OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT – OF 612

Form Approved
OMB No. 3206-0219

Section A – Applicant Information

★ Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4a. Last name	4b. First and middle names		5. Social Security Number
6a. Mailing address ★			7. Phone numbers (include area code if within the United States of America) 7a. Daytime
6b. City	6c. State	6d. Zip Code	7b. Evening
6e. Country (if not within the United States of America)			
8. Email address (if available)			

Section B – Work Experience

Describe your paid and nonpaid work experience related to this job for which you are applying. Do not attach job description.

1. Job title (if Federal, include series and grade)			
2. From *(mm/yyyy)*	3. To *(mm/yyyy)*	4. Salary per $	5. Hours per week
6. Employer's name and address			7. Supervisor's name and phone number 7a. Name 7b. Phone
8. May we contact your current supervisor? Yes ☐ No ☐ If we need to contact your current supervisor before making an offer, we will contact you first.			
9. Describe your duties and accomplishments			

Section C – Additional Work Experience

1. Job title (if Federal, include series and grade)			
2. From *(mm/yyyy)*	3. To *(mm/yyyy)*	4. Salary per $	5. Hours per week
6. Employer's name and address			7. Supervisor's name and phone number 7a. Name 7b. Phone
8. Describe your duties and accomplishments			

Section D – Education

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.			Total Credits Earned Semester	Quarter	Major(s)	Degree (if any), Year Received
3a. Name						
City	State	Zip Code				
3b. Name						
City	State	Zip Code				
3c. Name						
City	State	Zip Code				

Section E – Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related certificates and licenses (current only). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

Section F – General

1a. Are you a U.S. citizen? Yes ☐ No ☐ → 1b. If no, give the Country of your citizenship

2a. Do you claim veterans' preference? No ☐ Yes ☐ → If yes, mark your claim of 5 or 10 points below.

2b. 5 points ☐ → Attach your *Report of Separation from Active Duty* (DD 214) or other proof.

2c. 10 points ☐ → Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

3. Were you ever a Federal civilian employee? No ☐ Yes ☐ → If yes, list highest civilian grade for the following:

3a. Series	3b. Grade	3c. From *(mm/yyyy)*	3d. To *(mm/yyyy)*

4. Are you eligible for reinstatement based on career or career-conditional Federal status? No ☐ Yes ☐
If requested in the vacancy announcement, attach *Notification of Personnel Action* (SF 50), as proof.

Section G – Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application 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.

1a. Signature	1b. Date *(mm/dd/yyyy)*

Instructions for Optional Application for Federal Employment - OF 612

You may apply for most Federal jobs with a resume, an Optional Application for Federal Employment (OF 612), or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in black ink. Help speed the selection process by keeping your application brief and sending only the requested information. **If essential to attach additional pages, include your name and Social Security Number on each page.**

- For information on Federal employment, including alternative formats for persons with disabilities and veterans' preference, contact the U.S. Office of Personnel Management at 703-724-1850, TDD 978-461-8404, or via the Internet at www.USAJOBS.opm.gov.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference, if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. Every employee must pay any valid delinquent debt or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact the office identified in the announcement.

Privacy Act Statement

The U.S. Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc. In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Public Law 104-134 (April 26, 1996). This law requires that any person doing business with the Federal government furnish an SSN or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks, and others who know you. We may use your SSN in studies and computer matching with other Government files. If you do not give us your SSN or any other information requested, we cannot process your application. Also, incomplete addresses and ZIP Codes will slow processing. We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals.

Public Burden Statement

We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Office of Personnel Management (OPM), OPM Forms Officer, Washington, DC 20415-7900. The OMB number, 3206-0219, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed. Do not send completed application forms to this address. Follow directions provided in the vacancy announcement(s).

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Declaration for Federal Employment

Form Approved:
O.M.B. 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 a 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:
O.M.B. No. 3206-0182

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/YY)*
▶	▶
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 *MM/DD/YYYY*	To *MM/DD/YYYY*	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each even 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 *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.

		YES	NO
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.) *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.*	☐	☐
10.	Have you been convicted by a military court-martial in the past 10 years? *(If no military service, answer "NO." 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.*	☐	☐
11.	Are you now under charges for any violation of law? *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.*	☐	☐
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? *If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address.*	☐	☐
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.) *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.*	☐	☐

Declaration for Federal Employment

Form Approved:
O.M.B. 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)

Appointing Officer:
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 ☐

GPO U.S. GOVERNMENT PRINTING OFFICE: 2005-310-640/87668

STUDENT CREDENTIALS VERIFICATION LETTER (SCVL)

DEPARTMENT OR PROGRAM: **PODIATRY**

DATE:_____

DIRECTOR (00)
DVA MEDICAL CENTER
79 MIDDLEVILLE ROAD
NORTHPORT, NY 11768

Dear Medical Center Director,

I certify that the students listed on the attached sheet, to be trained at the Department of Veterans Affairs Medical Center, Northport, New York are physically and mentally fit to perform the duties assigned to them. They meet the education, credential and program requirements in full. They are in good standing in this program, are in good health and have all the required immunizations. They could produce positive letters of reference, and where applicable, their current professional licenses have been verified.

