

**VETERANS HEALTH ADMINISTRATION
DIRECTIVES MANAGEMENT SYSTEM
PROCEDURAL HANDBOOK**

1. **REASON FOR ISSUE:** The purpose of this Veterans Health Administration (VHA) Handbook is to provide the procedures for the preparation and submission of VHA directive and non-directive issues. The procedures contained in this VHA Handbook apply to all VHA organizational elements in the Department of Veterans Affairs (VA) including VHA's field facilities.
2. **SUMMARY OF MAJOR CHANGES:** This is a new VHA Handbook for VHA's Directives Management System (DMS). This handbook contains mandatory procedures and cannot be countermanded or altered, except by the originating office.
 - a. This VHA Handbook contains required VHA procedures for preparing, approving, numbering, and publishing VHA DMS documents.
 - b. VHA issues published through this system will be prefixed with "VHA" for application throughout VHA.
 - c. **Facility Fact Sheet.** The Facility Fact Sheet is part of the new DMS. Redefined procedures for the publishing of Facility Fact Sheet are in paragraph 4j(8).
3. **RELATED DIRECTIVE:** VHA DMS policy is contained in VHA Directive 6330, "Veterans Health Administration Directives Management System," and VA Directive 6330.
4. **RESPONSIBLE OFFICE:** The Office of Directives, Forms and Records Management (161A4), is responsible for the contents in this VHA Handbook.
5. **RESCISSIONS:** This VHA Handbook rescinds DM&S Supplement to MP-1, Part II, Chapter 14, Change 34, dated July 10, 1984; DM&S Supplement to MP-5, Part I, Chapter 332, Appendix G, Change 2, dated February 2, 1982; and Chief Medical Director's (CMD) Memorandums 10-90-002 and 10-83-18.
6. **RECERTIFICATION:** The document is scheduled for recertification on/before the last working day of May 2001.

s/Mike Hughes for

Kenneth W. Kizer, M.D., M.P.H.
Under Secretary for Health

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VHA HANDBOOK 6330

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**VHA Handbook 6330
May 8, 1996**

**Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420**

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DIRECTIVES MANAGEMENT SYSTEM
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**VETERANS HEALTH ADMINISTRATION
DIRECTIVES MANAGEMENT SYSTEM
PROCEDURAL HANDBOOK**

1. PURPOSE AND SCOPE. This Veterans Health Administration (VHA) Handbook contains required, VHA-wide procedures for preparing, approving, numbering, and publishing VHA DMS issues as well as providing style, usage, and format standards. VHA DMS issues include directives, handbooks, memorandums, notices, information letters, newsletters, program guides, training program guides, information bulletins, and pamphlets. This handbook establishes the requirement for reviewing and updating directives, handbooks, and memorandums every 5 years. The procedures contained in this handbook are mandatory for all issues defined herein and apply to all VHA. (**Authority:** Title 42 Code of Federal Regulations (CFR) 201, Federal Information Resources Management Regulation (FIRMR).)

2. VHA STYLE AND USAGE STANDARDS

a. **Guidance.** All VHA issues are to be clear, concise, and logically composed, and organized and arranged in a manner which will permit users to locate information quickly. If questions arise as to style and usage which are not addressed in this handbook, consult the U.S. Government Printing Office Style Manual for editorial guidance. The following guidelines must be followed when preparing VHA DMS documents:

(1) **Words.** Use short words, active verbs, and present tense. Avoid unnecessary words, verbal nouns (gerunds and infinitives used in place of nouns), personal pronouns, and colloquial phrases.

(2) **Sentences.** Use short compact sentences (15 words on the average) and active voice; tie thoughts together; limit qualifying statements, and list conditions, steps, and exceptions separately.

(3) **Paragraphs.** Use short paragraphs (10 lines or less) and headings that reflect paragraph contents; state main points in the first sentence; tie sentences together; state the rule, then the exception; and use cross references carefully and sparingly.

(4) **Use of Accent in Paragraphs.** Accents such as bolding, underlining, or italics, are to be used in the following order (use paragraph requirements in paragraph 3.c. as a guideline):

(a) *Bolding and Capitalization.* Title paragraphs will be bolded and in caps.

For example: **1. PURPOSE AND SCOPE:** Title paragraphs beginning with 1. are bolded and in caps. Also bold the paragraph number.

(b) *Bolding and Underlining.* Titles for subparagraphs should be bolded and underlined: Do not bold the paragraph letter.

For example: a. **Subparagraph Accents.** Subparagraphs beginning with a. use bolding and underlining for emphasis.

