

eQIP REQUEST FORM - to be badged

To be completed by the Trainee in full

1.a. Have you had a VA computer account previously? Yes No		1.b. If Yes, at which VA did you have computer access?	1.c. Approximately when did you have computer access?
2.a. Legal First Name		2.b. Full Middle Name	2.c. Legal Last Name
3. Social Security Number	4. Date of Birth	5. Title (Select One) Medical Student Resident Fellow	
6. Home Email		7. Training Program/Specialty	8. Expected Graduation Date
9. NPI (if you are a Physician and you know your number)			
10. Gender Female Male	13. Eye Color (Select One) Black Brown Blue Gray		
11. Height	Green Hazel Maroon Pink		
12. Weight	Multicolored Unknown		
	14. Race (Select One) American Indian or Alaskan Native Asian or Pacific Islander Black non-Hispanic Hispanic White non-Hispanic		
	15. Hair Color (Select One) Black Blonde Brown Gray Red White Other:		
16. City of Birth	17. State of Birth	18. Country of Birth	19. Dual Citizenship Yes No