

## REQUEST FOR DUAL VA EMPLOYEE AND TRAINEE APPOINTMENT

**INSTRUCTIONS:** Please submit this request furnishing all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility for dual employee and trainee appointment. If additional space is needed, please attach a separate sheet and refer to items being answered by the corresponding number. All information required by the training program to which you are applying, as well as information requested on all application forms, must be provided. This electronic form must be signed and submitted via email.

### I. REQUEST FOR WORK WITHOUT COMPENSATION (WOC) TRAINEE APPOINTMENT

Completed by VA Employee

**1A. ARE YOU A CURRENT PERMANENT VA EMPLOYEE?**

**1B. As a permanent VA employee, I affirm attainment of a Fully Successful or higher proficiency rating/performance appraisal during the last annual performance rating period.**

**1C. I voluntarily affirm my request for a VA WOC temporary trainee appointment.**

**2A. NAME** (Last, First, Middle)

**2B. DOB** (Month, Day)

**3A. WORK PHONE** (Include area code)

**3B. HOME/CELL PHONE** (Include area code)

**4A. WORK EMAIL ADDRESS**

**4B. PERSONAL EMAIL ADDRESS**

**5A. VA EMPLOYMENT FACILITY**  
(City, State, Zip Code)

**5B. VA EMPLOYMENT SUPERVISOR NAME** (Last, First, Middle)

**5C. VA EMPLOYMENT SUPERVISOR EMAIL ADDRESS**

**5D. VA EMPLOYMENT SUPERVISOR PHONE** (Include area code)

**6A. ACADEMIC INSTITUTION**  
(City, State, Zip Code)

**6B. ACADEMIC PROGRAM**

**6C. SPECIALTY/FOCUS OF STUDY**  
(If Applicable)

**6D. ACADEMIC FACULTY/CLINICAL COORDINATOR NAME**  
(Last, First, Middle)

**6E. ACADEMIC FACULTY/CLINICAL COORDINATOR EMAIL ADDRESS**

**6F. ACADEMIC FACULTY/CLINICAL COORDINATOR PHONE**

**7A. REQUESTED VA TRAINING FACILITY** (City, State, Zip Code)

**7B. REQUESTED VA TRAINING START DATE**

**7C. REQUESTED VA TRAINING END DATE**

**8A. TYPE OF TRAINING** (*A new request MUST be filled out for EACH type of training*)

**8B. TRAINING REQUIREMENTS** (For clinical experiential training request, list total number of required training hours. For scholarly projects, indicate a type of project)

#### AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my current academic enrollment and suitability for dual employee-trainee VA appointment, I authorize VA to make inquiries about me to my current academic institution or training program officials listed above.

**SIGNATURE OF APPLICANT**

**DATE**

## RULES FOR VA EMPLOYEE IN DUAL TRAINEE STATUS

Completed by VA Employee. Please initial after reading and agreeing to each item.

### 9A. As a VA employee in a dual VA WOC trainee status, I certify that I will:

Notify my VA employment supervisor of my intent to apply for WOC temporary trainee appointment	
Obtain a separate VA WOC temporary trainee appointment	
Start VA training rotation ONLY following approval of the WOC trainee appointment and after receiving permission from my assigned training supervisor	
Strictly abide by VA Human Resources, the Office of Nursing Services and the Office of Academic Affiliations policies and practices pertaining to both permanent employee and WOC trainee roles and responsibilities	
Comply with the Standards of Ethical Conduct understanding that these standards apply to both permanent employee and WOC trainee positions	
Ensure my VA employee duty hours do not overlap with my academic training hours at VA	
Ensure my VA work duty unit is physically separate from my VA training unit	
Ensure my training at VA will not have an adverse impact or conflict with my official VA duties	
Establish a VA training schedule to meet the required number of academic training hours	
Report to my VA employment supervisor/Nursing Service line manager(s) during my VA employee duty hours	
Report to my assigned VA training supervisor/VAMC Education Service line manager(s) during my VA WOC training hours	
Track my VA work and VA training hours daily while being appointed in a dual VA employee trainee status by completing VA Dual Employee Trainee Appointment Time Tracking Sheet	
Provide VA Dual Employee Trainee Appointment Time Tracking Sheet to my work and training supervisors for verification and signatures at the end of each pay period	

