



Department of Veterans Affairs

442/05

Cheyenne VA Medical Center
2360 E. Pershing Blvd.
Cheyenne, WY 82001

Student/Instructor:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility for training from _____ to _____, under authority 38 U.S.C., 7405(a)(1). During your period of affiliation with our facility, you are authorized to perform services as directed by the Chief, Nursing Service.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Veterans Health Administration such as leave, retirement, etc. You will, however, be eligible to receive U.S. Department of Labor Workers' Compensation benefits for on the job injury or disease.

If you agree to these conditions, please sign as indicated.

NAME	SSN	SIGNATURE

Sincerely,

Kay Peterson
Human Resources Manager

STUDENT/TRAINEE DEMOGRAPHIC INFORMATION:

TRAINEE/STUDENT FULL NAME AS IT APPEARS ON THEIR

LEGAL DOCUMENTS **(INCLUDING MIDDLE NAME):**

GENDER: MALE: _____ FEMALE: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

NAME OF INSTITUTION: _____

PROGRAM OF STUDY: _____

We are asked to report the total number of individuals trained by race and national origin. The information is for STATISTICAL USE only. Please mark the appropriate box:

Black, Not of Hispanic Origin White, Not of Hispanic Origin
 Hispanic American Indian or Alaskan Native
 Asian or Pacific Islander

DATES OF ROTATION: _____ TO _____

DEPARTMENT ASSIGNED: _____

FACULTY NAME: _____

FACULTY PHONE: _____

**PLEASE COMPLETE THE INFORMATION LISTED ABOVE AND FAX THIS FORM VIA SECURE FAX 307-772-7738
ATTN: DESIGNATED LEARNING OFFICER AT LEAST ONE MONTH PRIOR TO YOUR REQUESTED CLINICAL
ROTATION DATE AT THE CHEYENNE VAMC.**