Start by Choosing “Create New User”

http://www.tms.va.gov

Select appropriate radial for today you will choose “VETERANS HEALTH ADMINISTRATION (VHA)” then click on NEXT
Note: Fields marked with * are required

**MY ACCOUNT INFORMATION**

- The length of the password must be between 12 and 20 characters
- The password must contain the following types of characters:
  - English lowercase letters.
  - English uppercase letters.
  - Arabic numerals(0,1,2,...,9).
  - Non alphanumeric special characters (@#$%^&*+-=[]?/)!
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name/login ID.
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Security answer must be at least 5 characters.

* Password: 

* Re-enter Password: 

* SSN: (Click here to view the VA TMS Privacy Act Notice.) 

(If you are foreign national and do not have an SSN please click here)

* Re-enter SSN: 

* DOB (MM/DD/YYYY): 

* Legal First Name: 

* Legal Last Name: 

* Middle Name (Optional): 

* Personal Email Address (Do not use school email): 

* Re-enter Personal Email Address: 

* Phone Number (do not include hyphens i.e 1112223333) 

* Time Zone ID: 

[Check here to enter an International Phone Number]
MY JOB INFORMATION

*VA Location :
(Supplied by your VA Contact)

*Trainee Type :

*Specialty/Discipline :

*VA Point of Contact First Name :

*VA Point of Contact Last Name :

*VA Point of Contact Email Address :

*Point of Contact Phone Number (do not include hyphens i.e. 1112223333) :

Medical Sharing Type :

*School/University :

*School/University Start Date (MM/DD/YYYY) :

*Estimated School/University Completion Date (MM/DD/YYYY) :

CLICK ON THE V and SELECT APPROPRIATELY

CLICK ON THE ICON, Type West Haven, Select VA CT Healthcare

Medical School or Physician Residency/Fellowship
- Dentistry
- Nursing
- Associated Health
- Advanced Fellowship

Complete Specialty/Discipline

Elizabeth Castellon
Elizabeth.castellon@va.gov
203-932-5711 ext.2704

Type School/University (YALE)
Information including Start Date and Estimated End Date of Program

COMPLETE: SCHOOL INFORMATION and SUBMIT
Select “Continue”

START COURSE: “VHA Mandatory Training for Trainees” and the following Text Box should appear