



LOUIS STOKES CLEVELAND
Department of Veterans Affairs Medical Center
10701 East Boulevard
Cleveland, OH 44106

In Reply Refer To: 541/05W

Dear: _____

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as a Resident / Fellow from July 1, 2018 through June 30, 2019 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 pre-determined 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 by circling the appropriate response below.

CHARLES FRANKS
CHIEF, HUMAN RESOURCES MANAGEMENT SERVICE

End. 1

Date: _____

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

VETERANS STATUS: ☒ Y ☐ N

US CITIZEN: ☒ Y ☐ N

PREVIOUS WOC EMPLOYMENT: ☒ Y ☐ N

SIGNATURE: _____

Date: _____



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

In Reply Refer To:

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 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

[illegible]

1.

Last Name

□

[illegible]

Number & Street Address

[illegible]

City

[illegible]

State

--	--

Zip Code

					—				
--	--	--	--	--	---	--	--	--	--

E-mail Address

[illegible]

Personnel Health

Patient Data Sheet

Name:

(Please Print)

Last

First

MI

Social Security Number:

Home Street Address

City

State

Zip Code

Telephone

Home: ()

Mobile: ()

Date of Birth:

Month / Day / Year

Place of Birth:

City & State (or Country)

Father's Name:

Last

First

MI

Mother's Name:

Last

First

MI

Mother's Maiden Name:

Last

First

MI

Current Occupation:

Employment Status:

☐ Full-Time

☐ Part-Time

☐ PRN

☐ Not Employed

Marital Status:

☐ Never Married

☐ Married

☐ Widow

☐ Divorced

Emergency Contact

Name:

Relationship:

Telephone Number:

Address:

City

State

Zip Code

NAME: LAST

FIRST

M.I.

CLEVELAND VA MEDICAL CENTER
PHARMACY SERVICE
PROVIDER SIGNATURE REGISTRY CARD

VA P.I.N. _____

DATE _____

DEA NUMBER _____

FULL SSN _____

CLINICAL SPECIALTY _____

SERVICE _____

NAME (PLEASE PRINT) _____

NAME (SIGNATURE) _____

VA FORM
APR 1988

10-0114f

OP-443(541)
JUN 1993

MEDICAL FACILITY WORKSHEET Rev:6/94

021828