

**Department of
Veterans Affairs**

Memorandum

Date:

From:

Subj: Permission to proceed with an affiliation agreement with

To: COS (11)

Thru: ACOS/E (141)

The program title is:

Purpose of affiliation:

Description of the program/rotation:

1. **How many trainees will rotate at the VAMC at a time?**
 - a. **Number of trainees per rotation (maximum):** _____
 - b. **Hours per week (for a trainee) during each rotation**_____
 - c. **Length of the rotation:** _____
 - d. **Number of rotations per academic year:**_____
2. **What they will be doing?**
3. **Who will be the preceptor?**
4. **Who has oversight from the parent program?**
5. **Is the program accredited? If so by what accrediting body and for what period of time and indicate if full, conditional, partial or other limitations.**
6. **How will it impact patient care/services?**
7. **How it will impact other trainee experiences?**
8. **Is there space for the trainee? Where?**
9. **How will the trainee be evaluated?**
10. **How the trainee will evaluate the program?**

11. Is there a stipend?
12. How does this activity fit the VA Mission/Training Mission?
13. Note that all trainees rotating through the Martinsburg VA Medical Center must complete mandatory training requirements and must also complete all other paperwork requirements. Have you received a list of the required paperwork to disseminate to your students?
14. Rotating trainees must also provide confirmation from their parent institution that they have met their institutional employee health requirements (immunizations and TB/PPD testing) with such requirements enumerated in a letter from the parent institution before they begin their rotation. Do you confirm that such a letter will be submitted to the ACOS/E or ACNS/E prior to the trainee's arrival?
15. We request that trainees participate in a required and anonymous survey sharing their perceptions of training at the VAMC. It is called the *Learners' Perceptions Survey*. The survey is open virtually year round – except in the late summer.

<http://www.va.gov/oa/surveys/>

Please tell us how you plan to communicate the availability and importance of doing the survey with the trainees in your program.

16. Any other pertinent information?

Signature – VA Program Preceptor

RECOMMEND APPROVAL/DISAPPROVAL

APPROVED/DISAPPROVED

Susan George, RN, MPH, NEA-BC, VHA-CM
Associate Director, Patient Care Services

Jonathan E. Fierer, MD
Chief of Staff

Agnes Llewellyn, RN-BC, MSN, ACNS-BC
Chief, Education Learning Resource/DLO

Shirin Kao, MD
ACOS for Education/DEO