

WITHOUT COMPENSATION (WOC) INFORMATION SHEET

1. Name: (last, first, full middle): _____
2. Investigator Working For: _____
3. Starting Date: _____
4. Length of Employment: _____
5. Type of Work: _____
6. Professional Title: _____
7. Date of Birth: _____
8. Social Security #: _____
9. Home Address: _____

10. Home Telephone Number: _____
11. Work Extension: _____
12. Working With Animals: Yes NO
13. Keys Needed: Room #'s _____
14. Foreign Nationals: Copy of Visa & IPA 66/Green Card
15. E-mail Address: _____

Required Training for Research Personnel “Employees and WOCs”

All research personnel are required to complete, at a minimum, the following courses on the VA Talent Management System (TMS) located at: <https://www.tms.va.gov/plateau/user/login.jsp>

1. VA Privacy and Information Security Awareness and Rules of Behavior FY12
2. Privacy and HIPAA Training FY12
3. Information Security 201 for Research and Development Personnel

The first two courses are required annually and the third course is required one time. The TMS system allows people to self-enroll. If the courses are not automatically assigned, then use the “Catalog” feature to search for the courses by name. Please print out the completion certificates and include them with the completed WOC packet. Please see the instructions for creating a TMS account following this page.

All personnel involved in human subject’s research must also complete the CITI **VA Human Subjects Protection and Good Clinical Practices*** course located at: <https://www.citiprogram.org/Default.asp>

All personnel involved in animal research must also complete the appropriate animal training modules, also located at the CITI website <https://www.citiprogram.org/Default.asp> Animal research personnel must complete:

1. Working with the Charleston VA IACUC (required)
2. Working with “*species*”(Mice, Rats, Cats, etc.) in Research Settings (required)
3. Post Procedure Care of Rodents (if applicable)
4. Surgery (if applicable)

The CITI website also allows people to self-enroll. **It’s very important when registering with the CITI website to affiliate with the Charleston VA.**

During the enrollment process, the CITI site has new registrants answer a series of questions about the kind of research they’ll be working on and creates a lesson plan based on their responses.

***Although MUSC accepts all the VA CITI training, the VA does not accept the MUSC CITI human subjects training or MUSC LATA training.**

Paul Kelly, CCRP

RESEARCH COMPLIANCE OFFICER

RALPH H. JOHNSON VAMC

109 BEE STREET

CHARLESTON, SC 29401

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FAX (843) 876-5384

EMAIL PAUL.KELLY2@VA.GOV



User Job Aid: Create New non-VA User Record

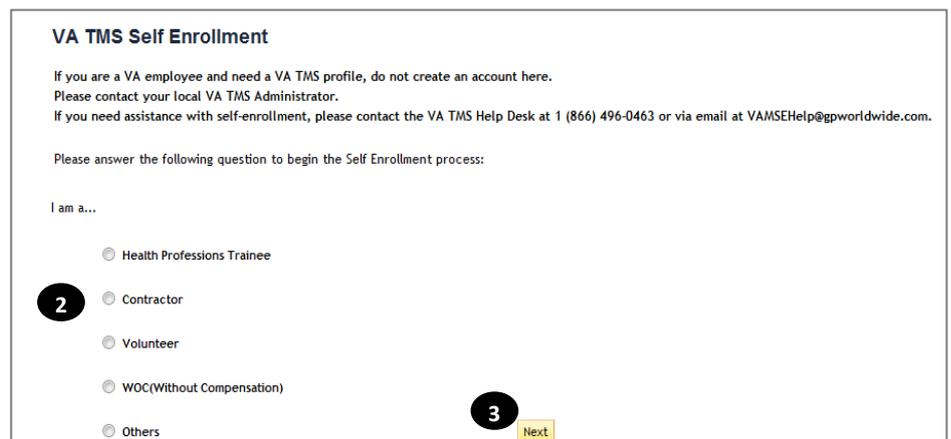
Purpose

The purpose of this job aid is to guide users through the step-by-step process of creating the Create New User tool in the VA TMS. In this job aid you will learn how to:

- A. Create New User Record 9 Steps
- B. Complete Required Training 6 Steps

Task A. Create New User Record

- 1 Step 1 Select **“Check System.”** Install necessary updates. If necessary, adjust Pop-Up Blocker under the Tools tab.
From the Login page, in the **brown** navigation bar click the **Create New User** link.
- 2 Step 2
In the **VA TMS Self Enrollment** page, select the appropriate employment type.
- 3 Step 3
Click **Next**.





4 Step 4
In **My Account Information** section, fill in all required fields as noted by the red asterisk, taking care to type accurately when entering your Social Security Number, e-mail address, and legal name; proceed to **Step 5**.

4a Step 4a
If you are a foreign national, click the **click here** link.

4b Step 4b
If there is a security pop-up click **Allow**.

4c Step 4c
In the email pop-up add any additional information to assist the Admin like your name and contact information and click **Send**.

Note: Fields marked with * are required

My Account Information

- The length of the password must be between 8 and 12 characters.
- The password must contain the following types of characters:
 - English lowercase letters.
 - English uppercase letters.
 - Arabic numerals(0,1,2,...9).
 - Non alphanumeric special characters (!@#%&*()-_+=[]{}<>?/";:~\|)
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name(login ID).
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 3 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Password cannot be same as the E-Signature PIN.

* Password :

* Re-enter Password :

* Security Question :

* Security Answer :

* Re-enter Security Answer :

* SSN : - -

(If you are foreign national and do not have an SSN please [click here](#))

* Re-enter SSN : - -

* DOB (MM/DD/YYYY) :

* Legal First Name :

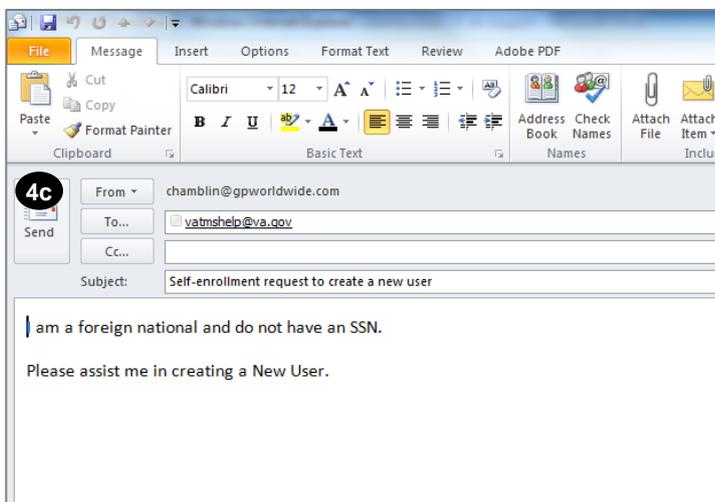
* Legal Last Name :

Middle Name(Optional) :

* Email Address :

* Re-enter Email Address :

Phone Number (do not include hyphens i.e 1112223333) :





5 Step 5

In **My Job Information** section, fill in all required fields as noted by the red asterisk, entering the data provided by your VA point of contact where appropriate. (¹See below).

6 Step 6

If you are required to take training on the Health Insurance Portability and Accountability Act (HIPAA), click the box. **This applies to human subjects researchers. Please check this box**

7 Step 7

Click **Submit**.

8 Step 8

From the congratulations page, note your VA TMS USER ID for future use.

9 Step 9

Click **Continue**.

My Job Information

VA City :

VA State :

* VA Location Code : **5**

(Supplied by your VA Contract)

* VA Point of Contact First Name :

* VA Point of Contact Last Name :

* VA Point of Contact Email Address :

Point of Contact Phone Number (do not include hyphens i.e. 1112223333) :

HIPAA Training Required : **6**

7

VA TMS Self Enrollment

Congratulations! You have successfully created a profile in the VA TMS. Please copy down the User ID indicated below. You will need it if you ever need to log in to the VA TMS in the future.

Your VA TMS User ID is sample.john1105 **8**

To access your mandatory training content, click on the Continue button.

9

¹VA City:
 VA State:
 VA Location Code:
 VA POC First Name:
 VA POC Last Name:
 VA POC Email Address:
 VA POC Phone Number:

Charleston
South Carolina
CHA
M R
YOUNG
Rita.Young@va.gov
8437896707



Task B. Complete Required Training

1 Step 1
From the Home page, hover over item in your To Do List to display the pop-up menu.

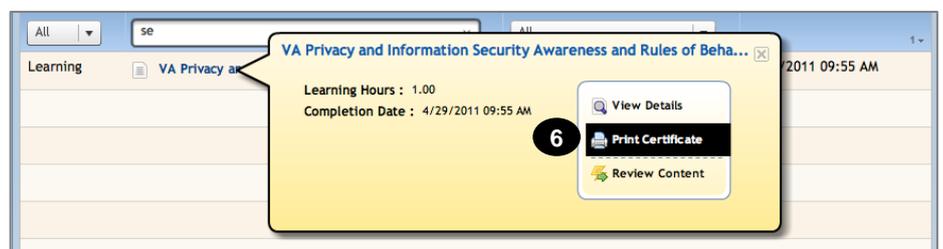
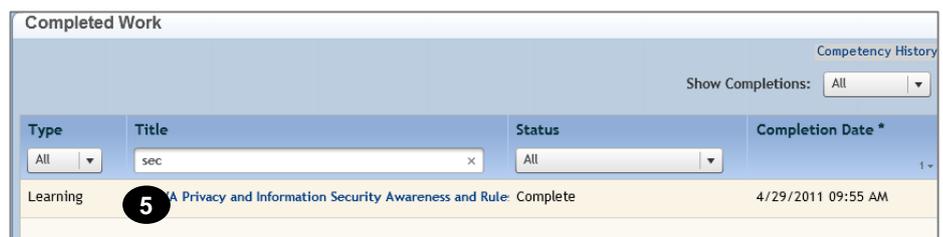
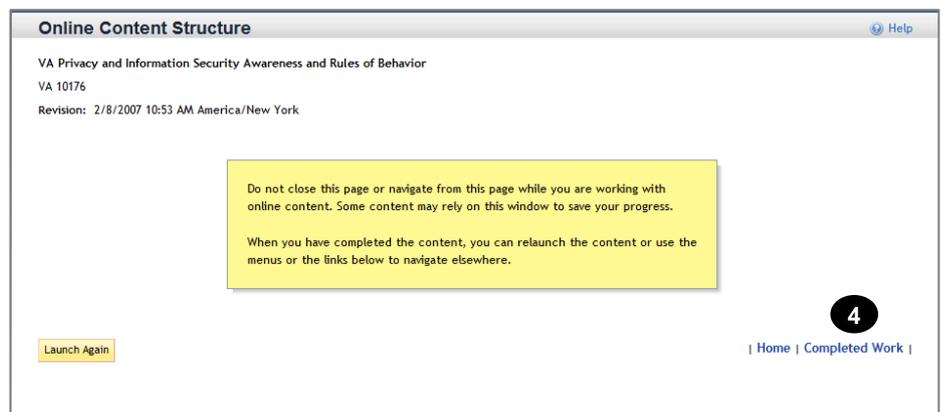
2 Step 2
Click Go to Content.

3 Step 3
Complete training per instructions.

4 Step 4
On the Online Content Structure page, click the Completed Work link.

5 Step 5
From the Completed Work page, hover over the title of the completed training to display the pop-up menu.

6 Step 6
Click Print Certificate.



PREVENTING SEXUAL HARASSMENT

I. **PURPOSE.** To state the policies and procedures concerning the prevention of sexual harassment in the work force at this Medical Center. This Policy Memorandum is to be posted on official bulletin boards throughout the Medical Center.

II. **POLICY.**

A. It is the policy of this Medical Center to maintain a work environment free from sexual harassment and intimidation. Sexual harassment is unacceptable conduct in the workplace and will not be tolerated. This policy applies to all employees and covers employees outside of the workplace while conducting government business, and non-employees while conducting business in the VA workplace. Federal employees have a grave responsibility under the Federal Code of Conduct and Ethics for maintaining high standards of honesty, integrity, impartiality and conduct to assure proper performance of the Government's business and the maintenance of confidence of the American people. Any employee conduct that violates this code cannot be condoned.

B. Sexual harassment is a form of employee misconduct, which undermines the integrity of the employment relationship. All employees must be allowed to work in an environment free from unsolicited and unwelcome sexual overtures. Sexual harassment debilitates morale and interferes in the work productivity of its victims and co-workers.

C. Sexual harassment is unacceptable conduct in the workplace and will not be condoned. Personnel Management within this Medical Center shall be implemented free from prohibited personnel practices of the Civil Service Reform Act of 1978. Sexual harassment is a form of discrimination that violates Title VII of the Civil Rights Act of 1964. The responsibility for ending sexual harassment rests with all employees and Service Line Managers/Service Chiefs. All Federal employees should avoid conduct, which undermines basic merit principles. At the same time, it is not the intent to regulate the social interaction or relationships freely entered into by Federal employees.

D. Sexual harassment is a prohibited personnel practice when it results in discrimination for or against an employee on the basis of conduct not related to performance, such as the taking or refusal to take a personnel action, including promotions of employees who submit to sexual advances or refusal to promote employees who resist or protest sexual overtures.

E. The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as: unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

F. Jokes, remarks, teasing, or questions that contain sexual overtures can also be a form of sexual harassment and are not acceptable in a professional work environment and will not be condoned.

G. There are two types of sexual harassment:

1. **QUID PRO QUO.** This is a Latin term meaning something for something. Where employment decisions or expectations (e.g., hiring decisions, promotions, salary increases, shift or work assignment, performance expectations) are based on an employee's willingness to grant or deny sexual favors. Examples of quid pro quo harassment include:

- Demanding sexual favors in exchange for a promotion or a raise.
- Disciplining or firing a subordinate who ends a romantic relationship.
- Changing performance expectations after a subordinate refuses repeated requests for dates.

