



**DEPARTMENT OF VETERANS AFFAIRS**  
**Network Contracting Office 23 (NCO 23)**  
**2501 W 22<sup>nd</sup> Street**  
**Sioux Falls, SD 57105**

Below are the steps to obtain a background check, physical access to VA property, and VA computer access.

1. Complete the following forms.
  - a. Contract Security Services Request Form #1
  - b. Contractor Fingerprinting Request Form #2
  - c. VHA Services Center PIV Sponsorship Form #3
  - d. OF306 – Declaration of Federal Employment
2. Fax Forms #1, #3, and OF306 to VHA Service Center (VSC) Personnel Security Office at fax number 216-447-8025, or submit via encrypted email to [VSCSecurity@va.gov](mailto:VSCSecurity@va.gov).
3. Retain Form #2 for the fingerprinting appointment.
4. Schedule an appointment for fingerprinting using the following steps.
  - a. Go to <https://va-piv.com/SignInUserAccount.aspx>
  - b. Click “Accept the Terms and Conditions”
  - c. DO NOT LOG IN
  - d. Click “Click Here to Create a New PIV Card Applicant Account”
  - e. Complete the account creation information
    - i. Organization is “VHA”
    - ii. Applicant Type is “Contractor”
  - f. Click “Create Account”
  - g. Schedule an appointment by location, date, and time
    - i. Ensure receipt of an email to confirm the appointment
  - h. Take Form #2 (Contractor Employee Fingerprinting Request) along to the fingerprinting appointment. The form will be signed by the VA Human Resources representative.
  - i. Take forms of identification in accordance with the attachment titled “Identity Documentation Criteria” to the fingerprinting appointment.
5. After fingerprinting is complete, submit Form #2 to VHA Service Center (VSC) Personnel Security Office at fax number 216-447-8025, or submit via encrypted email to [VSCSecurity@va.gov](mailto:VSCSecurity@va.gov).
6. The VSC will send an email notice to the email address provided on the forms to request additional information for a National Agency Check with Inquiries (NACI) background check. Complete the request per the direction of the VSC.
7. Use the form titled “VA TMS for Contractors” to create an account in VA Talent Management System (TMS). After a successful registration in TMS, complete the following courses.

- a. VA Privacy and Information Security Awareness and Rules of Behavior, course number 10176
  - b. Privacy and HIPPA Training, course number 10203
8. Email a copy of both training certificates to the VA Contracting Officer (CO) and Contracting Officer's Representative (COR). The two classes will need to be completed annually.

Before commencing contract services for VA:

1. The fingerprints must receive a favorable adjudication and the NACI background must be initiated by the Veterans Security Center (VSC).
2. After VA receives a notice of a favorable adjudication of the fingerprints, schedule an appointment to obtain a Personal Identification Verification (PIV) badge.
  - a. Schedule an appointment for the PIV badge using the following steps.
    - i. Go to <https://va-piv.com/SignInUserAccount.aspx>
    - ii. Click "Accept the Terms and Conditions"
    - iii. Log in using the account information created during the fingerprinting appointment scheduling.
    - iv. Schedule an appointment by location, date, and time
    - v. Take forms of identification in accordance with the Identity Documentation Criteria to the appointment.
3. The VA COR will provide you with user name and password information for the VA network and applicable software programs as needed to perform the contract services.



**Department of Veterans Affairs  
VHA Service Center Personnel Security  
6100 Oak Tree Blvd #500  
Independence, OH 44131  
216-447-8023 ext. 3780**

## **VSC PERSONNEL SECURITY SERVICES OVERVIEW**

The VHA Service Center Personnel Security offers a comprehensive service which ensures that contractor security requirements are met in accordance with OPM and federal regulations from initiation to completion. Communication is maintained between the VSC, the contracting officer, the COTR and the contracting company point-of-contact at all times during the process.