(c) *Underline.* Introductory titles, phrases, or words, are underlined.

For Example: (4) Use of Accent in Paragraphs. Subparagraphs beginning with (1) use underlining for emphasis.

(d) *Italic.* Introductory words are in Italic titles phrases, or single words,

For example: (a) *Subparagraphs.* Subparagraphs beginning with (a) use italics for emphasis.

(e) Single words within text which may need special emphases may be underlined. These must be kept to a minimum.

(f) Notes are set off to identify exceptions or special instructions, bold and italicize the word "***NOTE:***" and italicize the text; for example:

NOTE: *Conditions, steps, exceptions. This accent is for special attention to the reader.*

(5) **Punctuation.** Do not bold or underline punctuation at the end of an introductory paragraph.

(a) A colon will be used at the end of title paragraph, if the text follows on the same line:

For example: **1. PURPOSE AND SCOPE:** The purpose of this

(b) A period will be used at the end of an introductory subparagraph:

For example: a. **Subparagraph Accents.** The text follows on the same line.

(c) Titles are not to have punctuation when text does not follow on the same line:

For example: a. **Books**

(1) Title, by Author 1.

(2) Title, by Author 2.

b. **Subparagraph.** When text follows an introductory subparagraph subject or title, punctuation is used:

For example: a. **Books.** A list of books is contained in a catalog

c. **Font.** All VHA DMS documents will be prepared using Times New Roman font, 12 pitch. If the document is more than 20 pages, Times New Roman font, 10 pitch may be used.

d. **Denoting Gender.** In compliance with Public Law (Pub. L.) 99-576, which discourages gender references, words and statements denoting gender which may appear to preclude benefits or services for female veterans, dependents, or beneficiaries; i.e., terms such as "he or she" and "his or her" will not be used; instead use the appropriate terms; e.g., "veteran," "patient," or "service member," etc. This applies to any other subject denoting gender. (For more examples, see Appendix B.)

e. **Use of Metric.** Use metric equivalents in VHA issues as appropriate.

3. VHA SUBMISSION REQUIREMENTS

a. **Presentation.** Consider economy and effectiveness when determining format, type, size, design, use of illustrations, and other aspects of printing or reproduction. When developing or revising a VHA numbered issue:

- (1) Obtain guidance from VHA's Directives Management Staff, or your Publications Control Officer (PCO).
- (2) Plan for sufficient time for processing and printing as to not incur additional costs for "special" processing and printing.
- (3) Follow samples and prescribed procedures outlined in this handbook.
- (4) Write text clearly.
- (5) Determine who "needs to know" or "needs to act" on the information included in the DMS document. If you need assistance, work with your DMO or PCO to develop the list of concurrences required.
- (6) Final document must be a Microsoft word document using format requirements outlined in subparagraph b.
- (7) The concurrence, signature, printing, and distribution procedures established for VHA numbered issues may not be altered due to use of desktop publishing, or any other reason.

b. **Format Requirements**

(1) **Templates.** For NOAVA users, several VHA DMS templates are available on the "O" drive under the directory "VHAPUBS" for each type of VHA media. The requirements for format must be followed as defined for each type of media.

NOTE: Documents received by the DMS staff that are not in the correct format will be returned to the originator for corrections.

(2) Manuscript Format

(a) Originals are to be prepared on white bond paper for all VHA DMS documents prepared using an impact or laser printer. Use the templates provided on the "o" drive under "vhapubs" directory. Tissue, carbon, or photocopies **may not** be used for direct reproduction. Page-for-page substitutions after a document is submitted must be accepted as suitable by the DMO.

(b) Text is single-spaced with the publication identifying number and issue date at the top of each page in the header. Page numbers are in footer (odd numbers on the right and even numbers on the left). The identifying publication number and the page number are always on the same side of the sheet.

(c) For manuscript not available in word processing, a clean paper copy with minor corrections may be made with white correction tape or white "sticky-back" paper. Avoid erasures since they will usually reproduce on the printed copy. Do not use white liquid correction fluid as it may permit covered words to show through during the printing process.

(d) VHA DMS documents produced using desktop publishing systems must conform to the procedures in this handbook, and in MP-1, Part II, Chapter 9 (to be issued as VA Directive 0600), on printing and reproduction. Camera-ready copy submitted for printing through the DMO must conform with the guidelines and standards of the Graphics Standards Manual M-03-1. The concurrence, signature, printing, and distribution procedures established for directives, handbooks, and notices may not be altered due to use of desktop publishing.

