b. Please list Research in the department field.
  - c. If you do not have an office phone you can list 404-321-6111
- vi. Read each question going forward very carefully, your answers here will determine which courses are assigned to your account. Answer each question and press next to proceed to the next page.

#### **STEP 2:**

You should now back to your main page and have a list of courses assigned to your account. Please make sure the list of courses you have been assigned match the courses you are required to take based on the type of work you will be doing. Required courses are listed on the next page.

Note, if you find that you do not have one of the required courses assigned to your account, press "Add a Course" from your home page and re-answer the registration questions (read carefully!). If it still won't show up, contact the Research Credentialing Officer ([mary.medbery@va.gov](mailto:mary.medbery@va.gov)).

#### **STEP 3:**

Complete each course and email the Research Credentialing Officer, Kallie Medbery ([mary.medbery@va.gov](mailto:mary.medbery@va.gov)), and notify her of the date of completion or attach completion certificates.

08/22/2017

## **REQUIRED COURSE LIST**

### **If you are working with human subjects or PHI you are required to take:**

- VA Human Subjects Research Training – the title on your course list will be:
  - Revised Atlanta VAMC Human Research Protections Coursework **or**
  - Group 1: Biomedical Focus **or**
  - Group 2: Social/Behavioral Focus

#### **If working on a VA Central IRB Cooperative Studies Program (CSP) study**

- VA Good Clinical Practices (GCP)

#### **If handling biological specimens:**

- Atlanta VAMC Research Safety/Biosafety Annual Refresher

#### **If packing specimens for shipping/transport:**

- Packaging and Shipping of Class 6.2 Agents

### **If you are working with animals you are required to take:**

- Atlanta VAMC Research Safety/BioSafety Annual Refresher
- Working with the IACUC
- Species specific trainings (i.e. working with mice, rats, etc.)

#### **If performing survival surgery in mice or rats:**

- Post-Procedural Care of Rodents

#### **If working with anesthetic gases:**

- Waste Anesthetic Gases Training for Research Staff

#### **If packing specimens for shipping/transport:**

- CITI: Packaging and Shipping of Class 6.2 Agents

### **If you are ONLY working in a basic science research lab (no animals or human subjects) you are required to take:**

- Atlanta VAMC Research Safety/BioSafety Annual Refresher

#### **If packing specimens for shipping/transport:**

- CITI: Packaging and Shipping of Class 6.2 Agents

08/22/2017

## d. TMS Instructional Attachment

# TMS 2.0 Instructions

### Before you begin:

- For best results, use Internet Explorer as your browser. Microsoft Edge and Safari have also been reported to work. **Note, Google Chrome and FireFox can cause issues.**
- Make sure the Pop-Up Blocker is turned OFF for the TMS website. If it is on, the course windows will not open.
- Make sure Java versions and updates are current and you are running Adobe Flash Player 10 or higher.

### Step 1

- Navigate to [www.tms.va.gov/SecureAuth35/](http://www.tms.va.gov/SecureAuth35/) using one of the browsers listed above.

### Step 2

- Click Create New User
- Choose Veterans Health Administration (VHA), click Next
- Choose WOC, click Next – **Note: If you believe you should choose a different option stop here and consult the Credentialing Coordinator, Kallie Medbery ([mary.medbery@va.gov](mailto:mary.medbery@va.gov)).**

### Step 3

- Create Password and enter personal information
- Use your work or school email address, all reminder emails from TMS will go here
- **Write down your email address and password – this is your username and password for logging back in.**

### Step 4

- For VA Location, click the blue funnel and choose ATG from the list
- For VA Point of Contact enter Mary Medbery (**one r in Medbery**).
- For VA Point of Contact email address enter [Mary.Medbery@va.gov](mailto:Mary.Medbery@va.gov) (**one r in Medbery**).
- For VA Point of Contact phone number enter 404-321-6111
- If working on a human study with PHI, check the HIPAA Training Required box.
- Press Submit

### Step 5

- Send the Credentialing Coordinator (Kallie Medbery) an email at [Mary.Medbery@va.gov](mailto:Mary.Medbery@va.gov) notifying her that your TMS account has been created. She will need to validate your account and add the required Infection Control and Bloodborne Pathogens course to your account.