2. **HOSTILE ENVIRONMENT.** Where verbal or non-verbal behavior or physical acts in the workplace: (1) focuses on the sexuality of another person or occurs because of the person's gender, (2) is unwanted or unwelcome and (3) is severe or pervasive enough to affect the person's work environment. The following are examples of behaviors that can create a hostile environment if they are unwanted and uninvited:

- Off-color jokes or teasing.
- Comments about body parts or sex life.
- Suggestive pictures, posters, calendars or cartoons.
- Leering, stares or gestures.
- Repeated requests for dates.
- Excessive attentions in the form of love letters, telephone calls or gifts.
- Touching - brushes, pats, hugs, shoulder rubs or pinches.
- Assault/rape.

- Sexist remarks about a person's clothing, body or sexual activities.
- Leering, ogling or staring at a person's body.
- Sexually oriented jokes, stories or remarks.
- Descriptions of sex act, boasting about sexual prowess, posting of suggestive pictures, drawings, poems, limericks, calendars.
- Unnecessary touching, brushing against another person's body, patting, pinching.
- Verbal harassment or abuse referring to a person's gender, sexual preference or sexual activities.
- Pressure for dates or sexual activity.
- Unwelcome telephone calls, letters or home visits with sexual overtones.
- Demands for sexual favors with implied threats related to job benefits or opportunities.

III. DELEGATION OF AUTHORITY AND RESPONSIBILITIES.

A. Each employee and Service Line Manager/Service Chief within this Medical Center has the responsibility to actively prevent sexual harassment by making sexual harassment unacceptable conduct. Service Line Managers/Service Chiefs are responsible for their supervisors and employees behavior. Managers and supervisors must take immediate and corrective action even if a complaint is not filed. Managers and supervisors must be extra careful about their own behavior, since they set the example for other employees. While there is no list of rules for office behavior, it is best to err on the side of caution, to be more careful about others' feelings rather than less. Complaints of harassment will be examined impartially and resolved promptly. An employee who feels that he/she has been sexually harassed by his/her supervisor may report this to the next level supervisor or to any other higher-level management official.

B. With respect to conduct between fellow employees, a supervisor is responsible for taking immediate action when acts of sexual harassment in the workplace become known, if within his/her authority. If not, the supervisor is responsible for reporting such conduct to a higher authority. In instances where warranted, appropriate disciplinary action will be taken. Supervisors are responsible for investigating both formal and casual complaints of behavior that could be potentially perceived as sexual harassment, and if such behavior exists, to report and take actions to prevent further such behavior from continuing. Employees who experience or observe behaviors they consider to be sexual harassment have a responsibility to report this to their supervisor.

IV. ACTION.

A. All employees are expected to refrain from all forms of sexual harassment. All employees engaging in sexually harassing activities may be subject to disciplinary action. Service Line Managers/Service Chiefs and supervisors who tolerate such behavior by failing to take appropriate action, or who retaliate against employees who report incidents or file formal complaints of sexual harassment may also be subject to disciplinary action. Persons who believe they are victims of sexual harassment should address the incident through the Equal Employment Opportunity (EEO) Discrimination Complaints process outlined in the Equal Employment Opportunity Center Policy Memorandum or the Union's negotiated grievance procedure. Allegations of such conduct will be responded to immediately, appropriately, and with the seriousness they deserve.

B. A supervisor who uses implicit or explicit coercive sexual behavior to control, influence, or affect the career, salary, or job of an employee is engaging in sexual harassment. Similarly, an employee who behaves in this manner in the process of conducting agency business is engaging in sexual harassment.

C. Any employee who participates in deliberate or repeated unsolicited verbal comments, gestures, or physical contact of a sexual nature which are unwelcome and interfere in work productivity is also engaging in sexual harassment.

D. An employee who believes that he/she has been a victim of sexual harassment may contact one or more of the following individuals to obtain information and to seek assistance in halting the harassment:

1. Your immediate supervisor or higher-level supervisor.
2. EEO Program Manager (Ext . 6326)
3. Office of Resolution Management 1-888-737-3361 or (TDD)1-888-626-9008
4. Union Representative

E. The confidentiality of the reporting party, as well as those affected by the harassment, will be observed to the extent that it is possible, with only those who have a need to know being informed and provided it does not interfere with the ability to investigate the allegation or take corrective actions.

F. Reprisal for filing a sexual harassment complaint will not be tolerated. Where it has been found to occur, employees who engage in it will be disciplined.

V. REFERENCES. VA Manual, MP-7, Part I, Chapter 2, Section F; Center Policy Memorandum No. 00-98-03, Equal Employment Opportunity; Management Directive, MD 704; Section 703 of Title VII of the Civil Rights Act of 1964.

VI. RESCISSION. Center Policy Memorandum No. 00-07-06 dated March 6, 2007.

JOHN S. GOLDMAN
Acting Director

Attachment

RALPH H. JOHNSON DEPARTMENT OF
VETERANS AFFAIRS MEDICAL CENTER
CHARLESTON, SC

CENTER POLICY MEMORANDUM
NO. 00-09-06
ATTACHMENT A
November 13, 2009

Department of Veterans Affairs

MEMORANDUM

Date:

From: Acting Director (00)

Subj: CPM 00-06 - Preventing Sexual Harassment

To: All Employees

1. Attached is Center Policy Memorandum No. 00-06. It is mandatory that all Medical Center personnel read and understand this memorandum. A copy of this Center Policy Memorandum shall be posted on all official bulletin boards.
2. Please sign and date below and return to Human Resources Office (05) for inclusion in your Official Personnel Folder.

JOHN S. GOLDMAN

FIRST ENDORSEMENT

I have read and understand Center Policy Memorandum No. 00-06 and am aware that, for future reference, a copy is located on all official bulletin boards throughout the Medical Center.

Signature

Date

Checklist
Appointment of Non-Physicians (Fee basis/WOC/Contract)

Please ensure the following items are included in the appointment package before returning to Human Resources (05):

Resume or Curriculum Vitae (CV) (not in packet must provide)

Verification of:

N/A License(s)

N/A Education

N/A Training

PPD / TB Test (not in packet must provide)

Statement of work/job description (not in packet must provide)

Orientation checklist (in packet)

N/A Mandatory education requirements

N/A Information Security request for access codes

N/A Request form for an ID badge

Patient abuse form/memo (in packet)

CPM on sexual harassment (in packet)

N/A References

N/A Copy of State Driver's License or State ID Card

N/A SF 85 Release of Information Sheet

N/A References (at least 3)

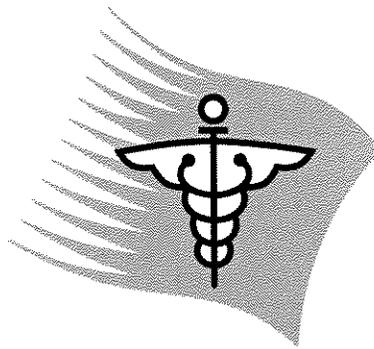
N/A Tax forms, if applicable

N/A Direct Deposit form, if applicable

M. Rita I. Young, Ph.D.
ACOS for R&D (151)

Date

**Ralph H. Johnson
VA Medical Center
109 Bee Street
Charleston, SC 29401-5799**



**HOSPITAL ORIENTATION
FOR
STUDENTS, CONTRACT AND FEE BASIS
STAFF**

TABLE OF CONTENTS

- Hospital Mission, Vision and Value Statements
- Fire Safety
- Infection Control
- Hazardous Materials
- Facility Safety and Security
- Computer Security
- Workplace Violence
- Latex Allergies
- Emergency Preparedness
- Patient Safety
- Cultural Diversity and Sensitivity
- Patient Rights and Responsibilities
- Ethics Committee



MISSION, VISION and VALUES

- I. **MISSION.** The mission statement identifies the Medical Center's services and the customer for whom those services are provided.

MISSION STATEMENT

The mission of the Ralph H. Johnson Department of Veteran Affairs Medical Center is to improve the health of the veteran population by providing primary, specialty and extended care and related social support services through an integrated healthcare delivery system.



- II. **VISION.** The vision statement is an articulation of the Medical Center's future. This vision helps to create a common purpose for the staff and helps drive the organization forward.



VISION STATEMENT

We will be the recognized leader....

- *in providing innovative methods for treating patients and supporting their total health care needs.*
- *in recognizing and developing employees who enthusiastically and significantly contribute to the medical center and community.*
- *in conducting meaningful research which provides breakthroughs in treatment and prevention of disease.*
- *in continually improving everything we do in order to meet the needs of those we serve.*



III. **VALUES.** The value statements are a set of organizational and personal values which guide the behaviors of all employees in the organization.

VALUE STATEMENTS

We value and expect:

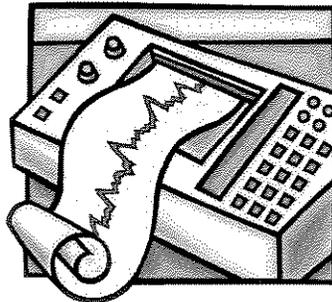
TRUST: *Trust means having a high degree of confidence in the honesty, integrity, reliability and sincere good intent of those with whom we work, the services that we provide, and the system that we are a part of. Trust is the basis for the caregiver-patient relationship and is fundamental to all that we do in healthcare.*

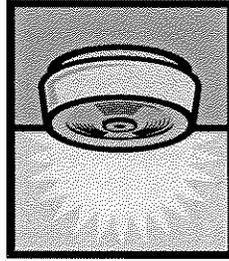
RESPECT: *Respect means honoring and holding in high regard the dignity and work of our patients and their families, our co-workers, and the system we are a part of. It means communicating and relating to each other with understanding, and a sensitivity and concern for each person's individuality and importance.*

COMMITMENT: *Commitment means dedication and a promise to work hard to do all that we can to provide service to our coworkers and our patients that is in accordance with the highest principles and ethics governing the conduct of the healthcare professions and public service. It is being bound emotionally and intellectually to our mission and vision – a pledge to assume personal responsibility for our individual and collective actions and a willingness to do and give whatever it takes to make our vision a reality. It means meeting our goals through unity of purpose and teamwork.*

COMPASSION: *Compassion means demonstrating empathy and caring in all that we say and do. It means taking the time and responsibility to consider workers, our patients and their families, and all others with whom we are involved.*

EXCELLENCE: *Excellence means being exceptionally good and of the highest quality. It means being the most competent and the finest in everything we do, an effort encompassing all aspects of work and personal relationships. It means having pride in our accomplishments and a sense of worth from doing a job the very best that we can. It means continually improving what we do. It means demonstrating a willingness to be innovative and creative in the workplace for problem solving, management and patient care.*





FIRE SAFETY The goal of fire prevention is to keep fires from starting. In order to accomplish this, you need to know what starts a fire.

Prevent these three components from coming together and you prevent a fire.

OXYGEN + HEAT + FUEL

Responding to a fire:

Rescue anyone in immediate danger (patients, staff and visitors).

Alarm by engaging a fire alarm or calling 7911

Contain by closing doors or covering the fire.

Evacuate – Assist in patient evacuation.

The **RACE** procedure teaches you how to safely and quickly respond to a fire.

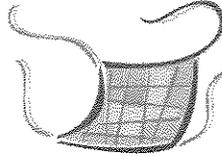


Evacuation.....Use the “unit concept” when evacuating a hospital. Each evacuation step is a unit.

Horizontal Relocation: Moving patients and staff during a fire emergency through a fire door to a safer area on the same floor. Know where the nearest fire compartment is in your work area. Look for fire/smoke wall signs above doorways.

Vertical Relocation: Moving patients down an enclosed fire escape stairwell. This method is used when horizontal relocation is not possible.

NOTE: Never turn off the main O2 valve on a ward. The Charge Nurse/Supervisor in charge is responsible to do this in the event of fire.



INFECTION CONTROL This hospital has an exposure control plan to incorporate specific methods of controlling occupational exposure to infections.

Blood borne Pathogen: Skin, eye, mucous membrane or parenteral contact with blood and other potentially infectious materials such as semen, vaginal secretions, cerebral spinal, synovial, pleural, pericardial, amniotic fluids, saliva in dental procedures and any body fluid visibly contaminated with blood.

Tuberculosis: Potential exposure to the exhaled air of an individual with suspected or confirmed TB, exposure to high hazard procedures performed on individuals with suspected or confirmed TB disease and which has had the potential to generate infectious airborne respiratory secretions, aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation, suctioning procedures and autopsies. Annual PPD's are required for employees unless previously exposed (+PPD).

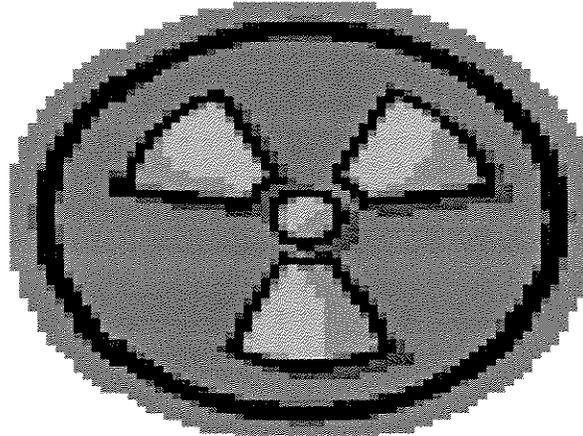
Needle stick/sharps injuries must be reported immediately to the supervisor with follow-up in employee health. On weekends and after regular hours, incidents will be reported to the Nursing Supervisor for follow-up in urgent care. Syringes, needles, scalped blades, etc., must be placed in a leak proof puncture-resistant, colorcoded red containers or labeled with the biohazard symbols for disposal.

Isolation Precautions (airborne, droplet and contact) adhere to the facility policies and procedures. Use appropriate personal protection equipment that is provided on the outside of the room.

Precautions: Examples:

- ✦ Personal Protection Equipment, such as, gloves, masks, goggles, face shields and gowns.
- ✦ Hand hygiene between patient contact and after removing gloves. Use an alcohol hand gel or antimicrobial soap. Adhere to the Infection Control Guidelines on Hand Hygiene.
- ✦ Isolation. (Use respirator mask for airborne precautions).