(3) Headers and Footers. Headers and footers must be inserted at the creation of the document. Headers are at the top of the page according to page number. Page numbers are at the bottom of the page (odd numbers on the right and even numbers on the left). The identifying document number and the page number are always on the same side of the sheet.

(4) Margins. If you cannot use the template/s provided on the "O" drive, documents must be prepared as follows:

- (a) Set top and bottom margins at 0.5".
- (b) Set left and right margins at 1".
- (c) Set header and footers margins the same as defined in subparagraphs (a) and (b).

(4) Printout. White offset paper is to be used for printout (see par. 3b(2)(a)).

c. Paragraphs Requirements

(1) Title or main paragraphs numbering will begin with the numeric 1. flush with the left margin. Title paragraphs are to be in bold print and all caps. Titles for chapters, sections, and appendixes are to be centered and bold.

(2) Subparagraphs are used when they add meaning or make a document easier to use. If a title is used for one subparagraph, all others of the same "rank" should be given titles. Subdivide text only if two or more paragraphs exist. For example, you can't have a "1" without a "2" nor an "a" without a "b", etc.

(3) Subparagraphs are to be indented three spaces (see option in subpar. (5)). Carryover lines are flush with the left margin.

(4) The following numbering scheme is used for paragraphs in all VHA DMS documents. Arabic numbers and lower case letters are used for main and subparagraphs and the following subdivisions:

- 1. (always flush to left margin) (introductory words are **bold**)
 - a. (must indent only 3 spaces) (introductory words are **bold underlined**)
 - (1) (indent 3 spaces) (introductory words are underlined.)
 - (a) (indent 3 spaces) (introductory words are *italic*.)

- 1. (indent 3 spaces)
- a. (indent 3 spaces)
- (1) (indent 3 spaces)
- (a) (indent 3 spaces)

(5) Page Beginning and Ending. Paragraphs are not begun near the end of a page unless there is room for at least two lines on that page. Paragraphs are not continued to the following page unless at least two lines are carried over to that page.

d. Header Identifying Data. Header data at the top of a page must identify the VA element which originated the DMS document (i.e., VHA); the document type, (i.e., directive, handbook, or notice, etc.); the appropriate functional number, and the approval date which is assigned by the DMO or PCO (see top of this page for example). VHA Memorandums and VHA Notices are identified by "VHA" followed by the calendar year in which issued and a unique sequential number which is assigned by the DMO or PCO. For example: VHA Notice 96-00.

e. Changes

(1) Routine Changes. Changes are made by publishing new or revised page/s . The same identifying data is used as the original issue with and assigned numerical "change" number placed below the identifying data in the header.

(a) Changes are made by or for the official responsible for the VHA issue.

(b) When a change is published, each page which includes new or changed information will be identified with the change number and the current date of issue.

(c) Up to three changes to a document are permitted within a 5-year duration of the issue. At the next change, the directive or handbook must be reissued.

(d) If a change is required within 3 months of the recertification date, a total revision should be processed instead of a change.

(2) Brackets to Mark Changes. New or revised material appearing in changes are to be identified with brackets. Brackets which appeared around earlier changes are deleted in the next revision of that page. If revisions are so extensive that brackets are not practical, a statement will be included on the transmittal sheet to the directive or handbook explaining why brackets have not been used.

f. Amendments (Errata)

(1) Technical amendments (errata) are used only to correct spelling or errors not corrected before printing. Any other changes would be by a change.

(2) Technical amendments (errata) are to be made by an originator and submitted to the DMO or PCO for processing which includes placing a copy of the errata document in the history file of the original issue.

(3) The DMO is the only concurring official.

g. Rescission Dates. Once a rescission date is reached and no action has been taken by the originator to revise or recertify the document, the document is considered obsolete and is no longer in effect. Documents with rescission dates; i.e., notices and information letters will not be referenced in any permanent document; i.e., directives and handbooks. Issues with rescission date are as follows:

(1) Temporary Directive. If the directive is temporary, a rescission (expiration) date of 30 days, or no more than 1 year from the approval date, is assigned by the DMO. If additional time is required, provide justification to VHA DMO or PCO to approve an exception and state the time frame required.

(2) Information Letters. Information Letters (IL) will carry a rescission date for a period of no more than 6 months, unless

otherwise specified. The rescission date will be the last paragraph of the IL before the signature block.