This service includes the below:

- ☞ Fingerprint submission and adjudication:
  - This involves ensuring that contractors submit fingerprints for background screening and adjudication of fingerprint/background screening results. After the results are confirmed or adjudicated, the National Criminal History Check (NCHC) Form would be sent to all contacts via email.
- ☞ Existing investigations:
  - Verifying existing investigation information and collecting the required documents for reciprocity. The required documentation would include the OF306 Form and Self-Certification Form. These documents would be provided upon confirmation of investigation through the OPM Portal.
- ☞ New investigations:
  - Upon receipt of the Contract Security Services Request, our office will obtain and submit all required documents to request an investigation through Little Rock Special Investigations Center (SIC) and monitor the progress through completion.
- ☞ PIV Badges:
  - Our office can also manage and sponsor the PIV badges as required, as soon as the investigations are released from Little Rock SIC and scheduled by OPM.



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**216-447-8023**

**CONTRACT SECURITY SERVICES REQUEST FORM #1**

(Please see Instructional Form 1a for assistance in completing this form)

**CONTRACTOR INFORMATION**

- Ⓐ Contracting Officer Name & Phone: \_\_\_\_\_
- Ⓑ COTR Name & Phone: \_\_\_\_\_
- Ⓒ Contract End Date (Including Options): \_\_\_\_\_
- Ⓓ SAO Region (East/West/Central): \_\_\_\_\_
- Ⓔ Purchase/Task Order Number: \_\_\_\_\_
- Ⓕ Contractor Position Description: \_\_\_\_\_
- Ⓜ Direct Patient Care (Y/N): \_\_\_\_\_
- Ⓖ Investigation Level (SAC/Low/Med/High): \_\_\_\_\_
- Ⓝ Network Access (Y/N): \_\_\_\_\_
- Ⓖ Contract Company Name (Subcontractor): \_\_\_\_\_
- Ⓗ Contract Company Address: \_\_\_\_\_
- Ⓙ Contractor POC Name & Phone: \_\_\_\_\_
- Ⓚ Contractor POC Email: \_\_\_\_\_
- Ⓛ Contracting Officer Signature: \_\_\_\_\_

\*\*\*This signature verifies that an official contract is in place prior to processing the applicants for badging\*\*\*

**CONTRACTOR EMPLOYEE INFORMATION**

Ⓞ	Ⓟ	Ⓠ	Ⓡ	Ⓢ
Employee Name (Full Legal Name)	SSN	Email Address	D.O.B.	Place of Birth (City, State/Country)

\*Please use Supplemental Form 1b for additional individuals





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**SECURITY VERIFICATION CONTINUATION  
INSTRUCTIONAL FORM 1B**

- Ⓐ **Contracting Officer Name & Phone:** Please list the post-award contracting officer or specialist handling this task order and phone number.
- Ⓑ **COTR Name & Phone:** Please list the Contracting Officer Technical Representative and phone number. The COTR is the liaison between the contracting officer and contracted company.
- Ⓒ **Task Order Number:** Please list the task order number (VA000-C00000). Our database is based on tracking contracts by station. Should the task order number change at fiscal year end, please indicate this on any future request worksheets by listing the old task order number in parenthesis.
- Ⓓ **Contract Company Name:** Please provide the name of the contracting company that will be providing the work under the task order. Please provide subcontractors in parenthesis.
- Ⓔ **Contractor POC Name & Phone:** Please provide the main point-of-contact for the contracting company and contact information. This person may be contacted to provide additional information or documents in the process. All communication with this individual will include the contracting officer and COTR.
- Ⓕ **Employee Name:** Please provide the full legal name of the individuals working on this task order. If the individual is working on multiple task orders, please list them again as our database tracks contract statistics.
- Ⓖ **SSN:** Please provide complete social security numbers for all individuals listed.
- Ⓗ **Email Address:** Please provide a valid email address for all individuals. This email address will be provided for EQIP communication.
- Ⓘ **DOB:** Please provide date of birth for all individuals listed.
- Ⓙ **Place of Birth:** Please provide place of birth for all individuals listed, including city, state and country. For foreign-born individuals, please provide proof of citizenship.