### If you are an employee requesting CLINICAL EXPERIENTIAL TRAINING, please complete section 9B

### 9B. As a clinical trainee in a VA WOC status, I certify that I will:

Switch my signature block in the VA Electronic Health Record to STUDENT status during my clinical training hours	
Ensure appropriate medical record documentation under the "Trainee Note" title	
Ensure my clinical notes in VA Electronic Health Record are co-signed by my supervising provider	

### If you are an employee requesting COMPLETION OF SCHOLARLY PROJECT, please complete section 9C

### 9C. As a trainee in a VA WOC status, I certify that I will:

Strictly abide by the VA Office of Research & Development policies and practices	
Obtain approval of the Associate Chief of Staff for Research to complete the scholarly project at the VA facility	
Obtain approval or exemption of the project by the VA Institutional Review Board	

<b>CERTIFICATION</b>	<b>BY SIGNING I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE VA EMPLOYEE- TRAINEE DUAL APPOINTMENT RULES LISTED ABOVE.</b>
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**SIGNATURE OF APPLICANT**

**DATE**

## II. ELIGIBILITY VERIFICATION FOR DUAL VA EMPLOYEE AND TRAINEE APPOINTMENT

Completed by employee's current employment supervisor

<b>10A.</b> Employee maintained a VA permanent employment status for minimum of one year	
<b>10B.</b> Employee attained a Fully Successful or higher proficiency rating/performance appraisal during the last rating period	
<b>10C.</b> Employee and VA employment supervisor fully understands the separation requirement between work duty unit and training unit	
<b>10D.</b> Employee and VA employment supervisor fully understands the separation requirement between work duty hours and training hours	
<b>10E.</b> Employee was informed that any adverse impact or conflict with official VA duties during the training period might result in the termination of WOC trainee appointment	
<b>10F.</b> Employment supervisor agrees to review and verify the work record of attendance at the end of each pay period as documented in the VA Dual Employee Trainee Appointment Time Tracking Sheet	

<b>CERTIFICATION</b>	<b>BY SIGNING I CONFIRM ELIGIBILITY CRITERIA AND DO NOT SEE PROHIBITIONS FOR THIS EMPLOYEE'S DUAL WOC TRAINEE APPOINTMENT.</b>
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**NAME OF EMPLOYMENT SUPERVISOR (Last, First)      SIGNATURE OF EMPLOYMENT SUPERVISOR      DATE**

### III. EDUCATIONAL INSTITUTION ACCREDITATION AND AFFILIATION REQUIREMENTS VERIFICATION

Completed by VAMC ACOS/E or Designee

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|--|--|
| 11A. Employee is enrolled in a non-profit educational institution  |  |
| 11B. Employee is enrolled in a for-profit educational institution (FPEI) and OGC waiver has been completed   |  |
| 11C. Employee is enrolled in an educational program approved by an accrediting body recognized by the U.S. Department of Education or by the Council for Higher Education Accreditation (CHEA) |  |
| 11D. The listed VA facility and the listed educational program have a current Affiliation Agreement in place for the academic purposes of enhanced patient care and education                  |  |

<b>CERTIFICATION</b>	<b>BY SIGNING I ACKNOWLEDGE THAT EDUCATIONAL RELATIONSHIP AND AFFILIATION REQUIREMENTS FOR THIS EMPLOYEE/TRAINEE EDUCATIONAL PROGRAM HAVE BEEN VERIFIED AND APPROVED.</b>
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NAME OF ACOS/E OR DESIGNEE (Last, First)	SIGNATURE OF ACOS/E OR DESIGNEE	DATE
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### IV A. REQUIREMENTS FOR INITIATING VA CLINICAL EXPERIENTIAL TRAINING

Completed by VAMC ACOS/E or Designee

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|---|--|
| 12A. Employee was assigned a qualified training supervisor per guidelines outlined in the VHA Handbook 1400.04: Supervision of Associated Health Trainees                     |  |
| 12B. Employee was assigned to a training unit other than his/her primary work duty unit   |  |
| 12C. Training hours schedule has been established for an employee by the assigned training supervisor to avoid scheduling conflict between work duty hours and training hours |  |

