

CLINICAL TRAINEE REGISTRATION FORM			
VA Medical Center Huntington, WV			
This information will be kept confidential. All fields are required.			
Legal Name	<i>First</i>	<i>Middle</i>	<i>Last</i> <i>Suffix</i>
Address			
Home Email Address		Social Security Number	
Are you a foreign national?	Date of Birth	Gender	Birth Place (City and State)
Yes No		Male Female	
RACE:			
Eye Color	Hair Color	Height ft in	Weight lbs
Education Information			
Program Start Date		Program End Date	
Program of Study		School Name	
Position			
Service or Department Assigned/Requested			

Have you **ever** had computer access at this VA or any another VA? YES, List Below

Provide Facility and User ID for TMS: _____

Do you currently have a TMS account at another VA? YES NO

(TMS.va.gov is the internet site where you complete the required training) If so, list the name of the VA and your TMS ID. _____

U.S. Citizen by Birth? Naturalized U.S. Citizen? Not a U.S. Citizen?

"A" Number: _____ VISA Type: _____ VISA # _____

Issue Date (MM/DD/YYYY): _____ Expiration Date (MM/DD/YYYY): _____

Do you have a Valid DS2019? YES NO Date of last validation (MM/DD/YYYY) _____

Country of Citizenship? _____