(3) Notices. Notices automatically rescind after 6 months. The rescission date will be the last paragraph of the notice before the signature block.

h. Approval and Signature. Each VHA directive, handbook, memorandum, notice, information letter, newsletter, guide, etc., is approved and signed by an appropriate official (see VHA Directive 6330). The signature, typed name, and title of the approving official will appear four returns after the end of the last paragraph, from the center, five spaces to the right side of the page.

i. Distribution Code. A distribution code, Recurring Publication Code (RPC), will appear at the left margin two lines below the signature block. The RPC number is assigned by the DMO and are assigned only to documents that are to be printed, distributed and stocked by the VA Forms and Publications Depot.

j. Stocking Information. If the document is to be stocked in the VA Forms and Publications Depot, the document must be assigned a distribution identification number which is called the Recurring Publications Code (RPC) and a stock number (see VA Catalog 1-P). For DMS issues, the DMO will assign the RPC number and the "P" stock number which will appear directly below the distribution code.

k. Illustrations

(1) Figures. Tables, graphs, charts, "completed" sample forms, and other illustrations that are used as an example are to be identified as "Figure" beginning with Figure 1.

(2) Appendix: When more than one table, graph, chart, "completed" sample form, and other illustrations are used to convey lengthy "how to prepare" instructions, they are to be identified as an "Appendix" and will be placed at the end of the directive, handbook, PG., etc., beginning with Appendix A.

(3) Figures and appendixes created in other programs; i.e., Excel or Powerpoint, will be assembled into one Microsoft word document in the order in which they will appear in the printed document. If the document cannot be produced in word, a clean copy is to be provided with the document. Do not write on, tape, or staple anything on the face or reverse of the original illustration. Place illustration in the manuscript where it is to appear. If there are black and white photographs, glossy finish photographic prints should be used. Printed and color photographs are generally not satisfactory for reproduction.

l. Reports. Only cite when there is a report requirement. The Reports Control Number (RCN) (old Reports Control System (RCS) number) will always appear at the end of the title line in directives. This number is assigned by the VHA Reports Control Officer (191).

m. Forms

(1) If VHA Forms Staff (161A4) is to design a form, contact them immediately so the new form will be completed in a timely manner with your proposed document.

(2) Blank forms are not to be included in issues unless the form is to be locally reproduced from the copy in the document. All forms must be approved by VHA Forms Staff (161A4). For guidance on locally reproduced forms, see MP-1, Part II, Chapter 4 (to be revised as VA Directive 6310).

(3) "Filled-in" forms used as samples in figures or appendixes are to be typewritten or handwritten just as they would be by a user.

(4) Handwritten entries must be in black ink.

(5) Include in the backup material one copy of each form referenced in the document.

n. Folder Setup. Special *yellow folders* for identifying VHA DMS issues are available from the DMO Office (161A4), and must be used for processing DMS issues:

(1) In an official *yellow folder*, place the following on the *left-hand side* of the folder:

(a) All VA Forms 10-2479, Justification for Proposed VHA Issue; which contain original signatures. Obtain all necessary concurrences (full signatures as required by FIRMR) on VA Form 10-2479 (*initials are NOT acceptable; initials or signatures on routing slips or yellow copies, etc., are NOT acceptable*). When doing simultaneous concurrence, type or print the names of the concurring official and the date signed on the first original VA Form 10-2479. Place the other original signed 10-2479 forms behind the first original.

(b) Backup material. Original documents which contain signatures; i.e., concurring or nonconcurring memorandums, etc.; copy of document being rescinded or replaced; copy of authority; one copy of each referenced form; and any other material essential to the justification for the new issue. **NOTE:** *Submit all originals in the final document package which goes to the DMO (161A4) for final processing. The DMO is responsible for the retention of the history file.*

(2) On the right-hand side of the yellow folder, place the following:

(a) On plain white paper, a complete copy the proposed DMS document. **NOTE:** *Tissues, carbons, or photocopies may not be used for direct reproduction.*

(b) A diskette containing the completed proposed DMS document. There should be only one document on the diskette, all inserts; i.e., the transmittal sheet, Excel, and Powerpoint documents must be inserted in the appropriate place of the final document. **NOTE:** *Pages not available on diskette, but to be included in the document, must be originals or clean photocopies which are accepted as suitable for reproduction by the DMO.*

(3) After ALL concurrences are received except for the final approving officials (10 and 10A), handcarry the package to (161A4) for the DMO's review and final processing.