- ✦ Waste Disposal in red bags for blood contaminated items and clear bags for regular trash.
 - Hepatitis B vaccination is available to all staff in high risk occupations and to all staff following exposure to blood and puncture wounds.
- The Infection Control Practitioner can be reached at ext. 7469 or pager 383.



HAZARDOUS MATERIALS A hazardous material or chemical is any substance that can cause physical or health problems. Because labels are the only safe way to identify hazardous materials, such items must be clearly labeled. In addition to labels, the hospital must post signs and symbols to warn you about hazardous substances.

Physical hazards are labeled as corrosive, organic peroxide or oxidizer. Examples include isopropyl alcohol, flammable acetone and combustible oxygen.

Health hazards are labeled as carcinogen, toxic, highly toxic, corrosive or irritant. Some examples are mercury in thermometers, lead in paints, formaldehyde used in bio-labs and xylene to solvents.

What are the affects? Health Hazards can affect you acutely and/or chronically. They can seem like a normal disease causing rashes and coughs, or can have more serious effects causing poisoning to the brain or birth defects.

Where are they found? Location and some examples of hazardous materials found in a hospital:

- | | |
|-------------------------------|---|
| ○ Offices | Markers, correcting fluid |
| ○ Maintenance/
Engineering | Paints, adhesives, freons, carbon monoxide, mercury |
| ○ Food Service | Cleaners |

- | | |
|----------------------------|--|
| ○ Housekeeping/
Laundry | Bleaches, hazardous wastes, solvents, cleaners |
| ○ Central Supply | Peracetic acid, freon, flammable gases, ethylene oxide |
| ○ Lab/Pathology | Mercury, chemical wastes, solvents, formaldehyde |
| ○ OR | Antiseptics, anesthetic and compressed gases |
| ○ Pharmacy | Mercury, chemo drugs, pharmaceutical |
| ○ Nuclear Medicine | Radioactive substances |

Exposure & what to do? Each area of the hospital is required to have Material Safety Data Sheets (MSDS) for each hazardous material it uses, provided by the company that ships the material. If exposed, follow the steps on the MSDS. Use personal protective equipment; don't eat, drink or smoke in any hazardous materials work area, and wash your hands after working with these substances, even if wearing gloves.



FACILITY SAFETY AND SECURITY

All hospitals strive to provide a safe environment for patients, visitors and staff and to safeguard property from damage. The Office of Public Safety tries to prevent problems from occurring and is responsible for the parking and visitor areas, lost and found articles, illegal drugs, solicitation, etc. Officers wear clearly defined uniforms for quick identification.

SERVICES PROVIDED:

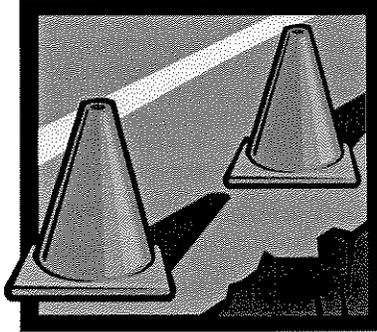
- Maintain close relations with local police department.
- Patrol indoors and outdoors 24 hours a day.
- Increase patrols after dark, including door checks.
- Personal escorts to and from vehicles for employees.
- Store valuables, property and lost and found articles.
- Register employee vehicles and control parking.
- Investigate injuries, incidents or thefts.
- Help manage emergencies per emergency plans.
- Control employee identification process.

How can employees help?

- ✓ *Report all incidents (thefts, accidents, suspicious persons) immediately by stopping by the security office, 1st floor, B197, or by dialing ext. 7251 or "0" for operator.*
- ✓ *Report malfunctioning patient care equipment to Biomedical Engineering for repair or replacement.*
- ✓ *Report problems with non-patient equipment (A/C, heating plumbing, etc.) to Engineering Service.*
- ✓ *Report other safety hazards to the Safety Officer.*

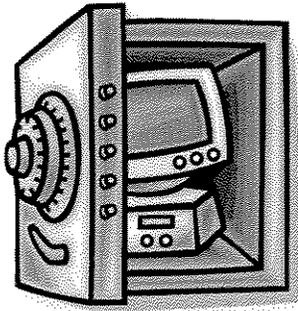
Security Issues:

All hospital employees are required to wear ID badges at all times. The badge is returned upon termination. Some areas require additional security due to special activities, such as, the facility computer and communication systems. Access to these sensitive areas is limited. In order to protect property from theft or damage, hazards, such as burned out lights, broken locks, missing signs, etc., should be reported. Keys should not be left unattended and computer access codes should not be shared.



Equipment Safety:

- If patient care equipment malfunctions contact Biomedical Engineering for repair or replacement.
- If there's a problem with non-patient care electrical equipment, HVAC, plumbing or doors, contact Engineering Services (24 hours a day), ext. 7269.
- If you find a hazard and don't know what to do, contact Safety and Security or Risk Manager (QM) for help.



COMPUTER SECURITY Safeguarding patient or employee information in the hospital's automated information system (AIS) is the duty of everyone.

Responsibilities: The Privacy Act of 1974 mandates that sensitive patient or employee information will be accessed on a "need to know" basis.

- ❖ The facility ***Information Security Officer*** is responsible for oversight of the AIS security program and training employees who access sensitive patient information.
- ❖ ***All VA employees, contractors and others*** using AIS resources are responsible for attending annual AIS security training and following AIS policies and procedures.

Securities DO's and DON'Ts:

1. Safeguard assigned access/verify codes.
2. Never leave disks containing sensitive information unsecured.
3. Use privacy screens to prevent disclosure of patient data from passers-by.
4. Safeguard computer printouts.
5. Shred sensitive documents after they are no longer needed.
6. Take care of equipment by never eating or drinking at the computer.
7. Protect disks from magnetic hazards.
8. Make certain the anti-virus software is always present and running on the equipment.

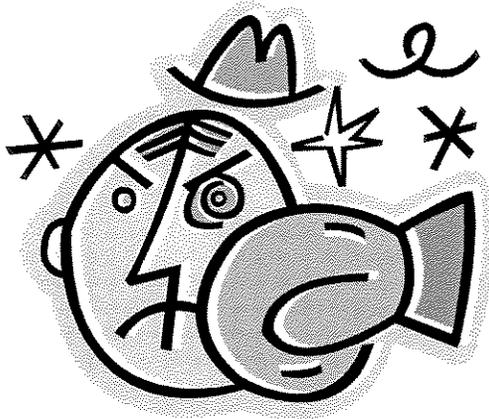


REMEMBER!!!! Just because you can access patient information does not mean that you have the privilege to do so. It is never appropriate to look at patient or employee information that you do not have a legitimate need to view.

REPORT ALL SECURITY VIOLATIONS. First, tell your supervisor. Then, report to the Information Security Officer, ext. 7036.

WORKPLACE VIOLENCE The healthcare industry is a place where the workers are frequently victims of workplace violence.

What areas are affected? Healthcare and social service workers have higher rates of non-fatal assaults on the job than other workers. While these assaults are



primarily carried out nursing staff, all hospital employees are affected by situations that make healthcare settings prime targets for violence.

Kinds of violence.....*Violence in a healthcare setting includes a range of behavior from verbal threats, assaults, and destruction of property to threats of physical violence, actual physical violence and homicide.*

What to do?

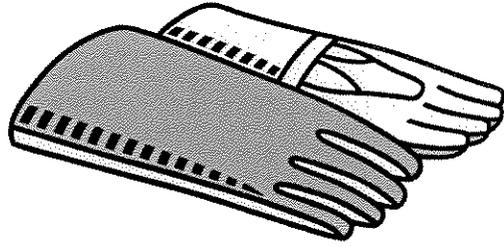
When confronted by an agitated patient:

- try to calm your own feelings first and maintain a relaxed, but concerned appearance,
- stay calm and controlled, but firm,
- assume a non-threatening, non-defensive posture with one side toward the patient to protect yourself from being hurt,
- keep your arms and hand open and avoid the appearance of making a fist,
- avoid sudden changes or surprises,
- never turn your back on an angry person or allow a person to get between you and the door or escape route.

Recognizing the Risk....

1. Know your patients.
2. Identify potentially violent patients and their triggers.
3. Control your own behavior.
4. Take a threat of violence seriously.

LATEX ALLERGIES Latex allergies refer specifically to allergic reactions to proteins which coat natural rubber latex, a rubbery chemical extracted from certain plant sources. Because healthcare workers and people who undergo repeated health procedures are frequently exposed to latex materials over a long period of time, they are more likely to develop latex allergies.



Latex Products.....

- medical gloves
- cuffed enema/enterolysis catheters
- wound drains
- anesthesia masks
- electrode pads
- crutch pads
- bandages
- wheelchair tires
- drug vial stoppers

Reactions..... Allergic reactions to latex can be very serious and may even cause death. Some symptoms of this allergy are:

- *hives or rash on the skin exposed to the latex*
- *itchy, watery or swollen eyes*
- *runny nose and sneezing*
- *asthma symptoms and respiratory distress*
- *swelling of areas exposed to the latex*

What to do?..... If you are sensitive to latex:

- ✓ avoid natural latex products, this facility can provide you with non-latex gloves. Please request from your supervisor.
- ✓ Clearly identify yourself to other staff as latex sensitive,
- ✓ Be prepared for extreme reactions by carrying injectable epinephrine.



EMERGENCY PREPAREDNESS

What is a Disaster? Disasters are emergencies that result in large-scale severe injuries and may bring in an unexpected number of patients, putting strain on a hospital's staff, facility and other resources. The problems that a disaster creates require hospitals to do tasks that are not part of the normal routine and can cause major disruption in the environment of care.

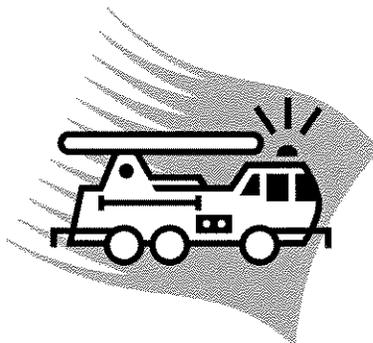
What is an Emergency? An emergency is a natural or man-made event that happens suddenly and can disrupt a healthcare facility's ability to provide care to patients. Emergencies are either:

Internal are those that occur within the building or on the grounds, and directly and immediately affect the hospital, staff and its operations, such as:

- ❖ natural disasters
- ❖ large scale power outage
- ❖ riots/terrorism/hostage situations
- ❖ fires/bomb threats
- ❖ transportation accidents
- ❖ hazardous materials release
- ❖ public health disaster

External are those that happen outside the building but affect the facility when many casualties are brought to be treated, such as:

- fire, smoke or fumes
- loss of environmental support services
- loss of medical gases
- explosion
- acts of terrorism
- hazardous material release
- mass casualties



The Plan:

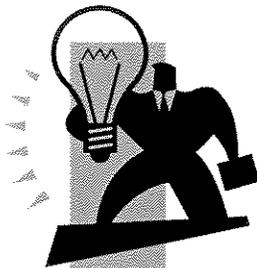
Drills are held to:

- *ensure that all staff know the plan and can perform their assigned duties in a real emergency*
- *locate problems with the plan*
- *improve the plan*



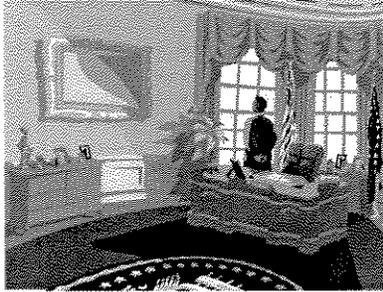
Staff responsibility:

- ✓ *Know the plan (See CPM 138-16)*
- ✓ *Know your duties*
- ✓ *Know your priorities*
- ✓ *Know where to report*
- ✓ *Know to whom you report*
- ✓ *Know location of supplies*
- ✓ *Take part in training and drills*
- ✓ *Ask questions*



Who is involved: Every person in the hospital has a role in the Emergency Preparedness Plan. The Emergency Preparedness Committee is responsible for proper organization and implementation of training, drills and procedures involving disaster planning, but each service has its own policies and procedures, as well as a set of duties to perform. For example:

Medical Center Director – establish a command post.



Surgical/Nursing Service/Primary Care Services – setup triage areas of casualties.

Engineering Service – provides hand held 2-way radios, emergency electrical power, repairs, and maintain an operational level of fuel, tools and spare parts.

Materials Management – provide supplies/equipment.

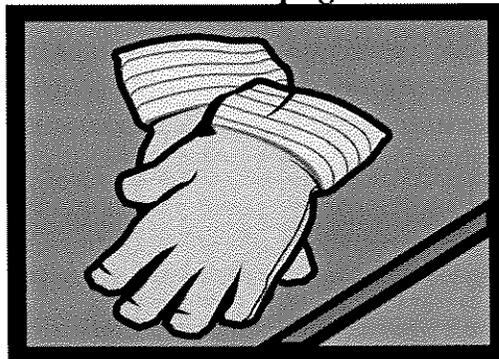
Patient Care Staff – be ready for alternate patient care sites and duties.

Police and Security Service – provide traffic control.

What to do in a typical emergency procedure?

1. Activate the Fan Out (normal duty hours) or the Call Back (off hours) system.
2. Notify key personnel of the emergency.
3. Listen for announcements/updates over the intercom system
4. Employees report to assigned stations and await special assignments.
5. Every department has a copy of its emergency plan and respond accordingly.

When the emergency or disaster is over, personnel will be notified via the Fan Out or the Call Back systems and via overhead pages.



PATIENT SAFETY is everyone's responsibility.....

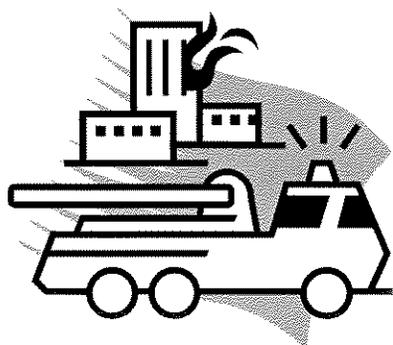
As an employee within the VA System, it is your duty to make sure the environment is as safe as possible for our veteran patients, visitors, VA employees and yourself.