## e. Update your OHS Enrollment & Screening Form

### What does OHS Mean

OHS does NOT mean TB test. This is a minor and actually not very relevant part of OHS.

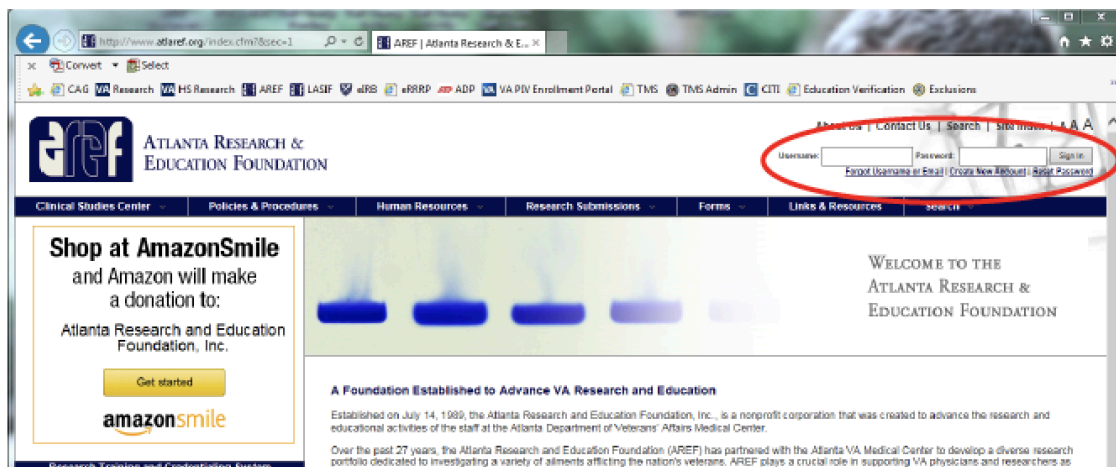
OHS means that you are participating in an OHS program and have received your annual review. There are several ways to achieve OHS but they are all related to your Risk Assessment.

When you participate in the VA OHS program, then you will answer the risk assessment and then the VA OHS questionnaire and sign it. OHS then reviews it and clears you via notification to our office. Below is information that should help you complete the OHS questionnaire.

When you participate in another, non-VA, OHS program, then you will answer the risk assessment, choose not to enroll in VA, choose another program. At that point you will have to send our office verification that you are enrolled in that institution's program. So if enrolled at Emory, you will log into the Emory site, update your records, and provide us with the date cleared at Emory along with the ID.

### How to Update your OHS Enrollment & Screening Form

**Step 1:** Log in to [www.atlaref.org](http://www.atlaref.org)

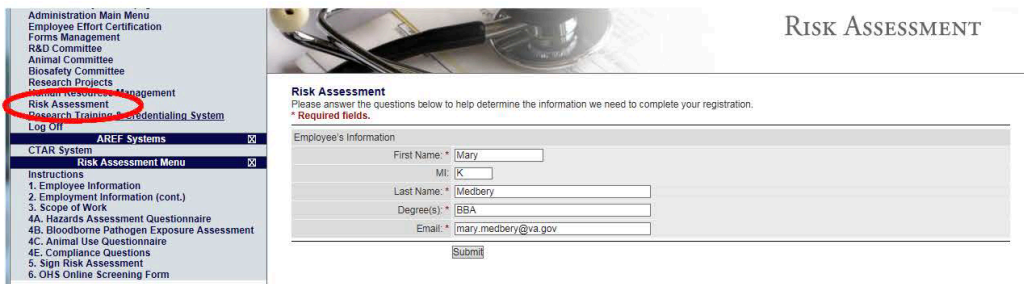


**Step 2:** Select “Risk Assessment” link on the left hand side of the screen



## To Update Your OHS Enrollment:

**Step 3:** Select link “5. Sign Risk Assessment” on the left hand side of the screen



**Step 4:** Answer Yes or No to each of the 3 enrollment questions, sign and date with today’s date and press submit when you’ve completed it.

