



REQUEST FOR PERSONAL IDENTITY VERIFICATION CARD

PRIVACY ACT STATEMENT: VA is authorized to ask for the information requested on this form by Homeland Security Presidential Directive (HSPD)-12, and 31 USC 7701. The information and biometrics collected, collected as part of the Federal identity-proofing program under HSPD-12 are used to verify the personal identity of VA applicants for employment, employees, contractors, and affiliates (such as students, WOC employees, and others) prior to issuing a Department identification credential. The credentials themselves are to be used to authenticate electronic access requests from VA employees, contractors, and affiliates issued a Department identification credential to gain access to VA facilities and networks (where available) through digital access control systems, as well as to other federal government agency facilities and systems where permitted by law. The information collected on this form is protected by the Privacy Act, 5 USC Section 552(a) and maintained under the authority of 38 USC Section 501 and 38 USC Sections 901-905 in VA system of records "Police and Security Records-VA (103VA07B)". VA may make a "routine use" disclosure of the information in this system of records for the routine uses listed in this system of records, including: civil or criminal law enforcement, constituent congressional communications initiated at your request, litigation or administrative proceedings in which the United States is a party or has an interest, the administration of VA programs, verification of identity and status, and personnel administration by Federal agencies. Failure to provide all of the requested information may result in VA being unable to process your request for a Personal Identity Verification Card, or denial of issuance of a Personal Identity Verification Card. If you do not have a Personal Identity Verification Card, you may not be granted access to VA facilities or networks, which could have an adverse impact on your application to become, or status as, a VA employee, contractor or affiliate where such access is required to perform your assigned duties or responsibilities.

SECTION I - APPLICANT INFORMATION

APPLICANT INFORMATION *(Completed by applicant, print legibly, complete all boxes)*

1. LEGAL NAME OF APPLICANT <i>(Insert last, first, middle and suffix name)</i>		2. SCHOOL/ PROGRAM OF STUDY			
3. DATE OF BIRTH <i>(MM/DD/YYYY)</i>	4. SOCIAL SECURITY NO.	5. HOME PHONE NUMBER <i>(Include Area Code)</i>			
6. HOME E-MAIL ADDRESS		7. HOME ADDRESS			
8. CLINICAL LOCATION/ VA SUPERVISOR/ SCHOOLCOORDINATOR		9. START DATE		/ END DATE / GRADUATION DATE	
		/		/	
SEX: M F	HEIGHT Feet: Inches:	WEIGHT (lbs.):	EYE COLOR:	HAIR COLOR:	CITY, STATE OR COUNTRY OF BIRTH:
RACE CHOICES:	AMERICAN INDIAN/ ALASKAN NATIVE	ASIAN/PACIFIC ISLANDER	BLACK – NON-HISPANIC	HISPANIC	WHITE – NON HISPANIC, NON ASIAN/PACIFIC ISLANDER
WERE YOU PREVIOUSLY ASSIGNED TO A VA FACILITY? YES / NO			HAVE YOU PREVIOUSLY OBTAINED A PIV CARD? YES / NO		
LOCATION:					

PLEASE SUBMIT THE APPLICATION PACKET 8 WEEKS BEFORE YOUR SCHEDULED START DATE

If you were not U.S. born, we will need a photocopy of a citizenship document, i.e., Naturalization Certificate, Passport, Visa, Resident Alien Card, etc., showing you are legal to be in this country for this period of time.

The 'application packet' should be submitted once the following items and forms have been completed:	Mail or deliver packet to:
<p style="text-align: center; color: red; margin: 0;">CHECK LIST</p> <ul style="list-style-type: none"> <input type="checkbox"/> Form 0711 <i>(This page: please use as cover page)</i> <input type="checkbox"/> TQCVL from School <i>(emailed directly from Program Director or mailed in sealed envelope)</i> <input type="checkbox"/> VAF 10-2850D, Application for Health Professions Trainees <input type="checkbox"/> OF 306, Declaration for Federal Employment <input type="checkbox"/> Without Compensation Form <input type="checkbox"/> Completion of MTT on-line learning module in TMS <input type="checkbox"/> A copy of your Driver's License or U.S. Passport 	<p style="margin: 0;">OAA Student Processing VAPORHCS (P2EDUC) 3710 SW US Veterans Hospital RD Building 101, Room 215 Portland, OR 97239</p> <p style="margin: 0;">VHAPOR-EDUOAA@va.gov (503) 220-8262 x 56109</p>