

Mandatory Training for Trainees

TMS Self Enrollment for Hines VA Hospital

This is the data you will need to enter/create, to enroll in the required online training. The **SOLE** purpose of this form is to help you prepare to enroll. You do **NOT** need to submit this form to anyone. You should **NEVER** give your password/security question information to anyone else- that would constitute a breach of security.

New Link to Enroll in Training: <https://www.tms.va.gov/plateau/user/login.do>

**Indicates Required Field*

TMS Self-Enrollment - Information trainees Must Enter:

<i>*Personal Email Address:</i>	
<i>*Password (will include at least one of each of the following: CAPITAL letter, lowercase letter, number and character, and will be from 8-20 characters in length)</i>	
<i>*Security Question:</i>	
<i>*Security Answer:</i>	
<i>* Social Security Number:</i>	
<i>*Date of Birth (MM/DD/YYYY):</i>	
<i>*Legal First Name:</i>	
<i>*Legal Last Name:</i>	
<i>Middle Name (Optional):</i>	
<i>Phone Number:</i>	
<i>VA City:</i>	<i>Hines</i>
<i>VA State:</i>	<i>Illinois</i>
<i>*VA Location Code:</i>	<i>HIN</i>
<i>*Health Professions Trainee type: (Select from following list)</i>	<ul style="list-style-type: none"> • <i>Physician Resident</i> • <i>Dental</i> • <i>All other Health Professions</i>
<i>*Specialty/Discipline: (Select from the list)</i>	<i>(List – dynamic based on trainee choice above)</i>
<i>*VA Point of Contact First Name</i>	<i>Tiffany</i>
<i>*VA Point of Contact Last Name</i>	<i>Richmond</i>
<i>*VA Point of Contact Email Address</i>	<i>Tiffany.Richmond@va.gov</i>
<i>VA Point of Contact Phone Number</i>	<i>708-202-8387 x25025</i>
<i>After completing the registration process, you will login with your new TMS training UserID and Password, and will be taken to a screen where you will see that the VHA Mandatory Training for Trainees (MTT) has been assigned to you.</i>	