



## Fellow/Residents VA Access/PIV Request Form

<b>Request (Select):</b>	New Account Creation Modification of an Account Re-activation of an Account
--------------------------	---

Answer the following with your current legal information. If information does not match there will be a delay. Sending a picture of your ID also helps.

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name (Full): \_\_\_\_\_

Last Name: \_\_\_\_\_

Initials: \_\_\_\_\_

Previous Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex Circle (choose one):                      Male                      Female

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

Weight: \_\_\_\_\_ lbs

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Are you a foreign national (choose one):                      Yes                      No

City, State and Country of birth: \_\_\_\_\_

Ethnicity must choose one: (choose one):                      American Indian or Alaska Native  
Asian or Pacific Islander  
Black-Non-Hispanic  
Hispanic  
Caucasian

Effective (Start) date: \_\_\_\_\_

Previous Duty Title/Station: \_\_\_\_\_

Helpdesk Ticket (if transfer): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# Steps to getting a PIV card

Please read carefully so this process is easy and you are prepared to get your card upon visiting

**STEP 1: Get Fingerprinted at least a week before needing a card (or when directed by HR or management)**

Everyone must complete fingerprinting before getting a new card or replacement card.

These are valid for 120 days.

**It takes 3 days to process fingerprints.**

**STEP 3: Visit the PIV office**

Bring two forms of ID to the PIV office to have your photo taken

(See I-9 form for a list of acceptable IDs). Documents must be original (not copies) and not expired. Your name on at least one of these documents must be your current legal name and match the name entered into the PIV system.

**STEP 2: Request PIV card**

For new employees, volunteers, and those with expiring, lost, or broken cards, contact your department's PIV Manager or Sponsor to complete the online application form. PIV Sponsor is usually supervisor, manager, AdPac,, or HR dept. This is not done by the PIV office

**STEP 4: Picking up PIV card**

Depending on the status of the PIV office you will get your card that day or may need to return at a later date to pick up and activate your PIV Card. You may be required to set a personal identification number (PIN) that is 6 digits and then your card will be officially released to you.

**CONTACT PIV OFFICE**

**216-791-3800 Ext# 4609**

Service: \_\_\_\_\_



### CPRS, iMed Consent, Encounters Self-Certification/Acknowledgement

I, \_\_\_\_\_

Print name .

do hereby acknowledge completing the online CPRS Basic Training 2017-18. I was afforded the opportunity to ask questions related to the use of CPRS and iMed Consent. All of my questions concerning the use of CPRS and iMed Consent were adequately addressed by a CAC/Clinical Systems Specialist at this time. I understand that I need to call the CPRS Help Line at 820-6200 with any CPRS related questions during normal business hours and the National Help Desk at ext. 6685 during off hours.

I also acknowledge receiving the following: CPRS Pocket Guide for Clinicians trifold, iMed Consent Quick Start Guide and one Encounter Completion How-To Quick Reference Guide from the Informatics & Analytics Office at the Louis Stokes VA Medical Center, Cleveland, Ohio. I certify having a basic understanding in the use of the CPRS Electronic Medical Record clinical system to perform my job safely and effectively as a clinician at the Wade Park VAMC. I understand prior to all invasive procedures iMed Consent software will be used to obtain appropriate signatures when applicable including the practitioner obtaining consent, the patient or significant other and witness.

\_\_\_\_\_  
CAC/Clinical Systems Specialist Printed Name

Clinician's Full Printed Name

\_\_\_\_\_  
CAC/Clinical Systems Specialist Signature

Clinician's Signature

\_\_\_\_\_  
Date/Time Signed

\_\_\_\_\_  
Date/Time Signed