**Note:** If you are enrolled at another program (i.e. select “yes” for OHS.2), enter your registration number in the blank and email your University clearance date to Kallie Medbery at [mary.medbery@va.gov](mailto:mary.medbery@va.gov).



**RISK ASSESSMENT**

Please answer the questions below to help determine the information we need to complete your registration.  
\* Required fields.

**OHS Participation**

OHS.1 I would like to participate in the Occupational Health Services (OHS) Program at the Atlanta VAMC. By participating in the OHS Program at the Atlanta VA the employee will be provided annual screenings free of charge as required by VA Policy, including TB/PPD screening. Employees may also receive vaccinations for hepatitis B and any other special vaccinations needed for their employment. Employees will have the opportunity to discuss any medical issues pertaining to employment with an OHS consultant.\*  
 Yes  No

OHS.2 I am participating in an Occupational Health Services (OHS) Program at another institution (e.g. Emory University, CDC, etc.).  
 If yes, please provide proof of current PPD and tetanus immunization.  
 If the employee is currently participating in a comparable program at another affiliated institution, the employee will be required to provide adequate documentation of the required screenings. The employee understands the risks associated with research and agrees to notify the PI of any concerns regarding occupational safety.  
 Yes  No

Empty OHS Confirmation Number

OHS.3 I decline participation in the Occupational Health Services (OHS) Program at the Atlanta VAMC. The employee has been informed of the availability of the program and is available for use at any time during employment at the facility. The employee is aware and understands the risks associated with research and agrees to notify the PI of any concerns regarding occupational safety.  
 Employees declining participation in the Occupational Health Program are required to provide documentation of the mandatory screenings (such as TB/PPD Testing) from their private health care provider, at the employee's cost.\*  
 Yes  No

Employee acknowledges participation in the Occupational Health Program is voluntary. The employee is obligated to satisfy the mandatory testing/screening as required by Federal Regulation and local policy. By signing below, the employee acknowledges and understands the responsibilities and requirements for the mandatory screenings. Upon signing this Risk Assessment employee must continue to the [OHS Online Screening Form](#). A typed version of a signer's name is accepted as an original and legal signature pursuant to the Georgia Electronic Records and Signature Act (Georgia Official Code § 10-12-1 et seq.) and the United States Electronic Signatures in Global and National Commerce Act (E-Sign Act) (October 1, 2000).

I UNDERSTAND:  Yes  
 Signature:   
 Your Last Completed Risk Assessment: 12/06/2016  
 Signature Date:

## How to Create a New VA OHS Screening Form:

**Step 5:** If not automatically redirected, select link "6. OHS Online Screening Form"

**Note:** You must be logged on to a VA computer connected to the VA Network to continue.

**RISK ASSESSMENT**

The information was successfully updated.  
[Return to previous page](#)

**Administration Main Menu**  
 Employee Effort Certification  
 Forms Management  
 R&D Committee  
 Animal Committee  
 Biosafety Committee  
 Research Projects  
 Human Resources Management  
 Risk Assessment  
 Research Training & Credentialing System  
 Log Off

**AREF Systems**

**CTAR System**

**Risk Assessment Menu**

**Instructions**  
 1. Employee Information  
 2. Employment Information (cont.)  
 3. Scope of Work  
 4A. Hazards Assessment Questionnaire  
 4B. Bloodborne Pathogen Exposure Assessment  
 4C. Animal Use Questionnaire  
 4E. Compliance Questions  
 5. Sign Risk Assessment  
 6. OHS Online Screening Form

**Step 6:** Log on using the same username and password you used for [www.atlaref.org](http://www.atlaref.org).

**Occupational Health Screening**  
**Atlanta VAMC**

Please log in below using your AREFOnline username and password.

If you do not have an account please click here.

If you need to reset your password please click here.