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## CONTRACTOR/EMPLOYEE FINGERPRINTING REQUEST FORM #2

SON: 955C / SOI: VA08 IPAC/OPAC: 3600.1200

(Please see Instructional Form #2a for assistance in completing this form)

### EMPLOYEE INFORMATION (PLEASE PRINT)

- Ⓐ Full Legal Name (First Middle Last): \_\_\_\_\_
- Ⓑ SSN Last Four: \_\_\_\_\_
- Ⓒ Contractor (Yes/No): \_\_\_\_\_

### FACILITY INFORMATION

- Ⓓ VAMC Name & Location: \_\_\_\_\_
- Ⓔ Station Number: \_\_\_\_\_
- Ⓕ Date Fingerprinted: \_\_\_\_\_
- Ⓖ Method of Fingerprinting: Electronically / Manually
- Ⓗ Date Card Mailed to OPM\*: \_\_\_\_\_

**After fingerprints are captured, fax this completed document to:**

**VHA Service Center (VSC)  
Personnel Security Office  
Fax# 216-447-8025**

**\*If fingerprints are manually taken, please ensure the FD-258 Fingerprint Card is used and that it is mailed directly to OPM at the address below:**

**OPM Rapid Response Team  
OPM-FIPC  
1137 Branchton Rd  
Boyers, PA 16020**



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## **CONTRACTOR / EMPLOYEE FINGERPRINT REQUEST INSTRUCTIONAL FORM 2A**

Purpose: The Contractor/Employee Fingerprint Request is to assist individuals in obtaining fingerprinting services from VA Facilities nationwide, on behalf of the VSC. This form is required by Little Rock SIC before a request for investigation can be submitted.

- Ⓐ **Full Legal Name:** Please provide full legal name of individual requiring fingerprints.
- Ⓑ **SSN Last Four:** Please provide the last four of the individual's social security number.
- Ⓒ **Contractor (Yes/No):** Please indicate whether the individual is a contractor. Contracted employees are considered contractors.
- Ⓓ **VAMC Location:** Please provide the name and location of the VA Facility where the fingerprints were submitted.
- Ⓔ **Station Number:** Please provide the station number of the VA Facility where the fingerprints were submitted.
- Ⓕ **Date Fingerprinted:** Please provide the date that the fingerprints were submitted at the VA Facility.
- Ⓖ **Method of Fingerprinting:** Please indicate whether the fingerprints were submitted electronically or if manual fingerprints were submitted with ink and fingerprint card.
- Ⓗ **Date Card Mail to OPM:** If fingerprints were submitted manually, please provide the date the card was mailed to



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**VHA SERVICE CENTER PIV SPONSORSHIP FORM #3**

(Please see Instruction Form #3a for assistance in completing this form)

**CONTRACTOR / EMPLOYEE INFORMATION**

Ⓐ Full Legal Name (First Middle Last): \_\_\_\_\_

Ⓑ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Ⓒ Social Security Number: \_\_\_\_\_

Ⓓ Citizenship: \_\_\_\_\_ (US Citizen, Naturalized, Non-Citizen)

Ⓔ Assigned Duty Station: \_\_\_\_\_

Ⓕ Address of Assigned Duty Station: \_\_\_\_\_

Ⓖ VA.GOV Email Address: \_\_\_\_\_

Ⓗ Gender: \_\_\_\_\_

Ⓘ Race: \_\_\_\_\_

Ⓝ Height: \_\_\_\_\_

Ⓞ Weight: \_\_\_\_\_

Ⓟ Eye Color: \_\_\_\_\_

Ⓠ Hair Color: \_\_\_\_\_

Ⓡ Place of Birth (City, State, Country): \_\_\_\_\_

Ⓢ Position Title: \_\_\_\_\_

Ⓣ Contractor Company Name: \_\_\_\_\_

Ⓤ Company Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**PIV SPONSORSHIP INSTRUCTIONAL FORM 3A**

Purpose: The PIV Sponsorship Form is used to complete the PIV badge application through the nationwide portal. All information is required to process a PIV badge.