All VA employees, even those in non clinical positions, need to know:

1. How to identify patient safety issues
2. How to address patient safety issues
3. How to report a patient safety concern

Adverse Event: An adverse event is an untoward incident such as:

- Patient fall
- Medication error
- Elopement (missing patient)
- Wrong procedure performed on wrong patient
- Missed lab test
- Delay in treatment



Close Call: As an employee, report any and all situations that just don't seem to "go like they're suppose to." This includes situations in which something **not anticipated** could have happened.

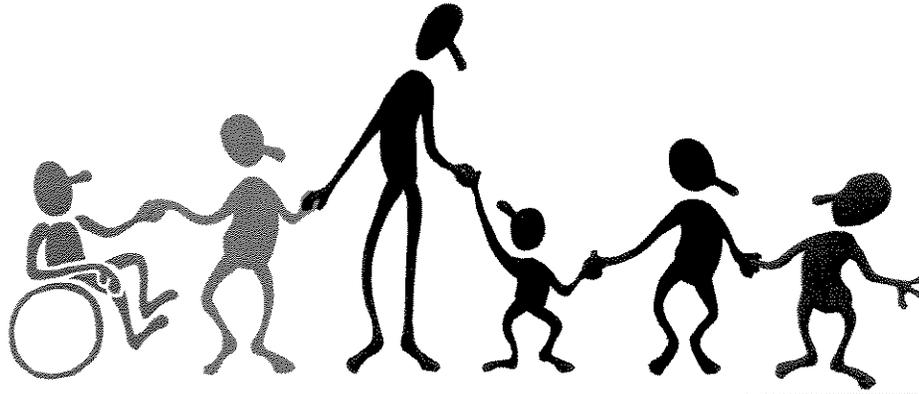
Sentinel Event: Sentinel Events are unexpected occurrences involving death, serious physical or psychological injury, or risk thereof. Sentinel events signal the need for immediate investigation and response. These include death or major permanent loss of function resulting from a health care-acquired infection, medication error, fall or other treatment related error, rape, suicide of a patient in a setting where they receive around the clock care, surgery on the wrong patient or body part regardless of the magnitude of the operation, and hemolytic transfusion reaction involving the administration of blood or blood products having major blood group incompatibilities.

As a VA Employee,

Report any and all adverse events/close calls/Sentinel events using the following:

- *Hotline 6331*
- *Patient Safety Manager – Patrick Harrell @ 7220*
- *Risk Manager – Sandy All @ 7717*





CULTURAL DIVERSITY AND SENSITIVITY

- **RESPONSIBILITY:** Employees at all levels are expected to support the diversity program by ensuring that respect, dignity and courtesy are prevalent at all times when dealing with patients, coworkers, volunteers, veterans or any other customers.

- **DIVERSITY:** Diversity is defined as: *“Those human qualities that are difference from our own and outside the groups to which we belong, yet present in other individuals and groups.”* Diversity includes everyone; it is not something that is defined by race or gender. It extends to age, personal and corporate background, education, function, and personality. It includes lifestyle, gender, sexual orientation, geographic origin, physical abilities and qualities, tenure with the organization, and management or nonmanagement status.

- **CULTURAL COMPETENCIES:** In order to work well with patients of all cultures one must: (1) consider every patient’s culture when giving care. How patients view their health care is affected by their culture’s valuables, beliefs and practices; (2) treat every patient as an individual. It is important to consider culture but it is also important to avoid stereotyping, consider other factors that may affect care such as age, and learn about each patient’s unique views on health care. **Some cultural factors to be aware of are:** country of origin, preferred language, communication style (including verbal and non-verbal), views of health (how does the patient see an illness), family and community relationships and roles of certain people, religion, and other specific preferences such as diet. **By asking questions,** one can learn to avoid cultural stereotypes, learn the

patient's views about health and treatment, learn how to show the proper or preferred way of respect, understand any relationships specific to the patient, and to insure the privacy needs of the patient are met. Remember that other factors may also affect the care of a patient. These include: age, gender, sexual orientation, socio-economic status, the presence of a physical or mental disability, and previous history of illnesses and health care.

- **VITALLY IMPORANT:** Diversity is the valuing of the differences and similarities within each employee. It is about awareness and appreciation of those qualities that make us different. **Diversity values the term inclusion.** As such, diversity is as much about feelings of being wanted, needed, and appreciated as anything else. Each employee should feel their importance within the organization. That his/her ideas and input into the overall direction of their particular organization, section, or product line is needed, solicited, and valued. As a diverse workplace, please be sensitive to diversity issues anytime you are in this facility.



PATIENT RIGHTS AND RESPONSIBILITIES

The R&Rs of all patients treated by the Medical Center are listed below:



I. RESPECT AND NONDISCRIMINATION

- You will be treated with dignity compassion and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.
- You or someone you choose has the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.
- Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or other free from harm have not worked.
- As an inpatient or long-term care resident, you may wear your own clothes and keep personal items. This depends on your medical condition.
- As an inpatient or long-term care resident, you have the right to social interaction and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.



- As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.
- As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents.
- In order to provide a safe treatment environment for all patients and staff, you are asked to respect other patients and staff and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

II. INFORMATION DISCLOSURE AND CONFIDENTIALITY

- You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.
- You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.
- Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (for example, State public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.

- You will be informed of all outcomes of care, including any injuries caused by your medical care. You will be informed about how to request compensation for injuries.

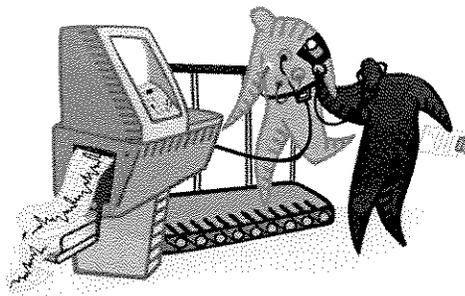


III. PARTICIPATION IN TREATMENT DECISIONS

- You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan, you have a responsibility to notify the treatment team.
- As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.
- You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the healthcare process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes your participation in decision making care at the end of life.
- Tell your provider about your current condition, medicines (including over-the-counter and herbals) and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.

- You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.
- You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure for you to participate.
- You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.
- If you or the Medical Center believes that you have been neglected, abused or exploited, you will receive help.

You are encouraged and expected to seek help from your treatment team and/or patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation.



ETHICS REVIEW COMMITTEE

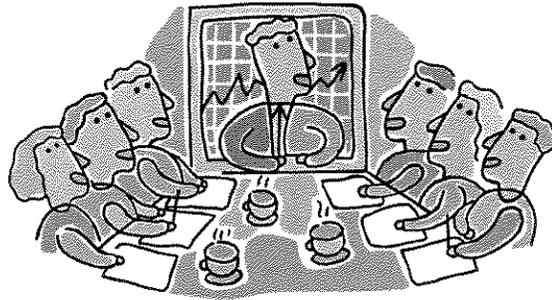
The Ralph H. Johnson VA Medical Center has an Ethics Review Committee that provides an avenue for discussion of patient care concerns and for consideration of ethical issues that may arise in the course of caring for the patient.

Biomedical ethical issues may be referred to the Committee Chairman, Julian Libet, Ph.D. (extension 7133), by the patient, the patient's family or representative, or by direct medical/health care staff.



Patient Abuse/Neglect/Exploitation

If any abuse, neglect, or exploitation of a patient is suspected, the attending physician must be notified immediately. Please refer to CPM 11-06, "Adult/Child Victims of Alleged Abuse", for criteria for identifying abuse and for reporting procedures.



RALPH H. JOHNSON VA MEDICAL CENTER
HOSPITAL ORIENTATION

Statement:

I have read the Hospital Orientation Booklet and understand its content. All questions were answered.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE



INSTRUCTIONS

This checklist is for use by the supervisor(s) in orienting a new employee reporting for duty at the work unit. The list is intended not to be all-inclusive, but to serve as a convenient reminder of the important matters that should be covered. Those items not applicable or appropriate to your type of situation need not be used. Space is provided for inserting other necessary or desirable items. Some topics may best be discussed with the employee by the division or service

chief; others may be more suitable for discussion by the immediate supervisor. Check off the items covered in the interview(s). The form should be signed and returned to the personnel office within 15 days after the employee's entrance on duty. (Note: Both sheets may then be destroyed. If preferred, they may be held for a locally determined time for such purposes as review by the Training Development Committee and then destroyed.)

NAME, TITLE, AND GRADE OF EMPLOYEE	EOD DATE
------------------------------------	----------

ORGANIZATION (Service, division, etc.)
 Research Service (151)

CHECK	PHASE II - AT THE WORK SITE	
<input checked="" type="checkbox"/>	1. GET READY TO ORIENT THE NEW EMPLOYEE.	<input checked="" type="checkbox"/>
	Review experience, education, training.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Have current job description or list of duties and responsibilities available for discussion.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Have work place, equipment, and supplies ready.	
<input checked="" type="checkbox"/>	Prepare a quiet, private place for the interview, if possible.	<input checked="" type="checkbox"/>
	2. WELCOME EMPLOYEE AND PUT HIM/HER AT EASE.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Use a friendly approach. Offer a comfortable chair.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Indicate your work relationship to the employee.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Inquire about housing, transportation, and parking situation.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Discuss background and interests.	<input checked="" type="checkbox"/>
	3. EXPLAIN THE WORK OF THE UNIT.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Its organization and functions.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Indicate employee's position in the unit.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Explain relation of employee's work to that of others.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Explain to whom employee reports and who, if any, reports to employee	<input checked="" type="checkbox"/>
	4. SHOW EMPLOYEE THE LAYOUT AND AVAILABLE FACILITIES.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Explain layout of office or work area.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Show elevators, rest room, water fountain, and similar facilities.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Discuss station and other eating facilities.	<input checked="" type="checkbox"/>
	5. INTRODUCE EMPLOYEE TO OTHER UNIT SUPERVISORS AND CO-WORKERS.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Indicate to each the new employee's position.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Mention briefly the duties of each person introduced.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Identify time clerk and personnel clerk.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Arrange for a co-worker to lunch with employee the first day (or, better still, go yourself).	<input type="checkbox"/>
	6. EXPLAIN UNIT RULES AND REGULATIONS.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Hours of work, punctuality, good attendance.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lunch and rest periods, if any.	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Leave, including when and to whom requests should be made.	<input checked="" type="checkbox"/>
	6. (Continued)	
	Use of telephone.	
	Other practices and procedures, e.g., uniforms, smoking, etc.	
	7. INSTRUCT EMPLOYEE IN DUTIES, OR ASSIGN TO A QUALIFIED INSTRUCTOR.	
	Discuss duties and responsibilities of job.	
	Explain quality and quantity requirements.	
	Assign employee to work place.	
	Give step-by-step instruction (JIT four-step method, if appropriate).	
	Indicate availability of help when needed.	
	Provide learning aids, i.e., samples of work, forms, manuals, procedures, etc.	
	Explain use and care of whatever tools, equipment, and supplies, are required.	
	Stress security or confidential aspects of job, if any.	
	8. SAFETY ORIENTATION.	
	Stress importance of working safely.	
	Potential hazards and safety procedures.	
	Personal protective equipment and its use.	
	Location of: emergency phone numbers, fire alarm boxes, and extinguishers.	
	Appropriate actions to be taken if you are injured or if someone is hurt.	
	Disaster instructions and evacuation plans and procedures.	
	9. OTHER (Add items as appropriate. Continue on page 3 if needed).	
	Discussed position specific competencies and had employee sign competency form.	
	Ensure your service provides and documents HIPPA/Privacy training within 30 days of employment.	
	10. FOLLOW-UP.	
	Check progress often during first few days.	
	Encourage questions and answer them fully.	
	Make corrections tactfully, as necessary. Give encouragement.	

SIGNATURE AND TITLE OF SUPERVISOR(S) CONDUCTING ORIENTATION	DATE	DATE
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**GUIDE FOR ORIENTATION OF NEW EMPLOYEES
SUPPLEMENTAL SAFETY ORIENTATION CHECKLIST**

INSTRUCTIONS: This checklist is for use by the supervisor(s) in orienting a new employee reporting for duty at the work unit. The list is intended to supplement VA Form 5-4092, Phase II, Item 8. The list is intended not to be all-inclusive, but to serve as a convenient reminder of the important matters that should be covered. Some topics may best be discussed with the employee by the Section or Service Chief; others may be more suitable for discussion by the immediate supervisor. Check off the items covered in the interview(s). The form should be signed and returned along with VA Form 5-4092 to the Human Resources Office within 30 days after the employee's entrance on duty.

(Employee Name, Title and Grade)

Organization (service, Division, etc.)

EOD Date

As stated in CMP 138-14, Chapter 2, paragraph F5, supervisors will train their employees in:

- 1. Primary and secondary fire evacuation routes. Points out posted evacuation plans and show employees how to read them.
- 2. Location of fire alarm pull boxes and how to activate. Encourage employee to note pull alarms along daily routes throughout the hospital.
- 3. Location of Fire Emergency Plan and how to use it to report a fire.
- 4. Location of and how to use work area fire extinguishers. Encourage employee to note fire apparatus cabinets along daily routes throughout the hospital.
- 5. Fire alarm codes for the work area, adjacent work area and/or any assigned response area. Show employee where alarm codes are posted.
- 6. The expected response to all fire alarms including drills. Explain **R.A.C.E.**
- 7. Hazard communication and employee right-to-know. Material Safety Data Sheets and their location. Hazardous Waste Management Service Safety Plan/Policy.
- 8. As appropriate, discuss safe use of electrically powered equipment, location and use of eyewashes, showers, fire blankets, and personal protective equipment tested in the Service Specific Supplemental Plan.
- 9. Review Service Specific Disaster Response Plan.