<b>Login</b>	
User Name: *	<input type="text"/>
Password: *	<input type="password"/>
<input type="button" value="Submit"/>	

Notice: Information from this server resides on a computer system funded by the VA. The use of this system may be monitored for computer security purposes. Any unauthorized access to this system is prohibited and is subject to criminal and civil penalties under Federal Laws including but not limited to Public Laws 83-703 and 99-474.

Due to the private nature of this data you may only access this system online from a VISN 7 computer.

**Step 7:** Select “Create New OHS Form”, it is recommended that you have access to your immunization records before proceeding with this step.

**Occupational Health Screening**  
**Atlanta VAMC**

MAIN MENU | HELP | PASSWORD | LOGOUT  
Logged in: mary.medbery@va.gov

<b>Instructions</b>
<p><b>Getting started:</b> It is highly recommended that you read the help file first.</p> <p><b>Security Reminder:</b> Do not leave your computer unattended with this system open. If at any time you must leave your computer please LOG OUT AND CLOSE YOUR BROWSER.</p> <p><b>Notice:</b> It is recommended that you have access to your immunization records before beginning a "New OHS Form"</p>
<b>Current Options</b>
Update Employee Details
<b>Create New OHS Form</b>

**Step 8:** Fill out all 7 sections and press the “Complete & Sign” button at the end.

**Occupational Health Screening**  
**Atlanta VAMC**

MAIN MENU | HELP | PASSWORD | LOGOUT  
Logged in: mary.medbery@va.gov

Please complete the information below.

\* Required

<b>Section 1: Occupational Health Screening</b>		
CONFIDENTIAL INFORMATION TO BE RETAINED BY OCCUPATIONAL HEALTH SERVICES		
This is a voluntary inquiry into the health status of the employee. This portion of the risk is to be completed by the employee. All information contained hereafter will be kept in compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA).		
1.1 Are you a new employee? *	<input type="radio"/> Yes	<input type="radio"/> No

<b>Section 7: Personal Protective Equipment (PPE)</b>		
7.1 Will/Does the employee use the following: *	YES	NO
7.2 Face Shield *	<input type="radio"/>	<input type="radio"/>
7.3 Hearing Protection *	<input type="radio"/>	<input type="radio"/>
7.4 Fume Hood *	<input type="radio"/>	<input type="radio"/>
7.5 Biological Safety Cabinet *	<input type="radio"/>	<input type="radio"/>
7.6 Respirator *	<input type="radio"/>	<input type="radio"/>
7.7 Has the employee been instructed on proper usage of the PPE used in the laboratory? *	<input type="radio"/>	<input type="radio"/>
7.8 Has the employee been instructed on proper storage of the PPE? *	<input type="radio"/>	<input type="radio"/>
7.9 Does your work involve loud noise exposure? *	<input type="radio"/>	<input type="radio"/>

Save for later **Complete & Sign**

**Step 9:** Sign the Form by typing your name and the date and pressing the “Sign” button.

**Occupational Health Screening**  
Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT  
Logged in: mary.medbery@va.gov

Please complete the information below.

**OHS Signature**

**Electronic Signature**  
A typed version of a signer's name is accepted as an original and legal signature pursuant unto the Georgia Electronic Records and Signature Act (Georgia Official Code § 10-12-1 et seq.) and the United States Electronic Signatures in Global and International Commerce Act (dated October 1, 2000).

Signature	<input type="text"/>
Date	<input type="text"/>

**Sign**

## How to Update Your VA OHS Screening Form:

**Step 5:** If not automatically redirected, select link “6. OHS Online Screening Form”

**Note:** You must be logged on to a VA computer connected to the VA Network to continue.

Administration Main Menu  
Employee Effort Certification  
Forms Management  
R&D Committee  
Animal Committee  
Biosafety Committee  
Research Projects  
Human Resources Management  
Risk Assessment  
Research Training & Credentialing System  
Log Off

**RISK ASSESSMENT**

**Risk Assessment**  
The information was successfully updated.  
Return to previous page

**AREF Systems**

CTAR System

**Risk Assessment Menu**

Instructions  
1. Employee Information  
2. Employment Information (cont.)  
3. Scope of Work  
4A. Hazards Assessment Questionnaire  
4B. Bloodborne Pathogen Exposure Assessment  
4C. Animal Use Questionnaire  
4E. Compliance Questions  
**6. OHS Online Screening Form**

**Step 6:** Log on using the same username and password you used for [www.atlaref.org](http://www.atlaref.org).

### Occupational Health Screening

Atlanta VAMC

Please log in below using your AREFOnline username and password.

