

**Northeast Ohio VA Healthcare System  
10701 East Blvd Cleveland, OH 44106  
Education Office - Mail Code 14  
216-791-3800 Ext: 64110  
[VHACleEduApps@va.gov](mailto:VHACleEduApps@va.gov)**

In Reply Refer To: 541/05W

**Dear:** (enter full name)

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as a Resident / Fellow from July 1, \_\_\_\_ through June 30, \_\_\_\_ under authority of 38 U.S.C., 7405 (a)(1). During your period of affiliation with our facility, you are authorized to perform services as directed by the Associate Chief of Staff/Education, Simran Singh, MD.

Your assignment is contingent upon the satisfactory determination of suitability for Federal employment based on the results of your background investigation and fingerprinting. Failure to complete these requirements within the predetermined time frames stated below will result in a cancellation of your assignment.

In accordance with the Homeland Security Presidential Directive -12, and the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a), you are required to provide documents that establish both your identity and employment eligibility. A list of acceptable documents from which you may choose is enclosed. You must bring the original document(s) selected with you on your first duty date.

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.

**No Subsistence - No Benefits**  
**Network computer access required - ☒ Yes ☐ No**  
**Fingerprinting – First day of assignment**  
**ID Proofing- First Day of Assignment**

If you agree to these conditions, please sign the statement below. Either party may terminate this agreement at any time by written notice of such intent.

Please indicate any veteran's status you are entitled to in the appropriate response below.

Monica L. Brittian  
CHIEF, HUMAN RESOURCES MANAGEMENT SERVICE

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End. 1

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

**VETERANS STATUS:**

**US CITIZEN:**

**PREVIOUS WOC EMPLOYMENT:**

**SIGNATURE:**

**Date:**



**Associate Chief of Staff / Education 14(W)**  
**Louis Stokes Cleveland Department of**  
**Veterans Affairs Medical Center**  
**10701 East Boulevard**  
**Cleveland, OH 44106**

Please complete the information below in order that we may contact you with information about your Louis B. Stokes Cleveland VA Medical Center Rotation

For optimum accuracy, please print in all capital letters and avoid contact with the edge of the box.  
The following will serve as an example:

A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NPI # ↑

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME ↑

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MIDDLE NAME ↑

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LAST NAME ↑

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NUMBER & STREET ADDRESS ↑

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CITY, STATE & ZIP CODE ↑

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EMAIL ADDRESS ↑

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PHONE NUMBER ↑



## Personal Health - Data Sheet

Name:

LAST

FIRST

MIDDLE

Social Security Number:

Street Number & Name:

City, State, Zip Code:

Mobile Number:

Alternate / Home Number:

) : :

Place : :

Fathers Name:

Mothers Name:

Mothers Maiden Name:

Occupation:

Employment Status

Marital Status

### Emergency Contact Info

Name:

Relationship:

Phone:

Full Address: