

VA Research WOC Appointment Application and Instructions

In order to work in the Research Service line at the AVAMC you must have an appointment through the VA Human Resources Department. This means, you need to apply for a Without Compensation (WOC) Appointment with VA HR if you are not being compensated directly by the VA. The steps to do so are listed below. **Failure to follow these instructions will delay your submission process significantly. If you believe you are going to be hired directly by the VA (this does not include IPAs), please do not fill out this packet and contact the research office for clarification. WOCCOORDINATOR@FAVER.Foundation**

Step 1. Print this packet (single sided please) and fill out all of the forms per the instructions below. The documents are listed below in the order they appear in the packet. **All forms must be signed in ink, no electronic signatures.**

- 1. Declaration of Federal Employment Form (306):**
 - a. Fill out form entirely, all questions 1-17b must be answered. Pay particular attention to the following questions.
 - b. Question 1: Make sure you list your full legal name (first, middle, last) or put “no middle name” if you don’t have one.
 - c. Question 3a/3b. If you were not born in the United States, you must provide proof of citizenship. If you are not a U.S. citizen you must provide a copy of your visa documentation, green card, or Employment Authorization Card.
 - d. Question 17a/17b: you must sign both lines, 17a and 17b **IN INK.**
- 2. Statement of Commitment Form:** Fill out and sign, this form refers to your TMS training.
- 3. Patient Abuse Memo (if applicable):** Fill out and return the signature page if you will be working on a Human research study. If only working with animals/lab, not applicable.
- 4. Acknowledgement Form for Research Associates:** Fill out and sign.
- 5. Intellectual Property Agreement:** In the first blank, put your name, In line 4. List your employer (or if a student, University). sign and date at the bottom. Leave ACOS signature blank.
- 6. Computer Access Request Form:** Fill in highlighted portions, if you have questions regarding question 16 (type of access) ask your Principal Investigator.
- 7. PIV Badge Application:** Fill in all blanks.

Step 2. Update your Resume or CV to include your full name at the top, your current employment or student email address, and your full current address. You will also need to list a full address for any College or University attended. In the employment/experience section, please separate out positions that were unpaid and either remove them or move them to a volunteer section. For paid positions, please indicate whether the position was full-time or part-time and list a complete address for the company.

Step 3. Compile your application based on the checklist on the following page and email the Research Credentialing Officer, WOCCOORDINATOR@FAVER.Foundation to schedule an appointment to come to the VA to complete your fingerprints and drop off your application.

WOC Appointment Application Checklist

Gather all paperwork into one file in the order listed below:

- Resume/CV (Updated per the instructions in step 2. on the previous page)
- Declaration of Federal Employment Form (306)
- If you were not born in the U.S., but are a U.S. citizen: A copy of your Naturalization Certificate or U.S. Passport
- If you are not a U.S. Citizen: A copy of your Visa, Green Card, or Employment Authorization Card
- Statement of Commitment Form
- Patient Abuse Memo (if working on a Human Research study)
- Acknowledgement Form for Research Associates
- Intellectual Property Agreement
- Computer Access Request Form
- PIV Badge application

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract 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

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)

◆

2. **SOCIAL SECURITY NUMBER**

◆

3a. **PLACE OF BIRTH** (Include city and state or country)

◆

3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

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", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.) NO (If "NO", proceed 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 (If "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 7 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.) 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. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (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. YES NO

11. Are you currently under charges for any violation of law? 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. YES NO

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? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

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.) 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. YES NO

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract 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



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

Date:

From:

Subj: Acknowledgement Abuse of Patients by Employee

To: Human Resource Management (05)

I acknowledge receipt of Medical Center Memorandum 05-11, dated 07-28-2008, Abuse of Patients by Employee. I understand that this acknowledgement will become part of my official personnel folder.

(Print Name)

(Signature)

(Date)

(SSN)



**VA MEDICAL CENTER (ATLANTA)
DECATUR, GEORGIA**

MEDICAL CENTER MEMORANDUM

**HUMAN RESOURCES MANAGEMENT SERVICE
NUMBER 05-11**

July 28, 2008

ABUSE OF PATIENTS BY EMPLOYEES

1. **PURPOSE:** To express VA Medical Center policy and procedures relating to instances of alleged abuse of patients by employees.