Signature & Title of Supervisor(s)

Conducting orientation: _____ Date: _____

I have been advised on each item checked above regarding safety issues related to my position:

Employee Name (print): _____ SSN: _____

Employee Signature: _____ Date: _____

**GUIDE FOR ORIENTATION OF NEW EMPLOYEES
SERVICE LEVEL AIS SECURITY TRAINING CHECKLIST**

INSTRUCTIONS: This checklist is for use by the supervisor(s) to assist them in orienting and training a new employee in all aspects of AIS security as related to the specific requirements of the individual's position description and the function to be performed (reference CPM IRM 98-08). Check off each item covered with new employee. The form should be signed and returned along with VA Form 5-4092 to the Human Resources Office within 30 days after the employee's entrance on duty.

(Employee Name, Title and Grade)

Organization (service, Division, etc.)

EOD Date

1. Personnel Security Management

Clearances and level of sensitivity to the position (i.e., Non-Sensitive or Non-critical Sensitive)

Security responsibilities reflected in Position Descriptions and Performance Standards

2. AIS Security Awareness

Necessity for employee training/updates on security procedures

Annual review of security policy and procedures

3. System/User Access

Access limited to those with a "need-to-know"

Confidentiality of individual access/verify codes

4. Security of Sensitive Data

What makes data sensitive and why it shall be protected

Sensitivity level of the data handled in the position

Procedures for the control and disposal of sensitive data

5. Data Integrity

Why correctness of data entry is so important

Why manipulation or improper use of data must be controlled

6. Technical/Physical Security Management

Security of peripheral devices and personal computers; Security safeguards used at the site (e.g., locked doors, badges)

Procedures for taking equipment, software and data storage media off-station

Procedures for fire, vandalism, accidents, and other environmental hazards

7. AIS Security Program Assessment

Monitoring of AIS activities

Non-compliance penalties

Reporting security concerns to Supervisor and ISO or CIO

Signature & Title of Supervisor(s)

Conducting orientation _____ Date: _____

I have been advised on each item checked above regarding automated information system (AIS) security as related to the specific requirements of my position and the functions to be performed. I have also given a copy of the medical center AIS security policy and procedures, IRM 98-08, which I have read and understand.

Employee Name (print): _____ SSN: _____

Employee Signature: _____ Date: _____

PERFORMANCE STANDARD CERTIFICATION STATEMENT

This serves to certify that performances standards have been issued to and received by the employee Identified below:

Supervisor's Signature

Date Issued

Employee's Signature

Date Received

INTELLECTUAL PROPERTY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides revised guidance and instruction regarding intellectual property (inventions) and the transfer of new scientific discoveries to benefit the public good (technology transfer).

2. SUMMARY OF MAJOR CHANGES: Corrects title of the agreement from Inter-institutional Agreement (IIA) to Cooperative Technology Administration Agreement (CTAA).

a. **Paragraph 2:** Describes dual appointment personnel, joint ownership, and Department of Veterans Affairs (VA) Without Compensation (WOC) Appointee Intellectual Program Agreement.

b. **Paragraph 4:** Adds additional definitions.

c. **Paragraph 6:** Corrects title from IIA to Cooperative Technology Administration Agreement (CTAA).

d. **Paragraph 12:** Notes requirements for State Department approval of foreign Cooperative Research and Development Agreement (CRADA)'s and that no inconsistencies exist between CTAA's and CRADA's.

3. RELATED DIRECTIVE: VHA Directive 1200.

4. RESPONSIBLE OFFICE: The Office of Research and Development (12) is responsible for the contents of this VHA Handbook.

5. RESCISSION: This VHA Handbook rescinds VHA Handbook 1200.18, dated May 17, 2001.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working date of November 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 11/05/2002
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 11/05/2002

CONTENTS
INTELLECTUAL PROPERTY HANDBOOK

PARAGRAPH	PAGE
1. Purpose	1
2. Background	1
3. Scope	1
4. Definitions	2
5. Invention Disclosure	3
6. Cooperative Technology Administration Agreement (CTAA)	5
7. Patents	5
8. Copyright	6
9. Marketing	6
10. License	7
11. Royalties	7
12. Cooperative Research and Development Agreement (CRADA)	8
13. Inquiries	8
APPENDIX	
A Contact Information	A-1

INTELLECTUAL PROPERTY

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides guidance and instruction regarding intellectual property (inventions) and the transfer of new scientific discoveries to benefit the public good (technology transfer). **NOTE:** *The provisions of this Handbook apply to all research services within the Office of Research and Development (ORD) i.e., Medical Research Service (MRS), Rehabilitation Research and Development (RR&D), Health Services Research and Development Services (HSR&D), and the Cooperative Studies Program (CSP).*

2. BACKGROUND

a. Under Executive Order 10096, and Department of Commerce implementing regulations, Title 37 Code of Federal Regulations (CFR) Part 501, the Department of Veterans Affairs (VA) has the right to assert a right, title, and interest in and to all inventions made by any VA salaried employee under certain circumstances. Employees must have a duty to perform research for VA, which could consist of being assigned research duties and/or receiving any VA research intra-mural funding award. Executive Order 10096 also requires that the invention be made during working hours; with a contribution by VA of facilities, equipment, materials, funds, or information, or of time or services of other VA employees on official duty; or which bear a direct relation to, or are made in consequence of, the official duties of the inventor. In the case of a determination under 37 CFR 501, VA must promptly provide the employee with a signed and dated statement of its determination, a Determination of Rights Letter, and the reasons therefor, and a copy of 37 CFR Part 501. **Authority:** 37 CFR §501.7.

b. VA recognizes that not all inventors may be full-time employees. Some may be part-time VA employees and part-time employees of another organization such as a university affiliate. Inventors may also be full-time employees of another organization granted access to VA resources (space, supplies, equipment, patients, etc.) after executing a VA-Without Compensation (WOC) Appointee Intellectual Property Agreement [see www.vard.org for specific instructions and form]. As a result of this unique relationship, an invention can be made while the inventor is acting as an employee of one or both organizations. It is important to realize that VA determines ownership rights only to the extent the invention was made in connection with the inventor's VA employment or with a substantial VA contribution. The Determination of Rights letter does not address any ownership rights another organization may have through the inventor. If another organization has a joint ownership interest, VA must contact and work with the joint owner to expedite the development of the invention. VA will also substantially share with the inventor and the facility any ensuing royalties.

3. SCOPE

a. The mission of the VA Technology Transfer Program (TTP) is to serve the American public by translating the results of worthy discoveries made by employees of VA into practice. This requires a program that educates inventors concerning their rights and obligations, rigorously evaluates all inventions, obtains patents, and assists in the commercialization of new products. It also requires consistent policies that govern the necessary relationships between

investigator (i.e., inventor), academic partners, local VA medical centers, industry, and the Department of Commerce. It requires close collaboration between ORD and the VA Office of General Counsel (OGC).

b. The TTP public mission requires aggressive dissemination of educational information to investigators and of products to the market. It is also necessary that VA assert an ownership interest whenever appropriate, so that discovery can be built upon. This ensures access to technologies by veterans.

NOTE: TTP is committed to supporting the highest quality intramural research program. This means not only moving discovery from the laboratory to clinical practice in a timely manner, but also ensuring that inventors and their host VA medical centers receive optimal advice and support so that they may realize equitable compensation and recognition.

4. DEFINITIONS

a. **Intellectual Property (Invention).** Intellectual property is any art, machine, manufacture, design, or composition of matter, or any variety of plant, which is or may be patentable under the patent laws of the United States (U.S.). **Authority:** 38 CFR 1.651.

b. **Inventor.** The inventor is the individual responsible for the conception or reduction to practice of a device or process.

c. **Employee.** The term employee or Government employee means any officer or employee, civilian or military, of VA. For purposes of asserting VA ownership under Executive Order 10096, employee means an individual receiving salary from VA. **Authority:** 38 CFR 1.651.

d. **Dual Appointment Personnel (DAP).** This term means a person who has an appointment, either salaried or without compensation with both VA and a university affiliate or other nonprofit organization.

e. **WOC Appointment.** This term refers to a situation where an individual has an appointment with VA, but is receiving no salary from VA, and whose invention cannot be claimed by VA under Executive Order 10096. **NOTE:** *This individual may be an employee of a university affiliate or other nonprofit organization.*

f. **VA-WOC Appointee Intellectual Property Agreement.** This term means a document signed by an individual who has a WOC appointment and is performing research within VA.

g. **Disclosure.** Disclosure is the formal written process of documenting all aspects relating to the development of potential intellectual property for the purpose of determining and assigning ownership.

h. **Re-disclosure.** Re-disclosure is the formal written process of documenting all aspects relating to any improvement of a previously disclosed invention for the purpose of issuing a new determination on the improved invention.

i. **Premature Disclosure.** Premature disclosure is the presentation of too much data related to unpatented intellectual property in a public forum, e.g., scientific meeting, etc. *NOTE: Premature disclosure may result in the loss of patent filing rights.*

j. **Patent.** A patent is an official written document securing to an inventor for a term of years the exclusive right to make, use, or sell an invention.

k. **License.** A license is a written authority granted by the owner of a patent to another person, empowering the latter to make or use the patented article for a limited period or in a limited territory.

l. **Royalty.** A royalty is compensation for an invention.

m. **Copyright.** A copyright is a form of protection provided by Title 17 United States Code (U.S.C.) to the authors of "original works of authorship" including literary, dramatic, musical, artistic, and other intellectual works, for a limited period of time. A copyright protects the form of expression, rather than ideas or the subject matter of the work. The copyright owner controls a number of exclusive divisible rights, the most fundamental one being the right to reproduce the work in copies.

5. INVENTION DISCLOSURE

a. In the case of an invention (to include improvement of an invention) or believed invention, the inventor must complete a VA certification page and prepare a statement for submission to the inventor's supervisor. These documents are available at the TTP website www.vard.org. This statement consists of a:

(1) Narrative, detailed description providing sufficient information and detail for VA to ascertain ownership rights and to file the appropriate legal documentation required to protect the invention.

(2) A statement setting forth the circumstances attending the making of the invention. The statement must include:

(a) The full name and address of the inventor.

(b) The grade and title of the inventor's position.

(c) The inventor's employment status (full-time or part-time).

(d) The inventor's duties at the time the invention was made.

(e) The facts pertinent to a determination whether the invention bore a direct relation to, or was made in consequence of, such official duties.

(f) Whether there was, and if so the terms of, any special agreement or understanding with respect to the use or manufacture of the invention.

(g) The date of the invention, when and where it was conceived, constructed, and tested.

(h) Whether it was made entirely during working hours.

(i) Whether, and to what extent, there was a contribution by the Government of any of the following:

1. Facilities,

2. Equipment,

3. Materials or supplies,

4. Funds,

5. Information,

6. Time, or

7. Services of other Government employees on duty. **Authority:** *38 CFR §1.656.*

b. **Review and Submission.** The inventor's supervisor must review the employee inventor's statement. The file is then submitted via the local Research and Development (R&D) Office for review and approval and sent via courier to the Program Manager, R&D Technology Transfer Section (122TT) using the address listed under Contact Information. Once processed, TTP submits the disclosure to OGC. **Authority:** *38 CFR §1.656.*

c. **Potential Outcomes.** There are three possible outcomes to an invention disclosure. They are that the Government:

(1) Maintains right, title, and interest in, and to, any invention of a Government employee;

(2) Is entitled to a royalty free license with ownership remaining with the inventor; or

(3) Claims no interest or license; i.e., all rights remain with inventor.

d. **Appeals.** Any Government employee who is aggrieved by an agency determination may obtain a review of the determination by filing (within 30 days after receiving notice of such determination) two copies of an appeal with the Under Secretary of Commerce for Technology, c/o The Office of Federal Technology, Room 4837, U.S. Department of Commerce, Washington, DC 20230. On receipt of a copy of an appeal, the agency must furnish both the Under Secretary of Commerce for Technology and the inventor with a copy of a report containing the following information about the invention involved in the appeal:

(1) A copy of the agency's statement. **Authority:** *37 CFR §501.7.*

(2) A description of the invention in sufficient detail to identify the invention and show its relationship to the employee's duties and work assignments.

(3) The name of the employee and employment status, including a statement of official duties and responsibilities at the time the invention was made.

(4) A detailed statement of the points of dispute or controversy, to include copies of any statements or written arguments filed with the agency, and of any other relevant evidence that the agency considered in making its determination. **Authority:** 37 CFR. §501.8.

6. COOPERATIVE TECHNOLOGY ADMINISTRATION AGREEMENTS (CTAA)

a. Retention of ownership and protection of intellectual property developed by VA investigators are key issues of importance. It is also important to acknowledge cases where co-ownership issues exist with VA academic affiliates. To address this issue, a model CTAA was developed in collaboration with the Office of General Counsel (OGC). This legal agreement outlines relevant definitions, terms, and conditions for handling intellectual property between both organizations.

b. Using the CTAA allows VA a co-ownership interest while providing the academic affiliate unimpeded access and authority to patent and market the intellectual property in question. This makes the invention attractive to manufacturers ensuring that if they develop the product for the marketplace, they will have exclusive rights to produce and market the invention. The overall benefit to the Government and the taxpayers is that an invention resulting from Federally-funded research will be protected by a patent.

c. Successful patents licensed to manufacturers provide a royalty stream. As a result, VA inventors benefit from royalties for their personal use, as well as a return of royalties to their research laboratories and facility. The American taxpayer gains by the return of funds to the laboratories to further medical research. Using CTAA's provides a win-win situation for VA and academic affiliates, while maintaining, strengthening, and/or expanding existing partnerships to the mutual benefit of both organizations. **NOTE:** *CTAAs are used with academic affiliates whenever possible.*

d. CTAAs are developed by the TTP staff, OGC, and the academic affiliate. For additional information, sample CTAAs are available at the TTP internet web site under the Technology Transfer link (see App. A for web site address).

7. PATENTS

a. Once intellectual property has been disclosed and reviewed by OGC and a determination has been made to retain ownership of an invention, the VA patent process begins. Under 35 U.S.C. §207, VA is authorized to apply for, obtain and maintain patents or other forms of protection in the U.S. and in foreign countries on inventions in which VA owns a right, title or interest.