You have been advised of any past criminal record, history of substance abuse, proven patient abuse or other condition that would potentially impact upon a student's performance at this DVA facility. If you have any questions or require additional information, please let me know.

Signed:_____ Date:_____
Program Director

1. _____ Date _____ ACCEPT ☐ DO NOT ACCEPT ☐
MARK A. KAUFMAN, M.D.
Education Coordinator

2. _____ Date:_____ ACCEPT ☐ DO NOT ACCEPT ☐
EDWARD J. YANKOWSKI
Chief, Human Resources Mgmt Service

3. _____ Date:_____ ACCEPT ☐ DO NOT ACCEPT ☐
EDWARD J. MACK, M.D.
Chief of Staff

4. _____ Date:_____ ACCEPT ☐ DO NOT ACCEPT ☐
PHILIP C. MOSCHITTA
Director

Comments_____

Date: _____ ***(Student List Attached)***

STUDENT LIST

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Please list each student and the dates of their rotation.

EMPLOYEE REGISTRATION FORM

PROFESSION TYPE:

☐ HOUSESTAFF ☐ RESIDENT ☐ WOC ☐ CONTRACT ☐ STUDENT ☐ FEE BASIS

☐ CONSULTANT ☐ IPA ☐ INTERN ☐ VOLUNTEER ☐ OTHER _____

IF CONTRACT WORKER, CONTRACT NAME OR NUMBER _____

****

NAME:_____ **SS#:** _____-_____-_____ **DOB:** ___/___/_____

HOME ADDRESS:_____

CITY: _____ **STATE:** _____ **ZIP:** _____

SERVICE: _____ **TITLE/POSITION:** _____

PROJECTED START DATE: ___/___/___ **EXPIRATION OF APPOINTMENT:** ___/___/___

FOR CLINICAL TRAINEES ONLY:

CURRENT DEGREE LEVEL: ☐ Certificate/Diploma ☐ Associates ☐ Baccalaureate

☐ Masters ☐ Postmasters ☐ Fellowship ☐ Doctoral ☐ Other _____

PROGRAM/FIELD OF STUDY:

___Audiology
___Chaplaincy
___Dentistry
___Dietetics
___Health Information
___Health Services Research & Development
___Imaging (Radiologic/Ultrasound Tech, etc.)
___Laboratory
___Medical Student
___Medical Resident/Fellow
___Medical Post-residency Physician in a VA Special Fellowship (Ambulatory Care, National Quality Scholars, Women's Health, etc.
___Med/Surg Support (Respiratory/Biomed Tech,etc)
___Nurse Anesthetist
___Nursing
___Optometry
___Other
___Pharmacy
___Physician Assistant
___Podiatry
___Psychology
___Rehab (OT, PT, KT, etc.)
___Social Work
___Speech/Language Pathology

LAST YEAR ANTICIPATED IN TRAINING PROGRAM AT NORTHPORT _____

SIGNATURE OF CHIEF OR DESIGNEE:_____
DATE_____

Statement of Commitment and Understanding
For
Students/Trainees

As a trainee of the Department of Veterans Affairs (VA), I am committed to safeguarding the personal information that veterans and their families have entrusted to the Department. I am also committed to safeguarding the personal information which other VA trainees and VA employees have provided.

To ensure that I understand my obligations and responsibilities in handling the personal information of veterans and their families, I have completed both the annual General Privacy Awareness Training (or VHA Privacy Training, as applicable) and the annual VA Cyber Security Training. I know that I should contact the VA Privacy Officer, Freedom of Information Act Officer, Information Security Officer, or Regional or General Counsel representative when I am unsure whether or how I may gather or create, maintain, use, disclose or dispose of information about veterans and their families, other VA trainees and VA employees. Should I encounter any difficulty in identifying or reaching these individuals, I understand that I should contact my service chief, or failing that, the Chief of Staff, to seek guidance.

I further understand that if I fail to comply with applicable confidentiality and security status, regulations and policies, I will be removed from VA assignment. I may also be subject to civil and criminal penalties including fines and imprisonment.

I certify that I have completed the training outlined above and am committed to safeguarding personal information about veterans and their families, other VA trainees and VA employees.