2. **POLICY:** It is a fundamental and closely guarded policy of the VA that no patient is to be mistreated or abused in any way by any employee. A complete inquiry or investigation will be conducted into all instances of alleged abuse or mistreatment.

3. **DEFINITIONS:**

a. Patient abuse includes acts of physical, psychological, sexual, or verbal abuse. Employee intent is **not** a requirement for patient abuse. The patient's perception of how he/she is treated is an essential component of the determination as to whether or not a patient has been abused.

b. Patient abuse may contain the following components:

(1) Any action that conflicts with patient rights, identified in VA regulations at 38 CFR 17.34a.

(2) Intentional omission of patient care.

(3) Willful violations of the privacy of the patient(s).

(4) Intimidation, harassment or ridicule of the patient(s).

(5) Willful physical injury of a patient.

4. **DESIGNATIONS:**

a. Employees: It is the responsibility of each employee to familiarize him/herself with the contents of this memorandum and to avoid any act, which could possibly be considered abuse or mistreatment of patients. All employees will report instances of abuse or mistreatment of a patient to their Service Line Manager. Any employee who witnesses any unkindness, rudeness,

or violence of any kind toward a patient and who does not promptly report it to the proper authority is subject to disciplinary action.

b. Service Line Managers: Service Line Managers will notify the Quality Management Coordinator and the Employee Relations Section of the Business Office Service Line, Human Resources Management Service (05), of any report of alleged patient abuse. With the assistance of Employee Relations, Service Line Managers will conduct a preliminary investigation of any such allegation, and report the findings to the Quality Management Coordinator.

5. PROCEDURES:

a. Any complaint, allegation, or evidence that a patient has been abused or mistreated in any way by an employee will be reported immediately to the Chief of Police, the Service Line Manager and the Quality Management Coordinator. A preliminary investigation of all facts concerning the alleged abuse or mistreatment will be made by the Service Line Manager in coordination with the Employee Relations staff.

b. An Incident Report (as described in MCM 11-10), will be filled out completely on **ALL** cases of alleged patient abuse (for both inpatients and outpatients) and will be submitted to the Quality Management Coordinator. The report will include a description of the event, its location, pertinent physical factors (such as diagnosis, age, mental status, medication taken within 12 hours) and a medical evaluation. The patient should be interviewed whenever possible.

c. The initial findings will be reported to the Associate Director (for administrative employees) or to the Chief of Staff or the Associate Director for Patient/Nursing Services (for clinical employees).

d. If there is a basis for the complaint, a report of the facts and circumstances will be made to the Director so that a formal investigation may be undertaken.

e. Alleged abuse of a beneficiary, when the circumstances require a formal investigation by the facility, will be reported to VACO.

f. Appropriate disciplinary action must be taken promptly where indicated. Charges of abuse or mistreatment must be upheld against an employee if the offense is reasonably established by all the evidence. What is reasonable evidence in such cases must rest in the judgment and discretion of those responsible for determining the facts.

g. **The administrative penalty for abuse of patients is removal.** A lesser penalty (admonishment, reprimand, suspension or demotion) may be imposed only when the abuse is of a minor nature and is not a repeated offense.

6. REFERENCES:

- a. 38 CFR 17.508.
- b. 38 USC 3305.
- c. Medical Center Memorandum 11-10.

7. RESCISSION: Medical Center Memorandum 05-11, dated.

/es/

James A. Clark, MPA
Director

DISTRIBUTION: C

AUTOMATIC REVIEW DATE: July 2011



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
(Atlanta)
1670 Clairmont Road
Decatur GA 30033

Acknowledgement Form for Research Associates

I _____ fully acknowledge the following:

1. I am appointed as a Research Associate and not as an independent practitioner at the Atlanta VA Medical Center.
2. I will function under my approved Scope of Practice under the supervision of another practitioner and only under the Research Service Line.
3. I fully understand that I am not credentialed or privileged to work in any area of the hospital.