<b>CERTIFICATION</b>	<b>BY SIGNING I CERTIFY THAT REQUIREMENTS FOR INITIATING VA EXPERIENTIAL TRAINING FOR THIS EMPLOYEE HAVE BEEN MET.</b>
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NAME OF ACOS/E OR DESIGNEE (Last, First)	SIGNATURE OF ACOS/E OR DESIGNEE	DATE
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### IV B. REQUIREMENTS FOR INITIATING VA SCHOLARLY PROJECT

Completed by ACOS/R or Designee

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| 13A. Employee was assigned a qualified training supervisor per guidelines outlined in the VHA Handbook 1400.04: Supervision of Associated Health Trainees and VA Office of Research & Development policies and practices |  |
| 13B. Employee completed the Collaborative Institutional Training Initiative (CITI)   |  |
| 13C. Employee's scholarly project was reviewed and approved by the Associate Chief of Staff for Research or Designee   |  |
| 13D. FOR RESEARCH STUDIES ONLY: Employee's scholarly project was reviewed and approved by the Institutional Review Board   |  |
| 13E. FOR NON-RESEARCH STUDIES ONLY: Employee's scholarly project was reviewed and deemed as a NON-RESEARCH activity. Institutional Review Board (IRB) approval is not required   |  |

<b>CERTIFICATION</b>	<b>BY SIGNING I CERTIFY THAT REQUIREMENTS FOR INITIATING VA SCHOLARLY PROJECT FOR THIS EMPLOYEE HAVE BEEN MET.</b>
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NAME ACOS/R OR DESIGNEE (Last, First)	SIGNATURE ACOS/R OR DESIGNEE	DATE
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### V. TRAINEE SUPERVISION REQUIREMENTS

Completed by assigned training supervisor (preceptor/clinical faculty)

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| 14A. Assigned VA training supervisor is knowledgeable of the trainee supervision procedural requirements outlined in the VHA Handbook 1400.04: Supervision of Associated Health Trainees   |  |
| 14 B. Assigned VA training supervisor discussed with employee-trainee the VHA trainee supervision and documentation standards and requirements as outlined in the VHA Handbook 1400.04: Supervision of Associated Health Trainees and the VHA Handbook 1400.08: Education of Associated Health Professions |  |
| 14C. Employee-trainee fully understands that whenever the assigned training supervisor is unavailable, such as from sick or annual leave, a substitute supervising practitioner must be identified. All trainees must function under the supervision of supervising practitioners at all times             |  |
| 14D. Employee-trainee and assigned VA training supervisor fully understands the separation requirement between work duty unit and training unit  |  |
| 14E. Employee and assigned VA training supervisor fully understands the separation requirement between work duty hours and training hours  |  |

**14F.** Assigned VA training supervisor agrees to review and verify the training record of attendance at the end of each pay period as documented in the VA Dual Employee Trainee Appointment Time Tracking Sheet

**CERTIFICATION**

**BY SIGNING I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE  
VA EMPLOYEE- TRAINEE SUPERVISION REQUIREMENTS**

**NAME OF TRAINING SUPERVISOR (Last, First)**

**SIGNATURE OF TRAINING SUPERVISOR**

**DATE**

**VI. VAMC LEADERSHIP DUAL EMPLOYEE AND WOC TRAINEE APPOINTMENT APPROVAL**

**DESIGNATED LEARNING OFFICER APPROVAL**

**NAME (Last, First)**

**SIGNATURE**

**DATE**

**ASSOCIATE CHIEF OF STAFF FOR EDUCATION APPROVAL**

**NAME (Last, First)**

**SIGNATURE**

**DATE**

**ASSOCIATE DIRECTOR FOR PATIENT CARE SERVICES/NURSE EXECUTIVE or CHIEF OF STAFF APPROVAL**

**NAME (Last, First)**

**SIGNATURE**

**DATE**

**VII. ADDITIONAL FORMS AND DOCUMENTS REQUIRED FOR DUAL EMPLOYEE-TRAINEE  
WOC APPOINTMENT**

**PLEASE NOTE: Training may not commence until the following documents are reviewed and approved:**

- **VA FORM 10-2850D: Application for Health Professions Trainees**
- **Trainee Qualification and Credential Verification Letter**
- **VA Without Compensation Trainee Appointment Letter**