If you do not have an account please click here.

If you need to reset your password please click here.

Login	
User Name: *	<input type="text"/>
Password: *	<input type="password"/>
<input type="button" value="Submit"/>	

**Step 7:** Choose “Copy last submission to a New OHS Form”. If you do not see this option, go back to Step 5.

### Occupational Health Screening

Atlanta VAMC

MAIN MENU | HELP | PASSWORD | LOGOUT  
Logged in: Michael.Hart3@va.gov

**Instructions**

**Getting started:**  
It is highly recommended that you read the help file first.

**Security Reminder:**  
Do not leave your computer unattended with this system open. If at any time you must leave your computer please LOG OUT AND CLOSE YOUR BROWSER.

**Notice:**  
It is recommended that you have access to your immunization records before beginning a "New OHS Form"



**Current Options**

[Update Employee Details](#)

[Copy last submission to a New OHS Form](#)

[Create New OHS Form](#)

**Previously Completed (Opens new window)**

Employee Signed	OHS Signed	Actions
12/16/2010	11/08/2011	 

**Step 8:** Check all information in application for current accuracy and update any information or dates that have changed. Press the “Complete & Sign” button at the end when it is up to date.

**Section 7: Personal Protective Equipment (PPE)**

	YES	NO
7.1 Will/Does the employee use the following: *		
7.2 Face Shield *	<input type="radio"/>	<input type="radio"/>
7.3 Hearing Protection *	<input type="radio"/>	<input type="radio"/>
7.4 Fume Hood *	<input type="radio"/>	<input type="radio"/>
7.5 Biological Safety Cabinet *	<input type="radio"/>	<input type="radio"/>
7.6 Respirator *	<input type="radio"/>	<input type="radio"/>
7.7 Has the employee been instructed on proper usage of the PPE used in the laboratory? *	<input type="radio"/>	<input type="radio"/>
7.8 Has the employee been instructed on proper storage of the PPE? *	<input type="radio"/>	<input type="radio"/>
7.9 Does your work involve loud noise exposure? *	<input type="radio"/>	<input type="radio"/>


**Step 9:** Sign the Form by typing your name and the date and pressing the “Sign” button.

**Occupational Health Screening**

MAIN MENU | HELP | PASSWORD | LOGOUT  
Logged in: mary.medbery@va.gov

**Atlanta VAMC**

Please complete the information below.

OHS Signature	
<b>Electronic Signature</b> <small>A typed version of a signee's name is accepted as an original and legal signature pursuant unto the Georgia Electronic Records and Signature Act (Georgia Official Code § 10-12-1 et seq.) and the United States Electronic Signatures in Global and International Commerce Act (dated October 1, 2000).</small>	
Signature	<input type="text"/>
Date	<input type="text"/> 



Sign

## **Appendix 4: Useful Contact Information**

### **VAMC Contact for Credentialing**

#### **M. Kallie Medbery**

Research Credentialing Officer

Atlanta VA Health Care System

Phone: (404) 321-6111 x206177

E-mail: [mary.medbery@va.gov](mailto:mary.medbery@va.gov) or [mary.medbery@emory.edu](mailto:mary.medbery@emory.edu)

### **OHS Approval/ Review**

#### **Deborah R. Porter, BSN, RNIII**

Employee Health Services, Emory University Hospital Midtown

550 Peachtree St. NE, Orr Building – 6<sup>th</sup> floor, Atlanta, GA 30308

Phone: (404) 686-7946

Fax: (404) 686-6466

E-mail: [deborah.fotsch@emoryhealthcare.org](mailto:deborah.fotsch@emoryhealthcare.org)

### **Office of Compliance**

#### **Julian A. Hinds, JD**

Office of Compliance

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