



DEPARTMENT OF VETERANS AFFAIRS-SLVHCS  
ASSOCIATE CHIEF OF STAFF FOR EDUCATION (ACOS/E) OFFICE  
GRADUATE MEDICAL EDUCATION (GME) PROGRAM  
RETURNING TRAINEE ONBOARDING

**RETURNING TRAINEE INFORMATION AND ONBOARDING REQUIREMENT(S)**

Note: This packet is for trainees who previously rotated at the Southeast Louisiana Veterans Health Care System and will be returning for future rotations until the end of their Residency/Fellowship Program.

**NAME**(full legal name):

**PGY:**

**AFFILIATE/SCHOOL:**

**PROGRAM:**

**CDS LICENSE #:**

(<https://secure.pharmacy.la.gov/Lookup/LicenseLookup.aspx>)

**PMP LICENSE #** (leave blank if not applicable):

(To register: Prescription Drug Monitoring Program website <https://louisiana.pmpaware.net/login>)

**PIV CARD EXPIRATION DATE:**

**\*If your VA ID card also known as a "PIV card" expires before your assigned rotation please contact your VA Service or the VA GME Office to get processed for a new card.**

Please attach the documents listed below:

**Online VA TMS Training Certificate** Course-"VHA Mandatory Training for Trainees refresher" (certificate completion date must be current for AY Year 2024. To download your certificate navigate to your "learning history" in TMS).

Instructions to login to TMS: Navigate to <https://www.tms.va.gov/SecureAuth35/>, enter your username (personal or school email you registered with) then click Submit.

**WOC LETTER**

VA GME Program Office:

Office Location: 2400 Canal Street, Admin Building, 1<sup>st</sup> floor,  
room 1Q101, New Orleans, LA 70119

Office Hours: Mondays–Fridays from 8:00a.m. to 5:00p.m

Office contact: (504) 507-2000 ext. 67518

DEPARTMENT OF VETERANS AFFAIRS  
Southeast Louisiana Veterans Health Care System  
P. O. Box 61011  
New Orleans LA 70161-1011



APPOINTMENT LETTER FOR TRAINEES PAID  
THROUGH A DISBURSEMENT AGREEMENT

Dear VA Health Professions Trainee:

Welcome to the Department of Veterans Affairs (VA) and the Southeast Louisiana Veterans Health Care System (SLVHCS). You will be given a ***without compensation appointment*** at our facility as a Medical Resident/Fellow \_\_\_\_\_ (*month/year start of academic year*), through \_\_\_\_\_ (*month/year of program end date*), under the authority of Title 38 United States Code (U.S.C.) 7406. During your period of appointment to our facility, you will be paid by VA using a disbursement agreement with LSU (*name of affiliated school*) and will be authorized to perform services as directed by your SLVHCS Site Director.

Acceptance of this letter, as signified by your signature below, and completion of the Standard Form (SF) 61 prior to the start of your training, serves as your appointment authorization for this training period. If you have prior federal service, you are requested to report to our Human Resources Management Office within 14 days of the beginning of your rotation for additional appointment information and processing. Please bring this letter with you, as well as any documents you may have relating to your prior federal service.

Sincerely yours,

/s/

Inger Alston

Chief, Human Resources Management Service

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed or Typed Name)

\_\_\_\_\_  
(School and Program)