NOTE: *Any invention owned by the Government under the criteria set forth in 37 CFR §501.6 needs to be protected by an application for a domestic patent and other necessary documents executed by the employee inventor prepared by or through the General Counsel, Deputy*

General Counsel, or the Assistant General Counsel for Professional Staff Group IV.
Authority: 38 CFR §1.654.

b. VA may elect to use outside counsel (or other means to be identified), if it is determined appropriate. All VA-owned inventions not covered by CTAAAs must receive centralized patenting support arranged and coordinated through the TTP. This support includes handling patent applications, provisional patents, patent filings, follow-up requests for information concerning pending patent applications, international filings where applicable, and other necessary actions. **NOTE:** *These services are provided at no cost to the facility or investigator.*

c. If it is determined that the employee inventor is entitled to full ownership under 37 CFR §501.6, subject to a non-exclusive, irrevocable, royalty-free license in the Government, it is the duty of the employee inventor to notify OGC of the status of the patent application, including the patent application number so that VA may protect interests reserved to the Government.
Authority: 38 CFR §1.655.

8. COPYRIGHT

a. Title 17 U.S.C. Section 105, the U.S. Copyright Act, provides that copyright protection is not available for any "work of the United States Government" defined under the Copyright Act as a work prepared by an U.S. Government employee as part of that person's official duties (17 U.S.C. § 101). Consequently, works such as instructional materials prepared exclusively by VA employees as part of their official duties are not copyrightable, but are placed into the public domain. Section 105, however, permits the U.S. Government to receive and hold copyrights transferred to it by assignment, bequest, or otherwise.

b. Works prepared for the U.S. Government under a U.S. Government contract or grant may be copyrighted by the contractor or grantee unless the U.S. Government provides in the contract or grant that copyright is prohibited or, in a written instrument signed by the parties, that the U.S. Government owns all of the rights comprised in the copyright. It is U.S. Government policy to:

(1) Recognize that the owner of a copyright has a legally enforceable property right in the copyrighted work, and

(2) Obtain or procure a proper license or permission to use copyrighted works.

9. MARKETING

a. A critical component of any successful intellectual property program involves marketing new inventions or technologies to ensure timely production and introduction into the marketplace. All VA-owned inventions not covered by CTAAAs receive centralized marketing support arranged and coordinated through VHA Central Office. **NOTE:** *Currently, contractor expertise is available in the areas of initial technology screening and comprehensive technology assessment.*

b. The comprehensive technology assessment provides:

- (1) Industry feedback,
 - (2) Identification of potential licensees,
 - (3) Comparison of competing technologies,
 - (4) Evaluation of trends and market size, and
 - (5) Identification of alternative applications.
- c. In-house or contractor service is provided to identify market potential and compatible industry partners interested in commercialization of new products.

NOTE: A Technology Transfer Advisory Group consisting of experts familiar with, and experienced in, the field of intellectual property and commercialization of new products assists in guidance, oversight, and monitoring of VA technology transfer operations.

10. LICENSE

a. All VA owned inventions not covered by CTAA's receive centralized support arranged and coordinated through VHA Central Office in negotiating licenses with commercial entities for intellectual property owned by VA. These efforts ensure that industry partners identified through marketing efforts receive a license to manufacture and sell the intellectual property in question. These services must be provided at no cost to the facility or investigator.

b. Under 35 U.S.C. §207, VA is authorized to grant non-exclusive, exclusive, or partially exclusive licenses under federally owned inventions. Prior to granting a license application, VA must ensure that the criteria in 35 U.S.C. §209 have been satisfied.

c. License applications received from interested parties requesting the use of intellectual property owned by VA are reviewed to determine if specific legal requirements are met. The license application must satisfy the requirements and criteria set forth in 37 CFR Part 404.

11. ROYALTIES

a. Royalty income to VA is accepted, monitored, and distributed by the TTP. Centralized handling of royalty income allows compilation of data for evaluating and reporting on the program's effectiveness, and ensures compliance with applicable laws; e.g., the current Federal royalty income cap of \$150,000 per year per employee. *NOTE: Royalties paid to employees from non-Federal sources such as universities are not subject to this ceiling.*

b. Royalty payments must be made in U.S. dollars only by check or bank draft drawn on a U.S. bank payable to Department of Veterans Affairs (royalty) and sent to: Department of Veterans Affairs, Technology Transfer Program (122TT), 810 Vermont Avenue, NW, Washington, DC 20420. Under this policy, 85 percent of royalty funds received is returned to the local facility to support ongoing research activities. *NOTE: The most recent royalty policy is available at the TTP internet web site under the Technology Transfer link.*

12. COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA)

A CRADA is an agreement between VA and one or more non-Federal parties under which VA "laboratory directors" (defined herein as medical center Directors) may accept, retain, and use funds, personnel, services, facilities, equipment, or other resources from collaborating parties in order to conduct R&D in a particular project. This may include the further development of a VA-owned invention and may be entered into in cooperation with a license agreement. *NOTE: Proposed CRADA's can not be inconsistent with CTAA terms.*

a. In exchange for what VA receives from a collaborating party, VA may provide personnel, services, facilities, equipment, or other resources, but not funds toward the conduct of specified R&D efforts consistent with VA's mission. The CRADA may provide for potential licenses or, in exceptional circumstances, assignments, or options, for reasonable compensation (when appropriate) to collaborating parties for any inventions made by a Federal employee under such agreements. However, a non-exclusive, non-transferable, irrevocable, paid-up license to practice, or have practiced, the invention throughout the world, by or on behalf of the Government, must be retained. In such cases where it is determined to grant any of the rights in advance, those rights must be granted directly to the collaborating party.

b. CRADAs are negotiated by the VA medical center and regional counsel attorneys. Following review and approval by OGC, they are returned to the medical center for execution. CRADAs dealing with foreign countries require advance State Department approval prior to execution. This could add considerable time to the overall approval process. The most recent information regarding CRADAs, including sample agreements, is available at the TTP internet web site under the Technology Transfer link.

13. INQUIRIES

Information regarding points of contact for issues related to intellectual property is contained in Appendix A.

CONTACT INFORMATION

1. Inquiries regarding intellectual property need to be directed to:

- a. Program Manager
Technology Transfer Program
Department of Veterans Affairs (122TT)
810 Vermont Avenue, NW
Washington, DC 20420
(410) 962-1800 x267

or

- b. Director (or Deputy Director)
Technology Transfer Program
Department of Veterans Affairs (122TT)
810 Vermont Avenue, NW
Washington, DC 20420
(202) 408-3670

2. Additional information can be obtained at <http://www.var.d.org> by clicking Department of Veterans Affairs Technology Transfer Program link.



Statement of Commitment and Understanding

As an employee of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which VA employees and applicants have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact my local Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, and VA employees and applicants.

I further understand that if I fail to comply with applicable confidentiality statutes and regulations, I may be subject to civil and criminal penalties, including fines and imprisonment. I recognize that VA may also impose administrative sanctions, up to and including removal, for violation of applicable confidentiality and security statutes, regulations and policies.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, and VA employees and applicants.

[Print or type employee name]

Employee Signature

Position Title

Date

Check applicable box:

Employee Contractor Student Volunteer WOC

Attachment A

SCREENING CHECKLIST

*Checklist to be used for all Appointees (Title 5 / Title 38 / Hybrid / Fee Basis / WOCs / Residents / Contractors / Students / Volunteers)
All entries on the checklist must be completed, signed and dated. Retain on the left side of OPF or applicable file*

Name:		SSN (last 4 only):	
Position:		Service:	Research Service
EOD:		Facility:	534

Type of Appointment: **WOC**

PART A

REQUIRED DOCUMENTATION		Initial/Date Completed	N/A	REQUIRED DOCUMENTATION		Initial/Date Completed	N/A
1. S	Federal Application Form or Resume			12. S	Educational Degree Sighted		
2. S	Circle One: SF-52 <u>WOC Letter</u> / RCVL / TQCVL / Volunteer Application Form 10-7055			13. S	Education Verified		
3. S	Declaration For Federal Employment OF-306 – Suitability Issues Cleared			14. S	Position Risk and Sensitivity Level Designation VAF-2280		
4. CP	NPDB (National Practitioner Data Bank) – Contact HRM Officer if any discrepancy			15. CO	Questionnaire for Non-Sensitive Positions SF-85 or Questionnaire for Public Trust Positions SF-85P Completed: Circle one		
5. S	HIPDB (Health Integrity & Protection Data Bank) – Contact HRM Officer if any discrepancy			16. CO	Fingerprints Electronic SF-87 Submitted		
6. S	LEIE (List of Excluded Individuals/Entities) – Contact HRM Officer if any discrepancy			17. CO	SAC (Special Agreement Check) Results Received		
7. S	Valid License/Registration/Certification (Sighted) & VA Form 5-4682-2 Completed			18. LR	SAC Results Adjudicated		
8. BR	Employment Eligibility Verification Form I-9			19. CO	NACI MBI BI Submitted: Circle one		
9. S	Non-citizen: Proof of Employment Authorization			20. CO	NACI MBI BI Received: Circle one		
10. S	Selective Service Registration Verified			21. LR	NACI MBI BI Adjudicated		
11. S or CO	VETPRO Cleared			S = Staffing CO = Compliance Officer LR = Labor Relations BR = Benefits and records			

PART B

STAFFING Additional Tracking Documents		Initial/Date Completed	N/A	BENEFITS AND RECORDS Additional Tracking Documents		Initial/Date Completed	N/A
1.	Applicable Board Action			1.	Temporary Appointment Statement		
2.	Compensation Panel Action Form VA Form 10-0432A			2.	Current or Prior Federal Service: Request for Official Personnel Folder SF-127		
3.	Pre-Employment Physical or PPD			3.	SCD Verified SF-144		
4.	Drug Testing Position Circle one: Yes No			4.	Procurement Integrity Certification OF-333		
5.	Drug Test Results			5.	Direct Deposit Form FMS-2231		
6.	Priority Consideration			6.	W-4 Tax Form		
7.	Military Discharge Documentation DD-214			7.	Employee Educational Data Form VA -4637		
8.	Application for 10 Pt Preference SF-15/ Letter of proof			8.	Race & National Origin Identification SF-181		
9.	Transfer from another VA: Intra-Agency Transfer Request SF-3918			9.	Appointment Affidavit SF-61		
10.	Current Federal Service: SF-75 Information			10.	VRA Training Plan		
11.	Commitment / EOD Letter			11.	Functional Statement/Position Description		
12.	Appointment Above the Minimum Entrance Rate Docs			12.	Self-Identification of Handicap SF-256		
13.	Recruitment/Relocation Bonus + Statement of Understanding						
14.	Relocation Incentive Agreement						
15.	Recruitment Incentive Agreement						
16.	Retirement Worksheet VA Form-2176						
17.	Uniform Allowance Authorized						

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 5 and the release on Page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer

all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

**QUESTIONNAIRE FOR
 NON-SENSITIVE POSITIONS**

OPM USE ONLY	Codes	Case Number
--------------------	-------	-------------

Agency Use Only (Complete items A through K using instructions provided by USOPM)

A Type of Investigation	02B	B Extra Coverage		C Nature of Action Code		D Date of Action	Month	Day	Year	
E Geographic Location	450140010		F Position Title	WOC		G SON	3219		H SOI	VAL5
I OPAC-ALC Number	3600 1200		J Accounting Data and/or Agency Case Number	101-534						
K Requesting Official	Name and Title SEIRRA Y. RANDOLPH HUMAN RESOURCES SPEC			Signature		Telephone Number (843) 789-7617		Date		

Persons completing this form should begin with the questions below.

1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN". - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH					
Last Name	First Name	Middle Name	Jr., II, etc.	Month	Day	Year

3 PLACE OF BIRTH - Use the two letter code for the State.	4 SOCIAL SECURITY		
City	County	State	Country (if not in the United States)

5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.			
#1 Name	Month/Year	To	#3 Name
#2 Name	Month/Year	To	#4 Name

6 SEX (Mark one box)

Female Male

7 CITIZENSHIP	b Your Mother's Maiden Name
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.	
<input type="checkbox"/> I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)	
<input type="checkbox"/> I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)	
<input type="checkbox"/> I am not a U.S. citizen. (Answer items b and e)	

c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.

Naturalization Certificate (Where were you naturalized?)

Court	City	State	Certificate Number	Month/Day/Year Issued
-------	------	-------	--------------------	-----------------------

Citizenship Certificate (Where was the certificate issued?)

City	State	Certificate Number	Month/Day/Year Issued
------	-------	--------------------	-----------------------

State Department Form 240 - Report of Birth Abroad of a Citizen of the United States

Give the date the form was prepared and give an explanation if needed	Month/Day/Year	Explanation
---	----------------	-------------

U.S. Passport

This may be either a current or previous U.S. Passport.	Passport Number	Month/Day/Year issued
---	-----------------	-----------------------

d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.

Country

e ALIEN If you are an alien, provide the following information:

Place You Entered the United States:	City	State	Date You Entered U.S.	Month	Day	Year	Alien Registration Number	Country(ies) of Citizenship
--------------------------------------	------	-------	-----------------------	-------	-----	------	---------------------------	-----------------------------

8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible; for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year #1 /	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #2 /	Month/Year To /	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #3 /	Month/Year To /	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #4 /	Month/Year To /	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #5 /	Month/Year To /	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 5 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1 /	Month/Year To /	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded /
Street Address and City (Country) of School				State	ZIP Code

Month/Year #2 /	Month/Year To /	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded /
Street Address and City (Country) of School				State	ZIP Code

Month/Year #3 /	Month/Year To /	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded /
Street Address and City (Country) of School				State	ZIP Code

Enter your Social Security Number before going to the next page 

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

● **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

● **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

● **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1	/	To	Present			
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title	Supervisor		
	/	To	/			
	Month/Year	Month/Year	Position Title	Supervisor		
/	To	/				
Month/Year	Month/Year	Position Title	Supervisor			
/	To	/				
#2	/	To	/			
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title	Supervisor		
	/	To	/			
	Month/Year	Month/Year	Position Title	Supervisor		
/	To	/				
Month/Year	Month/Year	Position Title	Supervisor			
/	To	/				
#3	/	To	/			
Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title	Supervisor		
	/	To	/			
	Month/Year	Month/Year	Position Title	Supervisor		
/	To	/				
Month/Year	Month/Year	Position Title	Supervisor			
/	To	/				

Enter your Social Security Number before going to the next page

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year / To /	Month/Year / To /	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
#5	Month/Year / To /	Month/Year / To /	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
#6	Month/Year / To /	Month/Year / To /	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
Employer's/Verifier's Street Address				City (Country)	State	ZIP Code	Telephone Number
Street Address of Job Location (if different than Employer's Address)				City (Country)	State	ZIP Code	Telephone Number
Supervisor's Name & Street Address (if different than Job Location)				City (Country)	State	ZIP Code	Telephone Number
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		
	Month/Year / To /	Month/Year / To /		Position Title	Supervisor		

11 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

#1	Name	Dates Known Month/Year / To / Month/Year	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night	City (Country)	State	ZIP Code
Home or Work Address						
#2	Name	Dates Known Month/Year / To / Month/Year	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night	City (Country)	State	ZIP Code
Home or Work Address						
#3	Name	Dates Known Month/Year / To / Month/Year	Telephone Number <input type="checkbox"/> Day <input type="checkbox"/> Night	City (Country)	State	ZIP Code
Home or Work Address						

Enter your Social Security Number before going to the next page

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature <i>(Sign in Ink)</i>	Full Name <i>(Type or Print Legibly)</i>	Date Signed
Other Names Used		Social Security Number
Current Address <i>(Street, City)</i>	State	ZIP Code
		Home Telephone Number <i>(Include Area Code)</i>

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment

Form Approved
OMB No. 3206-0182

GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959? YES NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System? YES NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

Military Service

8. Have you ever served in the United States military? YES *Provide information below* NO
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.
 If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From MM/DD/YYYY	To MM/DD/YYYY	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- | | | |
|--|--------------------------|--------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? <i>(If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i> | YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration for Federal Employment

Form Approved:
OMB No. 3206-0182

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (*these questions are specific to your position and your agency is authorized to ask them*).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

- 17a. Applicant's Signature: _____ Date _____
(Sign in ink)
- 17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer: Enter Date of Appointment or Conversion MM / DD / YYYY

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: _____
MM / DD / YYYY

- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?
- YES NO Do Not Know
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.
- YES NO Do Not Know

Initial Core Competency Checklist RALPH H. JOHNSON
Veterans Affairs Medical Center
Charleston, South Carolina
Initial Core Competency Checklist

Position Title:

Name (PRINT)	Preceptor(s) Signature	Preceptor(s) Initial
_____	1. _____	1. _____
Name (SIGNATURE)	2. _____	2. _____
_____	3. _____	3. _____
Date _____	4. _____	4. _____

THE FOLLOWING COMPETENCIES APPLY TO THE ADULT & GERIATRIC PATIENT POPULATION

Original: 10/98 Revised: 11/00 CONTENT	Self Assessment				Unit Based Assessment	
	PI	NP	NA	Employee initial and date	Preceptor initial and date	Employee initial and date
PI= Performs Independently NP= No Previous experience NA = Not Applicable						
Has a basic understanding of the ethical principles outlined in the Belmont report and how they related to conducting research with human subjects.						
Is knowledgeable of the purpose and function of the IRB and the R&D.						
Is knowledgeable of the 8 required elements of a research informed consent.						
Demonstrates knowledge of the protocols assigned to.						
Implements daily operational procedures according to the requirements of the study protocol and guidelines spelled out in the operations manual.						
States documenting requirements so all patient records are kept current and accurate and maintains patient confidentiality.						
States reporting requirements for all adverse experiences occurring during the study as required per protocol and IRB SOP's.						
Demonstrates proper scheduling for follow-up visits and the various special laboratory tests at those visits, as required per the protocol.						

States procedures for following all patients until study is terminated or as outlined in the protocol.						
Maintains and orders necessary equipment and supplies pertaining to the study.						
Assessment is pertinent to specific populations.						
Uses critical thinking skills to organize assessment of data.						
Communicates effectively as demonstrated by:	X	X	XX	XXXX X	XXXXXXXX XX	XXXXXXXX X
Promoting patient confidence and satisfaction.						
Interactions with other healthcare professionals.						
Interactions with regulatory agencies governing human subjects research. (ie, IRB, R&D, study sponsor, FDA, OHRP, ORD, ORCA).						
CONTENT	PI	NP	NA	Employee initial and date	Preceptor initial and date	Employee initial and date
Proficient in the following procedures (as required to conduct the study):						
Proficient in the following procedures (as required to conduct the study):						
Collection of blood specimen						
Manual & auto						
Cuff sizes						
Temperature						
Oral/rectal						
Tympanic						
Doppler						
Urinary Catherization (residual, straight, removal)						
Male						
Female						
IV Fluid Administration						
Administration of Medications (RN ONLY)						
Oral						
Sublingual						
Topical Patch						
SQ						
IM						
IV						
Pulse Oximetry						

Other skills specific to the protocol:						
Counseling patient						
Information security – Maintains confidentiality, security and integrity of patient and organizational data.						
Utilizes appropriate infection control techniques.						
Process of Report of Special Incidents						
Emergencies calls (Dr. Heart, Dr. Red, Code Green when to call 7911)						

Signed Employee _____ Date _____

Signed Supervisor _____ Date _____

**Ralph H. Johnson VA Medical Center
Charleston, S. C.**

Competency Assessment Checklist

Service: Research Service (151)	Year Ending:			
Employee:	Position:			
THE FOLLOWING COMPETENCIES APPLY TO THE ADULT & GERIATRIC PATIENT POPULATION.				
Competency	<i>INITIAL BELOW</i>			Comments
	Met	Not Met	N/A	
1. Infection Control:				
* <i>utilizes appropriate techniques</i>				
2. Safety:				
* <i>recognizes and promptly reports any safety and/or security risks in the environment</i>				
* <i>demonstrates knowledge of responsibilities in a fire or other emergency</i>				
* <i>demonstrates knowledge in handling, storing and disposing of hazardous wastes</i>				
* <i>demonstrates proper operating and safety procedures when operating medical and other equipment</i>				
3. Age-Related (adult & geriatric patients):				
* <i>demonstrates knowledge of growth and development</i>				
* <i>gathers age specific data</i>				
* <i>interprets age specific data</i>				
* <i>possesses skills and knowledge to perform appropriate treatments</i>				
* <i>evaluates patient's response to care</i>				
* <i>demonstrates respect for the varying viewpoints/values consistent with the geriatric population</i>				
* <i>other:</i>				
4. Information Security:				
* <i>Maintains confidentiality, security and integrity of patient and organizational data</i>				
5. Position Specific Competencies:				
* <i>provides education regarding research study activities to patient, relatives and/or Charleston VAMC staff as necessary per protocol</i>				
* <i>accesses patient medical information while maintaining confidentiality</i>				
* <i>maintains complete and accurate data collection in case report forms and source documents</i>				

This individual has demonstrated the knowledge and skills necessary to assess data reflective of the patient's status and interpret the appropriate information needed to identify each patient's requirements relative to his age specific needs, and to provide the care needed as described in the unit's/area's/service's policies and procedures.

Signed:

Signed:

Employee_____
Date_____
Supervisor_____
Date

Department of Veterans Affairs (VA) National Rules of Behavior

1. Background

a. Section 5723(b)(12) of title 38, United States Code, requires the Assistant Secretary for Information and Technology to establish "VA National Rules of Behavior for appropriate use and protection of the information which is used to support Department's missions and functions." The Office of Management and Budget (OMB) Circular A-130, Appendix III, paragraph 3(a)(2)(a) requires that all Federal agencies promulgate rules of behavior that "clearly delineate responsibilities and expected behavior of all individuals with access" to the agencies' information and information systems, as well as state clearly the "consequences of behavior not consistent" with the rules of behavior. The National Rules of Behavior that begin on page G-3, are required to be used throughout the VA.

b. Congress and OMB require the promulgation of national rules of behavior for two reasons. First, Congress and OMB recognize that knowledgeable users are the foundation of a successful security program. Users must understand that taking personal responsibility for the security of their computer and the VA data that it contains or that may be accessed through it, as well as the security and protection of VA information in any form (e.g. digital, paper), are essential aspects of their job. Second, individuals must be held accountable for their use of VA information and information systems.

c. VA must achieve the Gold Standard in data security which requires that VA information and information system users protect VA information and information systems, especially the personal data of veterans, their family members, and employees. Users must maintain a heightened and constant awareness of their responsibilities regarding the protection of VA information. The Golden Rule with respect to this aspect of an employee's job is to treat the personal information of others the same as they would their own.

d. Since written guidance cannot cover every contingency, personnel are asked to go beyond the stated rules, using "due diligence" and highest ethical standards to guide their actions. Personnel must understand that these rules are based on Federal laws, regulations, and VA Directives.

2. Coverage

a. The attached VA National Rules of Behavior must be signed annually by all VA employees who are provided access to VA information or VA information systems. The term VA employees includes all individuals who are employees under title 5 or title 38, United States Code, as well as individuals whom the Department considers employees such as volunteers, without compensation employees, and students and other trainees. Directions for signing the rules of behavior by other individuals who have access to VA information or information systems, such as contractor employees, will be addressed in subsequent policy. VA employees must initial and date each page of the copy of the VA National Rules of Behavior; they must also provide the information requested on the last page, sign and date it.

b. The VA National Rules of Behavior address notice and consent issues identified by the Department of Justice and other sources. It also serves to clarify the roles of management

Initials: _____

Date: _____

and system administrators, and serves to provide notice of what is considered acceptable use of all VA information and information systems, VA sensitive information, and behavior of VA users.

c. The VA National Rules of Behavior use the phrase "VA sensitive information". This phrase is defined in VA Directive 6500, paragraph 5q. This definition covers all information as defined in 38 USC 5727(19), and in 38 USC 5727(23). The phrase "VA sensitive information" as used in the attached VA National Rules of Behavior means:

All Department data, on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information. The term includes information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, records about individuals requiring protection under various confidentiality provisions such as the Privacy Act and the HIPAA Privacy Rule, and information that can be withheld under the Freedom of Information Act. Examples of VA sensitive information include the following: individually-identifiable medical, benefits, and personnel information, financial, budgetary, research, quality assurance, confidential commercial, critical infrastructure, investigatory, and law enforcement information, information that is confidential and privileged in litigation such as information protected by the deliberative process privilege, attorney work-product privilege, and the attorney-client privilege, and other information which, if released, could result in violation of law or harm or unfairness to any individual or group, or could adversely affect the national interest or the conduct of federal programs.

d. The phrase "VA sensitive information" includes information entrusted to the Department.

3. Rules of Behavior

a. Immediately following this section is the VA approved National Rules of Behavior that all employees (as discussed in paragraph 2a of Appendix G) who are provided access to VA information and VA information systems are required to sign in order to obtain access to VA information and information systems.

Department of Veterans Affairs (VA) National Rules of Behavior

I understand, accept, and agree to the following terms and conditions that apply to my access to, and use of, information, including VA sensitive information, or information systems of the U.S. Department of Veterans Affairs.

1. GENERAL RULES OF BEHAVIOR

a. I understand that when I use any Government information system, I have NO expectation of Privacy in VA records that I create or in my activities while accessing or using such information system.

b. I understand that authorized VA personnel may review my conduct or actions concerning VA information and information systems, and take appropriate action. Authorized VA personnel include my supervisory chain of command as well as VA system administrators and Information Security Officers (ISOs). Appropriate action may include monitoring, recording, copying, inspecting, restricting access, blocking, tracking, and disclosing information to authorized Office of Inspector General (OIG), VA, and law enforcement personnel.

c. I understand that the following actions are prohibited: unauthorized access, unauthorized uploading, unauthorized downloading, unauthorized changing, unauthorized circumventing, or unauthorized deleting information on VA systems, modifying VA systems, unauthorized denying or granting access to VA systems, using VA resources for unauthorized use on VA systems, or otherwise misusing VA systems or resources. I also understand that attempting to engage in any of these unauthorized actions is also prohibited.

d. I understand that such unauthorized attempts or acts may result in disciplinary or other adverse action, as well as criminal, civil, and/or administrative penalties. Depending on the severity of the violation, disciplinary or adverse action consequences may include: suspension of access privileges, reprimand, suspension from work, demotion, or removal. Theft, conversion, or unauthorized disposal or destruction of Federal property or information may also result in criminal sanctions.

e. I understand that I have a responsibility to report suspected or identified information security incidents (security and privacy) to my Operating Unit's Information Security Officer (ISO), Privacy Officer (PO), and my supervisor as appropriate.

f. I understand that I have a duty to report information about actual or possible criminal violations involving VA programs, operations, facilities, contracts or information systems to my supervisor, any management official or directly to the OIG, including reporting to the OIG Hotline. I also understand that I have a duty to immediately report to the OIG any possible criminal matters involving felonies, including crimes involving information systems.

Initials: _____

Date: _____

g. I understand that the VA National Rules of Behavior do not and should not be relied upon to create any other right or benefit, substantive or procedural, enforceable by law, by a party to litigation with the United States Government.

h. I understand that the VA National Rules of Behavior do not supersede any local policies that provide higher levels of protection to VA's information or information systems. The VA National Rules of Behavior provide the minimal rules with which individual users must comply.

i. I understand that if I refuse to sign this VA National Rules of Behavior as required by VA policy, I will be denied access to VA information and information systems. Any refusal to sign the VA National Rules of Behavior may have an adverse impact on my employment with the Department.

2. SPECIFIC RULES OF BEHAVIOR.

a. I will follow established procedures for requesting access to any VA computer system and for notification to the VA supervisor and the ISO when the access is no longer needed.

b. I will follow established VA information security and privacy policies and procedures.

c. I will use only devices, systems, software, and data which I am authorized to use, including complying with any software licensing or copyright restrictions. This includes downloads of software offered as free trials, shareware or public domain.

d. I will only use my access for authorized and official duties, and to only access data that is needed in the fulfillment of my duties except as provided for in VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology. I also agree that I will not engage in any activities prohibited as stated in section 2c of VA Directive 6001.

e. I will secure VA sensitive information **in all areas** (at work and remotely) and in any form (e.g. digital, paper etc.), to include mobile media and devices that contain sensitive information, and I will follow the mandate that all VA sensitive information must be in a protected environment at all times or it must be encrypted (using FIPS 140-2 approved encryption). If clarification is needed whether or not an environment is adequately protected, I will follow the guidance of the local Chief Information Officer (CIO).

f. I will properly dispose of VA sensitive information, either in hardcopy, softcopy or electronic format, in accordance with VA policy and procedures.

g. I will not attempt to override, circumvent or disable operational, technical, or management security controls unless expressly directed to do so in writing by authorized VA staff.

h. I will not attempt to alter the security configuration of government equipment unless authorized. This includes operational, technical, or management security controls.

i. I will protect my verify codes and passwords from unauthorized use and disclosure and ensure I utilize only passwords that meet the VA minimum requirements for the systems that I am authorized to use and are contained in Appendix F of VA Handbook 6500.

j. I will not store any passwords/verify codes in any type of script file or cache on VA systems.

k. I will ensure that I log off or lock any computer or console before walking away and will not allow another user to access that computer or console while I am logged on to it.

l. I will not misrepresent, obscure, suppress, or replace a user's identity on the Internet or any VA electronic communication system.

m. I will not auto-forward e-mail messages to addresses outside the VA network.

n. I will comply with any directions from my supervisors, VA system administrators and information security officers concerning my access to, and use of, VA information and information systems or matters covered by these Rules.

o. I will ensure that any devices that I use to transmit, access, and store VA sensitive information outside of a VA protected environment will use FIPS 140-2 approved encryption (the translation of data into a form that is unintelligible without a deciphering mechanism). This includes laptops, thumb drives, and other removable storage devices and storage media (CDs, DVDs, etc.).

p. I will obtain the approval of appropriate management officials before releasing VA information for public dissemination.,

q. I will not host, set up, administer, or operate any type of Internet server on any VA network or attempt to connect any personal equipment to a VA network unless explicitly authorized in writing by my local CIO and I will ensure that all such activity is in compliance with Federal and VA policies.

r. I will not attempt to probe computer systems to exploit system controls or access VA sensitive data for any reason other than in the performance of official duties. Authorized penetration testing must be approved in writing by the VA CIO.

s. I will protect Government property from theft, loss, destruction, or misuse. I will follow VA policies and procedures for handling Federal Government IT equipment and will sign for items provided to me for my exclusive use and return them when no longer required for VA activities.

t. I will only use virus protection software, anti-spyware, and firewall/intrusion detection software authorized by the VA on VA equipment or on computer systems that are connected to any VA network.

u. If authorized, by waiver, to use my own personal equipment, I must use VA approved virus protection software, anti-spyware, and firewall/intrusion detection software and ensure

Initials: _____

Date: _____

the software is configured to meet VA configuration requirements. My local CIO will confirm that the system meets VA configuration requirements prior to connection to VA's network.

v. I will never swap or surrender VA hard drives or other storage devices to anyone other than an authorized OI&T employee at the time of system problems.

w. I will not disable or degrade software programs used by the VA that install security software updates to VA computer equipment, to computer equipment used to connect to VA information systems, or to create, store or use VA information.

x. I agree to allow examination by authorized OI&T personnel of any personal IT device [Other Equipment (OE)] that I have been granted permission to use, whether remotely or in any setting to access VA information or information systems or to create, store or use VA information.

y. I agree to have all equipment scanned by the appropriate facility IT Operations Service prior to connecting to the VA network if the equipment has not been connected to the VA network for a period of more than three weeks.

z. I will complete mandatory periodic security and privacy awareness training within designated timeframes, and complete any additional required training for the particular systems to which I require access.

aa. I understand that if I must sign a non-VA entity's Rules of Behavior to obtain access to information or information systems controlled by that non-VA entity, I still must comply with my responsibilities under the VA National Rules of Behavior when accessing or using VA information or information systems. However, those Rules of Behavior apply to my access to or use of the non-VA entity's information and information systems as a VA user.

bb. I understand that remote access is allowed from other Federal government computers and systems to VA information systems, subject to the terms of VA and the host Federal agency's policies.

cc. I agree that I will directly connect to the VA network whenever possible. If a direct connection to the VA network is not possible, then I will use VA-approved remote access software and services. I must use VA-provided IT equipment for remote access when possible. I may be permitted to use non-VA IT equipment [Other Equipment (OE)] only if a VA-CIO-approved waiver has been issued and the equipment is configured to follow all VA security policies and requirements. I agree that VA OI&T officials may examine such devices, including an OE device operating under an approved waiver, at any time for proper configuration and unauthorized storage of VA sensitive information.

dd. I agree that I will not have both a VA network connection and any kind of non-VA network connection (including a modem or phone line or wireless network card, etc.) physically connected to any computer at the same time unless the dual connection is explicitly authorized in writing by my local CIO.

ee. I agree that I will not allow VA sensitive information to reside on non-VA systems or devices unless specifically designated and approved in advance by the appropriate VA official (supervisor), and a waiver has been issued by the VA's CIO. I agree that I will not access, transmit or store remotely any VA sensitive information that is not encrypted using VA approved encryption.

ff. I will obtain my VA supervisor's authorization, in writing, prior to transporting, transmitting, accessing, and using VA sensitive information outside of VA's protected environment..

gg. I will ensure that VA sensitive information, in any format, and devices, systems and/or software that contain such information or that I use to access VA sensitive information or information systems are adequately secured in remote locations, e.g., at home and during travel, and agree to periodic VA inspections of the devices, systems or software from which I conduct access from remote locations. I agree that if I work from a remote location pursuant to an approved telework agreement with VA sensitive information that authorized OI&T personnel may periodically inspect the remote location for compliance with required security requirements.

hh. I will protect sensitive information from unauthorized disclosure, use, modification, or destruction, including using encryption products approved and provided by the VA to protect sensitive data.

ii. I will not store or transport any VA sensitive information on any portable storage media or device unless it is encrypted using VA approved encryption.

jj. I will use VA-provided encryption to encrypt any e-mail, including attachments to the e-mail, that contains VA sensitive information before sending the e-mail. I will not send any e-mail that contains VA sensitive information in an unencrypted form. VA sensitive information includes personally identifiable information and protected health information.

kk. I may be required to acknowledge or sign additional specific or unique rules of behavior in order to access or use specific VA systems. I understand that those specific rules of behavior may include, but are not limited to, restrictions or prohibitions on limited personal use, special requirements for access or use of the data in that system, special requirements for the devices used to access that specific system, or special restrictions on interconnections between that system and other IT resources or systems.

Initials: _____

Date: _____

3. Acknowledgement and Acceptance

- a. I acknowledge that I have received a copy of these Rules of Behavior.
- b. I understand, accept and agree to comply with all terms and conditions of these Rules of Behavior.

[Print or type your full name]

Signature

Date

Office Phone

Position Title

Initials: _____

Date: _____

**Ralph H. Johnson VAMC
Scope of Research Practice for Research Personnel**

Name	Service Line
Principal Investigator (PI) / Primary Supervisor	Alternate Supervisor (if applicable)

The Scope of Practice is specific to the duties and responsibilities of Research Personnel as an agent of the listed Principal Investigator (PI) and/or alternate supervisor. As such, he/she is specifically authorized to conduct research per the IRB and R&D approved protocol involving human subjects with the responsibilities outlined below, and under the supervision of the PI. The PI or supervisor must complete, sign, and date this Scope of Research Practice (SORP).

Please check one: VA Paid WOC IPA

Are you a Physician (MD or DO), Psychologist, Social Worker, Nurse (RN or LPN), Nurse Practitioner, Physicians Assistant, Dentist, Podiatrist, or PharmD?
 * YES NO If yes, are you licensed in the U.S.? * YES *NO
 * If YES, you must provide a copy of your current license with this form.
***Anyone who is licensed or licensable must also contact the VA Credentialing Office at 789-7620 to be credentialed and/or privileged **BEFORE** beginning **ANY** work at this VA Medical center.**

PROCEDURES:

Research Personnel may be authorized to perform the following duties/procedures on a regular and ongoing basis. Research Personnel completes what is requested and Principal Investigator initials what is granted or not granted.

Routine Duties	Requested	Granted (PI Must Initial)	OR	Not Granted (PI Must Initial)
1. Screens patients to determine if study eligibility criteria are met by reviewing patient medical information or interviewing subjects.	_____	_____		_____
2. Develops recruitment methods to be utilized in the study.	_____	_____		_____
3. Performs venous puncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies).	_____	_____		_____

Routine Duties	Requested	Granted (PI Must Initial)	OR	Not Granted (PI Must Initial)
4. Initiates submission of regulatory documents to IRB, VA R&D committees and sponsor(s).	_____	_____		_____
5. Prepares study initiation activities.	_____	_____		_____
6. Provides education and instruction of study medication use, administration, storage, and side effects and notifies adverse drug reactions to study site.	_____	_____		_____
7. Provides education regarding study activities to patient, relatives and Medical Center staff as necessary per protocol.	_____	_____		_____
8. Maintains complete and accurate data collection in case report forms and source documents	_____	_____		_____
9. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval.	_____	_____		_____
10. Obtains and organizes data such as test results, diaries/cards or other necessary information for the study.	_____	_____		_____
11. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects, research visits, documenting progress notes, initiating orders, consults, etc, per protocol, under supervision of PI.	_____	_____		_____
12. Accesses patient medical information while maintaining patient confidentiality.	_____	_____		_____
13. Is authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent process per protocol, under supervision of PI.	_____	_____		_____
14. Collects and handles various types of human specimens.	_____	_____		_____
15. Performs study treatment and or assessment visits by tele-mental health per approved study protocol	_____	_____		_____

MISCELLANEOUS DUTIES (if applicable):

Mr./Ms./Dr. _____ is authorized to perform the following miscellaneous duties not otherwise specified in this Scope of Practice.

- 1. _____
- 2. _____
- 3. _____

Research Personnel Signature Date

PRINCIPAL INVESTIGATOR STATEMENT

Mr. / Ms. _____'s Scope of Practice was reviewed and discussed with him/her on the date of _____.

After reviewing his/her education, clinical competency, qualifications, research practice involving human subjects, peer reviews, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the Research Coordinator and I are familiar with all duties/procedures granted or not granted in this Scope of Research Practice. We agree to abide by the parameters of this Scope of Research Practice, all applicable hospital policies and regulations.

This Scope of Research Practice will be reviewed every year and amended as necessary to reflect changes in the research coordinator's duties/responsibilities, utilization guidelines and/or hospital policies.

Principal Investigator / Supervisor Date

Alternate Supervisor Date

Nurse Executive (Nurses Only) Date

Research Personnel Date

OFFICE USE ONLY

Research Compliance Officer

Date

ACOS/Research

Date

**RALPH H. JOHNSON VA MEDICAL CENTER
CLINICAL STUDIES CENTER
EDUCATION VERIFICATION FORM**

As part of the credentialing process it is necessary to verify educational credentials. You must list all college/university degrees earned and all professional/technical/medical licensures/certifications **regardless of their relationship to the work you will be performing**. To assist us in completing this process, please provide the following information:

EMPLOYEE NAME	
UNIVERSITY/PROGRAM ATTENDED	
CITY / STATE / COUNTRY	
DEGREE/TRAINING	DATE EDUCATION COMPLETED
LICENSE/REGISTRATION STATE	
ISSUE DATE	EXPIRATION DATE
CERTIFICATION	ISSUE/AWARD DATE – EXPIRATION DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH
EMPLOYEE NAME	EMPLOYEE SIGNATURE

By signing this form, you authorize the Ralph H. Johnson VA Medical Center to contact the University, College or educational institution/program you attended to obtain verification of your educational credentials. Failure to disclose ALL requested information may result in disapproval or termination.

FOR OFFICE USE ONLY

DATE OF VERIFICATION	DEGREE/CERTIFICATION VERIFIED
SOURCE OF VERIFICATION	VERIFICATION COMPLETED BY

Department of Veterans Affairs

MEMORANDUM

Date:

From: Medical Center Director (00)

Subj: Actions in Cases of Abuse of Patients by Employees

To: All Employees

1. The following is quoted for your information from VA Handbook 5021 and is the Department of Veterans Affairs policy on patient abuse.

"It is a fundamental and closely guarded policy of the VHA that no patient is to be mistreated or abused in any way, physically or verbally, by any employee. Inquiry or investigation will be conducted in instances of alleged abuse or mistreatment. Appropriate disciplinary action must be taken promptly where indicated. In dealing administratively with this class of case as with other types of cases, charges of abuse or mistreatment must be sustained against an employee if the offense is reasonably established by the evidence. What is reasonable evidence of the fact of abuse or mistreatment must rest in the sound judgment and discretion of those charged with determining facts. (NOTE: A finding of abuse or mistreatment need not be predicated necessarily on proof of guilt beyond a reasonable doubt according to the rule prevailing in court determination of cases involving violation of penal statutes).

The administrative penalty action for patient abuse is removal. However, a lesser penalty (admonishment, reprimand, suspension, or demotion) may be imposed when mitigating or extenuating circumstances clearly warrant such lesser penalty or the nature of the abuse is minor. Abuse of a minor nature constitutes such acts as teasing a patient; speaking harshly, rudely, or irritably to a patient; laughing at or ridiculing a patient; scolding a patient; indifference; etc., though in certain instances such acts can be considered major abuse. An employee who witnesses any unkindness, rudeness, or violence of any kind towards a patient and who does not promptly report it to the proper authority is subject to disciplinary action."

2. After reading the above statement carefully, please return a signed copy to Human Resources Management Service to be filed in your Official Personnel Folder and retain one copy for your own records. If you have any questions, please contact Human Resources Management Service.

JOHN S. GOLDMAN
Acting Director

I have carefully read and understand the above statement.

SIGNATURE

DATE