- A Full Legal Name:** Please provide full legal name of individual as shown on driver's license or photo ID.
- B Date of Birth:** Please provide the date of birth of the individual.
- C Social Security Number:** Please provide the social security number of the individual.
- D Citizenship:** Please provide the citizenship of the individual. All foreign-born individuals will be required to submit proof of citizenship.
- E Assigned Duty Station:** Please provide the name of the individual's assigned duty station.
- F Address of Assigned Duty Station:** Please provide the complete address of the assigned duty station.
- G VA.GOV Email Address:** Please provide the va.gov email address of the individual. If the individual has not had the email address established, or will not be obtaining an email address, please indicate pending or not applicable.
- H Gender:** Please provide gender of individual.
- I Race:** Please provide race of individual.
- J Height:** Please provide height of individual.
- K Weight:** Please provide weight of individual.
- L Eye Color:** Please provide eye color of individual.
- M Hair Color:** Please provide hair color of individual.
- N Place of Birth:** Please provide city, state and country of individual's place of birth. All foreign-born individuals will be required to provide proof of citizenship.
- O Position Title:** Please provide position title of individual.
- P Contractor Company Name:** Please provide the contracting company that the individual will be working under. If the individual is a VA employee, please indicate not applicable.
- Q Contracting Company Address:** Please provide the contracting company address. If the individual is a VA employee, please indicate not applicable.

# Declaration for Federal Employment

Form Approved  
OMB No. 3206-0182

## Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

## Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

**ROUTINE USES:** Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

## Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

# Declaration for Federal Employment

Form Approved  
OMB No. 3208-0182

## GENERAL INFORMATION

1. FULL NAME (First, middle, last) ◆	2. SOCIAL SECURITY NUMBER ◆
3. PLACE OF BIRTH (Include city and state or country) ◆	4. DATE OF BIRTH (MM/DD/YYYY) ◆
5. OTHER NAMES EVER USED (For example, maiden name, nickname, etc) ◆ ◆	6. PHONE NUMBERS (Include area codes) Day ◆ Night ◆

## Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

- 7a. Are you a male born after December 31, 1959?  YES  NO *If "NO" skip 7b and 7c. If "YES" go to 7b.*
- 7b. Have you registered with the Selective Service System?  YES  NO *If "NO" go to 7c.*
- 7c. If "NO," describe your reason(s) in item #16.

## Military Service

8. Have you ever served in the United States military?  YES *Provide information below*  NO  
*If you answered "YES," list the branch, dates, and type of discharge for all active duty.  
 If your only active duty was training in the Reserves or National Guard, answer "NO."*

Branch	From <small>MMDD/YYYY</small>	To <small>MMDD/YYYY</small>	Type of Discharge

## Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>   | YES                      | NO                       |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO.") <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.</i>  | YES                      | NO                       |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you now under charges for any violation of law? <i>If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.</i>  | YES                      | NO                       |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? <i>If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.</i> | YES                      | NO                       |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) <i>If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.</i>                     | YES                      | NO                       |
| <input type="checkbox"/> <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

# Declaration for Federal Employment

Form Approved:  
OMB No. 3206-0182

## Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works.
- YES  NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service?
- YES  NO

## Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

## Certifications / Additional Questions

**APPLICANT:** If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

**APPOINTEE:** If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I **understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment.** I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I **consent** to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I **understand** that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

17b. Appointee's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Sign in ink)

<b>Appointing Officer:</b> Enter Date of Appointment or Conversion MM / DD / YYYY
---

18. **Appointee (Only respond if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? DATE: \_\_\_\_\_ MM / DD / YYYY

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES  NO  Do Not Know

18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled.