Signature

Date

Print Name

This agreement is made between _____ and the Department of Veterans Affairs in consideration of my without compensation (WOC) appointment by the VA Medical Center at Atlanta, (VAMC) and performing VA-approved Research (as defined below) utilizing VA resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA-Approved Research) at the VAMC.
2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.
3. I have read and understand the **VHA Intellectual Property Handbook 1200.18 (handbook)**, available at **www.vard.org**, which provides guidance and instruction regarding invention disclosures, patenting and the new transfer of scientific discoveries.
4. Notwithstanding that I am an employee or appointee at _____, I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-Approved Research utilizing VA resources at the VAMC or in VA-approved space.
5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.
6. If VA asserts an ownership interest on my inventive contribution, then, subject to *Paragraph 7* below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with the VA, when requested, in drafting the patent application (s) for such invention and will thereafter sign any documents, recognizing VA's ownership, as required by the U.S. Patent and Trademark Office at the time the patent application is filed.
7. VA recognizes that I am employed or appointed at the entity named in *Paragraph 4* and that they may have ownership interest in any invention developed as a result of this appointment, VA will cooperate with entity mentioned in *Paragraph 4* to manage the development of the invention as appropriate.
8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the entity mentioned in *Paragraph 4*, this agreement will be implemented in accordance with the provisions of that CTAA.
9. I will disclose to the appropriate VA official any / all third party entities with possible ownership rights or interest(s).

Date

Signature

Date

ACOS for Research

VISN7 Computer Access Request Form - Attachment A Request and Authorization for Computer Access

THIS INFORMATION IS TO BE FURNISHED BY THE APPLICANT (PLEASE PRINT LEGIBLY)

1) LAST NAME	2) FIRST NAME	3) MIDDLE INITIAL
4) SERVICE LINE Research	5) DATE OF BIRTH MM/DD/YY ____ / ____ / ____	6) MAIL CODE 151
7) POSITION TITLE <input type="checkbox"/> Research Associate <input type="checkbox"/> Research Coordinator <input type="checkbox"/> Research Nurse	8) EMAIL ADDRESS	9) SSN ____ / ____ / ____
10) VAMC YOU ARE REQUESTING ACCESS TO: <input type="checkbox"/> ATLANTA, GA <input type="checkbox"/> OTHER _____	11) SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
12) TYPE OF ACCESS REQUESTED: <input type="checkbox"/> CPRS / VISTA <input type="checkbox"/> VA NETWORK ACCOUNT	13) REACTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO	

ALL BELOW FOR INTERNAL USE ONLY, DO NOT FILL IN

NURSES	COORDINATORS / ASSOCIATES
PRIMARY MENU OPTION ACICR RESEARCH COORDINATOR	PRIMARY MENU OPTION ACICR RESEARCH COORDINATOR
SECONDARY MENU OPTIONS <ul style="list-style-type: none"> OR CPRS GUI CHART, MAG WINDOWS DGPF RECORD FLAG ASSIGNMENT (FLAG) DGPF RECORD FLAG REPORTS MENU (FLAG) 	SECONDARY MENU OPTIONS <ul style="list-style-type: none"> OR CPRS GUI CHART, MAG WINDOWS DGPF RECORD FLAG ASSIGNMENT (FLAG) DGPF RECORD FLAG REPORTS MENU (FLAG)
CPRS TABS COR, RESTRICT PATIENT SELECTION	CPRS TABS COR, RESTRICT PATIENT SELECTION
SECURITY KEYS <ul style="list-style-type: none"> ORELSE, NURSE, MAGDISP CLIN: SDMOB, SDOB DGPF ASSIGNMENT, DGPF TRANSMISSIONS 	SECURITY KEYS <ul style="list-style-type: none"> MAGDISP CLIN, SDMOB, SDOB DPF ASSIGNMENT, DGPF TRANSMISSIONS

Research PIV APPLICATION

Name (First, Middle, Last): _____

DOB: _____

SSN: _____

U.S. Citizen (Yes/No): _____

Place of Birth (City & State/Country) _____

Race: Check One Box

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black-non-Hispanic
- Hispanic
- White-non-Hispanic

Gender: _____

Eye Color: _____

Hair Color: _____

Height: _____

Weight: _____

Length of Appointment: Greater than 6 months (PIV) _____ Less than 6 months (Non-PIV) _____

VA Computer Access Required for Research purposes (check one): Yes _____ No _____