

## Fellow/Residents VA Access/PIV Request Form

Request (Select): 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** \_\_\_\_\_ feet \_\_\_\_\_ inches Height: 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:** 

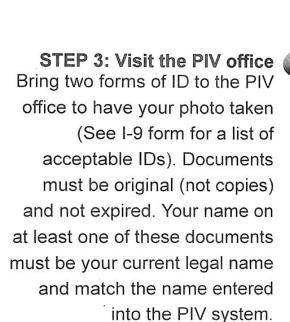
## Steps to getting a PIV card

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.





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

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CLEVELAND	
CPRS, iMed Consent, Encounters	Self-Certification/Acknowledgement
1,	
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	

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Service: