

Form Checklist

CHECKLIST OF FORMS THAT NEED TO BE RETURNED By April 10, 2009	
I. Graduate Medical Education Forms	
(1) Appointment Letter Acceptance Form	<input type="checkbox"/>
(2) Life Support Certification Class Registration Form AND/OR copies of life support certification cards	<input type="checkbox"/>
(3) Parking Permit Request	<input type="checkbox"/>
(4) Duty Hours Agreement	<input type="checkbox"/>
(5) Texas Medical Association Insurance Trust (TMAIT)	<input type="checkbox"/>
(6) Texas Medical Association (TMA) Form	<input type="checkbox"/>
(7) TAMU-User Agreement (NetID Account Form)	<input type="checkbox"/>
(8) Waiver for Texas Physician-In-Training Application	<input type="checkbox"/>
(9) Waiver for Drug Screening (fill in information and initial both urine & oral swab blanks)	<input type="checkbox"/>
II. Scott & White Employment Forms	
(10) Scott & White Building Access Control Agreement	<input type="checkbox"/>
(11) Scott & White Network System User Agreement	<input type="checkbox"/>
(12) Scott & White Immunization Record signed by Health Professional (or other official signed record of immunization)	<input type="checkbox"/>
III. Specialty Forms (See Sections "A-D" below)	
(13) "A" Respirator Fitting Form ("A")	<input type="checkbox"/>
(14) "B" Scrub-EX Form ("B")	<input type="checkbox"/>
(15) "C" CR Darnall Army Medical Center – Electronic Personnel Security Questionnaire SF85P and SF85P-S Worksheet ("C")	<input type="checkbox"/>
"D" The Central Texas VA Application and forms need to be returned to the VA by May 11, 2009 . PLEASE DO NOT RETURN THESE FORMS TO Scott & White.	
Central Texas VA Application ("D")	<input type="checkbox"/>
IV. Forms That Need To Be Returned to Program Administrator at Orientation (Permanent address required)	
Direct Deposit Form	<input type="checkbox"/>
W-4	<input type="checkbox"/>
I-9 (ID's) – Please bring originals; must be viewed by program coordinator	<input type="checkbox"/>
Data Capture Form	<input type="checkbox"/>

Specialty Forms

"A"

PLEASE COMPLETE RESPIRATOR FITTING FORM, IF YOUR SPECIALTY IS:

Anesthesiology	Pathology
Emergency Medicine	Pediatrics
Family Medicine	Pulmonary
General Surgery	Radiology
Infectious Disease	
Internal Medicine	

"B"

PLEASE COMPLETE SCRUB-EX FORM, IF YOUR SPECIALTY IS:

Anesthesiology	Orthopedic Surgery
General Surgery	Plastic Surgery
OB/Gyn	Urology

Ophthalmology
Cardiology/ Interventional Cardiology

Podiatry
Emergency Medicine

“C”

**PLEASE COMPLETE ELECTRONIC PERSONNEL SECURITY
QUESTIONNAIRE SF85P, IF YOUR SPECIALTY IS:**

Family Medicine

“D”

**PLEASE GO TO THE [CTVHCS](#) WEB SITE AND COMPLETE THE [CTVHCS](#)
FORMS AS DIRECTED, IF YOUR SPECIALTY IS:**

Anesthesiology	Dermatology
Endocrinology	Family Medicine
Gastroenterology	General Surgery
Internal Medicine	Medical Oncology
Ophthalmology	Pathology
Plastic Surgery	Podiatry
Psychiatry	Pulmonary Disease/Critical Care Med
Radiology	Urology
Vascular Surgery	

**All VA forms need to be returned by May 11, 2009 and need to be sent to the
VA, not Scott & White.**

If you have any questions regarding the [CTVHCS](#) forms please contact:

Mrs. Nancy Beimer
nancy.beimer@va.gov