

## INFORMATION REQUIRED FOR TRAINING AFFILIATION AGREEMENT (TAA)

1. Complete corporate name of institution with address and zip code.
2. Complete name, title, address, phone number and email address of person responsible for expediting coordination of the TAA within the institution.
3. Complete name of malpractice insurance source.
4. Contact point (name and phone number) within the 59 MDW responsible to answer inquiries regarding training activity.
5. Sentence describing nature and duration of learning activity desired.
6. If justification for the agreement is due to lack of access or availability, please explain.
7. Can this service be purchased in the network (if not, please explain)?
8. What is the impact of sending providers out of the MTF?
9. If for proficiency, how many cases does WHMC receive compared to the annual requirement?
10. What other measures have been taken to keep this service in-house?
11. What will be the impact if the proposal is disapproved (to include impact on GME)?
12. What is the potential cost savings of this agreement?
13. Title of degree granted, i.e., Master's degree in Nursing.
14. Education accrediting body of the program with which we are establishing the TAA.
15. If personnel are leaving WHMC, how many personnel (# estimated X period of time- Ex: 5 personnel going for 2 months)?
  - a. MEPRS code(s) personnel currently use: \_\_\_\_\_
  - b. How much of a reduction in Access to Care will be created (x # of y type appts/procedures):  
Number of MTF appointments lost per month: \_\_\_\_\_  
Number of MTF procedures lost per month: \_\_\_\_\_
  - c. How much is the per diem cost per person: \$ \_\_\_\_\_
    - i. Location? \_\_\_\_\_
    - ii. How many days? \_\_\_\_\_
  - d. Who pays for the per diem? GME / 59 MDW
  - e. Which Group will do the DTS approving/tracking of these orders?
  - f. Is this type of experience available in the local area or via the local VA? \_\_\_\_\_
  - g. How is workload being tracked for the provider at the other location:  
\_\_\_\_\_
  - h. Who is responsible for reporting workload back to 59 MDW MEPRS/Data Quality
    1. Facility NPI2: \_\_\_\_\_
    2. Facility Associated Taxonomy: \_\_\_\_\_
  - i. How many CPTs/ICDs are required to meet proficiency requirements for product line? How many have been performed in the direct care system vs. potential performed at civilian facility?
16. If personnel are coming to WHMC, how many personnel and for what period of time?

- a. These personnel require
  - i. Office space \_\_\_\_\_ (x number of offices/x sq/ft)
  - ii. Special equipment \_\_\_\_\_ (type/model – who provides)
  - iii. Systems access \_\_\_\_\_ (level of access/what systems)
  - iv. Support of current 59 MDW personnel (preceptors, trainers etc) \_\_\_\_\_
  - v. Parking \_\_\_\_\_ ( # of spaces)
- b. How much of an addition in Access to Care will be provided (x # of y type appts/procedures)
- c. Who is doing the security verification prior to the person coming to the 59 MDW?
- d. Who is the responsible POC in case of incident?

17. If personnel are coming to 59 MDW for training, how much of a reduction in access to care will be required to support the training of these personnel?