YES  NO  Do Not Know

## IDENTITY DOCUMENTATION CRITERIA

1. The following criteria must be met by all VA employees, contractors, and affiliates prior to being issued a PIV card or Non-PIV Card.
2. FIPS 201-1, Section 2.2 states the applicant shall be required to provide two original forms of identity source documents. The identity source documents are taken from the list of acceptable documents included in *Form I-9, OMB No. 1615-0407, Employment Eligibility Verification*, dated August 7, 2009. At least one document shall be a valid State or Federal government-issued picture identification (ID).
3. Identity Document Criteria
  - a. The Registrar must examine each identity source document provided by the Applicant.
  - b. All identity source documents must be unexpired
  - c. Any document that appears invalid (e.g., absence of security hologram, or other known security features, on a State issued driver's license; absence of security features on a birth certificate or passport; smeared ink; missing information; etc.) is to be rejected by the Registrar and reported to the Office of Security and Law Enforcement (OSLE) for review.
  - d. Handwritten or photocopied documents are not acceptable.
4. Acceptable Identity Documents. Two forms of identification are required from Table 1: Acceptable Identity Documents. The following combinations are accepted:
  - a. Two forms of identification from Column A (Government Issued Photo ID);
  - b. One form of identification from Column A and one form from Column B (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government); or
  - c. For persons under the age of 18 who are unable to present a document from Column A, the following documents are acceptable:
    - (1) School record or report card or
    - (2) Clinic, doctor, or hospital record.
5. Applicant Names
  - a. The name of the Applicant in the card request must match the name exactly as printed on at least one of the identity source documents. The names on the identity source documents must match using the examples in Table 2: Acceptable Name Mismatches and Table 3: Not Acceptable Name Mismatches.

b. Applicants with multiple last names may use the guidance for middle names in Table 2: Acceptable Name Mismatches.

c. An ID issued before a legal name change (e.g. birth certificate or driver's license) can be presented as one form of ID if a legal document (e.g. marriage certificate/license or a court order) is also presented linking the previous name to the current legal name. The linking document has to display both the former and current legal names. Both documents must be valid and not expired. For example, a married woman may use both a certified copy of her birth certificate displaying her maiden name and a driver's license displaying her married name as the 2 forms of ID compliant with PIV Guidelines as long as she provides a marriage license displaying both her maiden name and married name.

Table 1. Acceptable Identity Documents

<p style="text-align: center;">COLUMN A Government Issued Photo ID</p>	<p style="text-align: center;">COLUMN B Non-Picture ID and or Acceptable Picture ID not issued by Federal or State Government</p>
<ul style="list-style-type: none"> <li>• U.S. Passport or U.S. Passport Card</li> <li>• Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>• Foreign passport that contains a temporary I-551 stamp</li> <li>• Employment Authorization Document that contains a photograph (Form I-766)</li> <li>• Foreign passport with Form I-94 or Form I-94A</li> <li>• Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A</li> <li>• Driver's license or State issued ID card</li> <li>• Federal, state, or local government issued ID card</li> <li>• School ID with photograph</li> <li>• U.S. Military card</li> <li>• Military dependent's ID card</li> <li>• U.S. Coast Guard Merchant Mariner Card</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Card</li> <li>• Original or certified Birth Certificate</li> <li>• Certification of Birth Abroad Issued by the Department of State (Form FS-545)</li> <li>• Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>• Voter's Registration Card</li> <li>• Native American Tribal Document</li> <li>• U.S. Citizen ID Card (Form I-197)</li> <li>• Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>• Employment Authorization document issued by the Department of Homeland Security</li> <li>• Canadian Driver's License</li> </ul>
<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p>	
<ul style="list-style-type: none"> <li>• School record or report card</li> <li>• Clinic, doctor, or hospital record</li> </ul>	

Table 2. Acceptable Name Mismatches

Name	Acceptable Mismatches	
	First Name Source Shows	Second Name Source Shows
First	Single first name Example: "Mary" (with "L." given as middle initial)	First name as two words Example: "Mary Lou"
Middle	Single letter as middle initial Example: "L."	Middle name spelled out, first letter of the name matches the single letter Example: "Lawrence"
	Compressed middle name Example: "Heewan"	Properly-formed expansion of middle name Example: Hee-Wan
Last	Last name given in hyphenated form Example: "Smith-Jones"	Last name given in non-hyphenated form Example: "Smith Jones"

Table 3. Not Acceptable Name Mismatches

Not Acceptable Mismatches	First Name Source Shows	Second Name Source Shows
Apparent typo or transposition of letters in the name	"John" "Smyth"	"John" "Smith"
Mismatch between given name and an alias or nickname	"Jim"	"James"
First and middle names swapped	"Eldon S. Smith"	"Scott Smith"
Mismatch of suffix	"Tom Smith Jr."	"Tom Smith"

Dear VA Contractor,

In order for you to engage in your work at VA, you are required to ensure all contractors who will be working on the contract complete a mandatory training programs titled *VA Privacy and Information Security Awareness and Rules of Behavior (10176)*, and *Privacy and HIPPA Training (10203)*. This training is offered through the VA Talent Management System (TMS), a system that offers web-based training to VA employees and its partners.