_____ _____

Print or type Trainee Name | Trainee Signature

_____ _____

Training Program/Level | Date

Department of Veterans Affairs
Police Service

FINGERPRINT APPLICATION

**** APPLICANTS WILL NOT BE FINGERPRINTED UNTIL THIS FORM IS COMPLETED IN FULL****

NAME (LAST, FIRST MI)			
SOCIAL SECURITY NUMBER			
DATE OF BIRTH			
OTHER NAMES USED			
SEX		Driver's License Number	
RACE		Driver's License State	
EYE COLOR			
HAIR COLOR			
HEIGHT			
WEIGHT			
PLACE OF BIRTH (STATE/COUNTRY)			
RESIDENT ADDRESS			
COUNTRY OF CITIZENSHIP			
SERVICE & JOB TITLE			

STUDENT'S PLEASE COMPLETE THIS SECTION

SCHOOL NAME	
ARE YOU PAID BY THE VA?	

NON U.S. CITIZENS PLEASE COMPLETE THIS SECTION

PASSPORT NUMBER & ISSUING COUNTRY	
VISA NUMBER &TYPE	
OTHER IDENTIFYING NUMBERS	

POLICE USE ONLY

REMARKS:

DATE FINGERPRINTS WERE TAKEN	

NORTHPORT, NY
April 2006

VAMC NORTHPORT
Organizational Development & e\Education (ODE)
Self-Study New Employee Orientation
Post-Test Questions

1. The mission of the "DVA" is to

   a. Meet the needs of America's patients
   b. Provide specialized care to the military
   c. Be a comprehensive healthcare system that providing excellence in value, service, education and research.
   d. To honor America's veterans by providing exceptional health care that improves their health and well being

2. To whom does the Chief of Engineering report?

   a. The Associate Director
   b. The Chief of Staff
   c. The Assoc. Director for Patient Care Services
   d. The Medical Center Director

3. VA Chaplains have a three-fold responsibility to the patients at every VA facility.

   a. True
   b. False

4. Ways that you can take action to prevent workplace violence include:

   a. Assess the environment for potential risks for violence
   b. Pay attention to your gut reaction
   c. Remain aware of how you are presenting to the other person
   d. All of the above

5. At what point should the Patient Advocate/Representative be contacted concerning resolution of patient issues?

   a. Right away
   b. After two weeks
   c. After all resolution attempts at the service level are exhausted
   d. None of the above

6. VA clinicians are required by law to report elder abuse when it is suspected to have occurred in a skilled nursing facility or at home by home health care provider employed by a licensed health care agency.

   a. True
   b. False

7. A patient's self-report of pain intensity is the most reliable measure of pain

   a. True
   b. False

8. Pain Intensity Rating scales are found only at nursing stations .

   a. True
   b. False

9. Patients with a moderate risk for a fall injury can be identified by a Red leaf over their bed and a red wrist band.

   a. True
   b. False

10. Which of the following signs would alert you to the need for further suicide assessment of a veteran?

   a. Extreme sadness following the recent loss of a loved one
   b. A sad elderly male who lives alone and drinks alcohol daily.
   c. Schizophrenia
   d. All of the above.

11. The most important element in hand hygiene is 15 seconds of friction.

   a. True
   b. False

12 You are leaving your PC, which you just signed onto, to run to the copier. You will only be gone for a few minutes. You should:

   a. Log-off your PC
   b. Leave it in; you will only be gone a few minutes
   c. Ask a co-worker to keep an eye on your terminal as you are signed on

13. How much does it cost to visit with an EAP counselor?

    a. Covered by a sliding scale (ability to pay)
    b. Covered by health insurance plan
    c. Nothing (free)
    d. All of the above

14. The "C" in R.A.C.E., an approach to fighting fire, stands for:

    a. Cover the flames
    b. Confine the fire
    c. Call 2555
    d. Contact the Fire Department

15. The Hazard Communication Standard is commonly referred to as the "Right to Know".

    a. True
    b. False

16. Who is responsible for safety?

    a. The Safety Officer
    b. The chairperson of the Safety Committee
    c. The service chiefs
    d. Everyone

17. Class "A" fires consist of:

    a. Ordinary Combustibles
    b. Flammable gases and liquids
    c. Electrical Equipment
    d. None of the above

18. What number would you call to report at disaster or emergency?

    a. 2656
    b. 2225
    c. 2525
    d. 2555

19. Only this person can activate the Medical Center Disaster Plan:

    a. Safety Officer
    b. Police chief
    c. Director (or AOD after normal work hours)
    d. Fire Chief

20. If you lost electrical power and the emergency generator came on, which of the following should be done?

    a. Ensure that life support systems are on emergency power (red outlets)
    b. Notify Engineering – Work Control (ext. 2932)
    c. Obtain portable lanterns if needed
    d. All of the above

21 The EEO counselor does not have to have a final interview with an aggrieved person as part of the informal process

    a. True
    b. False

22 The Informal process must be started within _____ days of the occurrence

    a. 60
    b. 15
    c. 45
    d. 30

23 How many unions are located at/associated with this Medical Center

    a. One
    b. Two
    c. Three

24 There are seven main elements, according to the Office of the Inspector General, that compliance programs should include.

    a. True
    b. False

25. When typing in your codes with the keyboard (VistA), you will not be able to see them

a. True
b. False