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APPLICANT CHECKLIST: This list will help you submit all the documents required to become a Without Compensation Employee (WOC). We recommend that you print a copy of this checklist for reference while completing your application packet. Be sure to read and follow the instructions carefully. Documents can be found on the following website and/or e-mail from WOC Coordinator.
http://www.houston.va.gov/WOC/

Be advised ALL documentation is required to be completed before your WOC Applicant Packet will be initiated through Human Resources.

Initial upon completion of each requirement below:

____ 1. Welcome Letter - Enter your information in all parentheses. (Start date must be at least 4 weeks from today’s date or 6 weeks if credentialing is required. Term is 3 years)
____ 2. Scope of Practice
____ 3. OF-306 Declaration of Federal Employment - sign in the Applicant area NOT the Appointee spot
____ 4. OF-612 Will be attached to the email (Takes the place of forms 10-2850A/C/D or resume)
____ 5. I-9 Employment Eligibility Verification
____ 6. PIV Name Badge Application
____ 7. WOC Initial Processing Form (Without Compensation Appointment (WOC) Application)
____ 8. Intellectual Property Agreement Form
____ 9. Task Analysis for Occupational Health and Safety Exposure
____ 10. VA Certificate of Compliance (for PPD & Hep B AB) - Must be signed and stamped by your physician or Baylor Occupational Health Center
____ 11. Vet Pro (only for Licensed Personnel)
____ 12. Computer Access request
____ 13. VA Form 10-0539 Assignment of Functional Categories
____ 14. Three Attached Brochures signed (new WOC applicants only) (GEMS, Whistle Blower, Operation Save)
____ 15. Copies of Completed Training Below:

TRAINING SITES FOR REQUIRED TRAINING

CITI - https://www.citiprogram.org You may be required to self-register for a user ID and password. If you already have an account with CITI, please affiliate with the VA by choosing >Click here to affiliate with another institution (second drop down on Main Menu...middle of the page). Type in “Houston, TX-580” and follow the instructions to complete your affiliation.

TMS - https://www.tms.va.gov You may need to create a user name and password. Please follow the instructions provided to self-register
REQUIRED TRAINING

A. If you are new research laboratory member at the VA, take the following training in conjunction with any additional training for the research you are associated with below:
   ___ 1. CITI - VA ORD Biosecurity

B. If you are working with Human Subjects...Complete the following training:
   ___ 1. CITI - VA Human Subjects Protection (or BCM equivalent)
   ___ 2. CITI - Good Clinical Practice (GCP) training - ONLY IF YOU ARE WORKING ON A CSP PROTOCOL
   ___ 3. TMS - VA Privacy and Information Security Awareness and Rules of Behavior (TMS# 10176)
   ___ 4. TMS - Privacy and HIPAA Training (TMS# 10203)
   ___ 5. TMS - HOU-ART Infection Control, Blood Borne Pathogen and TB (TMS# 3873852)

C. If you utilize laboratory animals for research, testing, or teaching in any of the settings below:
   - Conduct or supervise use of animals on VA property;
   - Conduct or supervise use of animals purchased with VA funds; or
   - Conduct or supervise use of animals while on a VA tour of duty but not on VA property.
   
   Complete the following training:
   ___ 1. CITI - Working with the VA IACUC
   ___ 2. CITI - Animal Specific Training (mouse, rat, hamster, gerbil, guinea pig, rabbit, cat, dog, swine, nonhuman primate or amphibian)
   ___ 3. TMS - VA Privacy and Information Security Awareness and Rules of Behavior (TMS# 10176)
   ___ 4. TMS - HOU-ART Infection Control, Blood Borne Pathogen and TB (TMS# 3873852)

D. If your work involves packaging and/or shipping of Class 6.2 hazardous materials...Complete the following training:
   ___ 1. CITI - Packaging and Shipping of Class 6.2 Hazardous Agents (or BCM equivalent)

Once your packet and training have been completed please contact the WOC Coordinator, Rebecca Hill at Rebecca.Hill@va.gov or 713-791-1414 x25072 to set up an appointment to turn in your packet.

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WOC Applicant Signature: __________________________________________ Date: ________________

Primary Investigator (PI) Signature: _________________________________ Date: ________________

Training Coordinator Signature: _________________________________ Date: ________________