You must ensure each contract employee self-enrolls for a profile on the VA TMS by visiting <https://www.tms.va.gov/plateau/user/login.jsp>. Once there, employees should follow the steps below to create a profile, launch the mandatory training, and complete the content.

Upon completion by all employees, the contractor shall provide their Contracting Officer Representative (COR) with each employee's printed certificate of completion from the TMS.

Managed Self-Enrollment (MSE) enhances VA's training and reporting compliance, and is another step toward establishing VA as a 21st century organization built on providing the best care and service possible for our Veterans!

## 1.1 Step-by-Step Instructions

1. From a computer, launch a web browser and navigate to <https://www.tms.va.gov/plateau/user/login.jsp>
2. Click the [**Create New User**] link in the menu below the “TMS” logo and login fields
3. Select the radio button for “Contractor”
4. Click the [**Next**] button
5. Enter appropriate information in each required field, and also in any non-required field if you have the information
  - a. My Account Information:
    - i. Create **Password** (Follow the guidelines presented on screen)
    - ii. Re-enter **Password**
    - iii. **Security Question**
    - iv. **Security Answer**
    - v. Re-enter **Security Answer**
    - vi. **Social Security Number** (Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.)
    - vii. Re-enter **Social Security Number**
    - viii. **Date of Birth**
    - ix. **Legal First Name**
    - x. **Legal Last Name**
    - xi. **eMail Address** (Enter your business email address. If you have a VA email address assigned to you, it is preferred. The eMail Address will be used as your UserID)
    - xii. Re-enter **eMail Address**
    - xiii. **Phone Number** – Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)
  - b. My Job Information
    - i. **VA City** – Enter “XX”
    - ii. **VA State** – Select from the list
    - iii. **VA Location** – Select from the list
    - iv. **VA Point of Contact First Name** – Enter “XXX”
    - v. **VA Point of Contact Last Name** – Enter “XXX”
    - vi. **VA Point of Contact eMail Address** – Enter “XXX”
    - vii. **VA Point of Contact Phone Number** – Enter “XXX”
    - viii. Check the **HIPPA Training Required** check box



Once you have entered all of the necessary data, click on the “**Submit**” button. Your profile will be immediately created. Copy and save the **UserID** displayed to you on the confirmation page, as you will need this for future logons to the VA TMS. Once done, click on the “**Continue**” button and wait until your “**To-Do List**” populates with the title(s) of the mandatory training content.

## 1.2 Launching and Completing the Content

1. Mouse over the title of the available Item in the **To-Do List**
2. Click the [**Go to Content**] button in the pop-up window that appears.
3. Complete the content following the on-screen instructions.
4. When you have completed the Rules of Behavior, print that out and save it.
5. Exit the course and a completion should be recorded for your effort.
6. Click on the “Completed Work” pod on the lower right hand side of your internet browser window.
7. Move your mouse over the title of the course you just completed and choose to “Print Completion Certificate”.
8. Print off your completion certificate and save it with your signed Rules of Behavior.
9. When you report to VA, bring both the signed Rules of Behavior and the Certificate of Completion for your mandatory training for verification by VA personnel.

## 1.3 Trouble-shooting and Assistance

The Check System link on the VA TMS is an automated tool that confirms the existence of basic, required software on the computer you are using to complete this training. If one is not in compliance with the requirements, a red “x” will appear next to the Check System link. Should this be the case with your computer, please follow the instructions to bring your computer up to the standards that will work with the VA TMS.

If you do not have a Social Security Number, or if you experience any difficulty creating a profile or completing the mandatory content, contact the VA MSE Help Desk at 1.888.501.4917 or via email at [VAMSEHelp@gpworldwide.com](mailto:VAMSEHelp@gpworldwide.com).