4. VHA DOCUMENT PREPARATION REQUIREMENTS

a. VHA Transmittal Sheet

(1) Each VHA Directive or Handbook and changes to directives or handbooks will be accompanied by a transmittal sheet. The transmittal sheet will NOT be a permanent part of the directive and will be removed from the directive or handbook and filed in the back of a divider for transmittals behind the number series. See Figure 1 for VHA Transmittal Sheet preparation instructions.

(2) A Transmittal Sheet is to be used for rescinding whole or partial manuals when no document will take its place.

(3) The transmittal sheet identifies the reason for issue, major changes, related issues (primarily directives or handbooks), the responsible office, and any affected rescissions.

(4) The transmittal sheet will carry the signature of the approving officials

(5) The transmittal sheet will contain a header, centered subject line, and the required paragraphs as shown in Figure 1:

FIGURE 1. Sample of VHA Transmittal Sheet

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE XXXX
Transmittal Sheet
(date)

SAMPLE VHA TRANSMITTAL SHEET (RCN 10-XXXX)

1. **REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive establishes/revises/replaces VHA policy for (give a brief statement outlining policy or reason for directive).

2. **SUMMARY OF MAJOR CHANGES:** Brief summary paragraph or list significant changes by paragraph. Major changes are as follows:

- a. Paragraph X: Defines xxxxxx
- b. Paragraph XX: Establishes, etc.
- c. Transmittals Sheet are to be used when rescinding whole or partial manuals and not issuing a document in its place.

3. **RELATED ISSUES:** If appropriate, list any handbooks or any other DMS document related to this issue or None.

4. **REPORTS:** (OPTIONAL) Only cite when there is a report requirement. The Reports Control Number (RCN) (old RCS number) will always appear at the end of the subject line.

5. **RESPONSIBLE OFFICE:** This paragraph will list the title of the official under which the author wrote the directive. This official will be responsible for its update, recertification, and questions regarding the issue. For example: RESPONSIBLE OFFICE: The Chief Patient Care Services (11/111A) is responsible for the contents of this VHA Directive. Questions may be referred to the (list title or office/no names), and telephone/fax number.

6. **RESCISSIONS:** List any affected issues that can be used for tracking the history of the issue. FOR EXAMPLE: The following VHA material is rescinded: VHA Directive 10-94-xxx and VHA's Supplement to MP-1, Part II, Chapter 14, (etc.). Transmittal Sheets are also used to rescind manuals or directives when the manual or directives is being rescinded in its entirety and no new issue will replace it.

7. **RECERTIFICATION:** This document will be recertified on or before (month/year).

Name of Official
Under Secretary for Health

Distribution: **RPC:** (number is assigned by DMO)
FD **P** (number is assigned by DMO)

Printing Date: month/year

(The transmittal sheet will be numbered beginning with T+#.)

T-1

(5) For filing instructions see paragraph 14.

b. **VHA Directive.** VHA Directives are policies issued by the Under Secretary for Health for the compliance of all VHA facilities. The required paragraphs as shown in Figure 2:

FIGURE 2. Sample of VHA Directive

Department of Veterans Affairs
Veterans Health Administration
(or VA Medical Center)
Washington, DC 20420

VHA DIRECTIVE XXXX
(facilities use: *OPERATIONAL PROCEDURES XXX(facility No.)-XX*)

(date)

SAMPLE OF VHA DIRECTIVE

1. **PURPOSE:** The purpose or scope will state the reason for establishing the directive; e.g., “The purpose of this VHA Directive is to establish new policy concerning.....,” or “This VHA Directive replaces VHA Directive 10-96-xxx,” or This VHA Directive rescinds VHA manual M-X, Part xx, Chapter xx. A brief background may be given to provide any explanation that will facilitate a better understanding for the purpose of the directive.
2. **POLICY:** The policy statement must be a brief statement which gives VHA’s policy on the subject. This statement sets the parameters of the directive. At the end of the policy statement, the statute or authority will be identified; i.e., (**Authority:** 38 U.S.C. Section XX, Paragraph xx.) Include a copy of the authority in the backup material.
 - a. **Directives** are short, concise documents of policy, and should be no more than 10 pages in length. If a directive is longer than 10 pages, you should make the directive containing only the policy statement and lengthy mandatory procedures into a handbook. Directives contain policy only; however, if it makes more sense to the reader, short procedures may be included as an appendix to the directive with detailed procedures published separately in a handbook.
 - b. **Paragraphs.** VHA directives include three paragraphs in the following order: **PURPOSE** (define purpose or service’s mission), **POLICY** (identify the statute of authority), and **RESPONSIBILITY** (identify responsibilities and list programs under service’s jurisdiction. **NOTE:** *All program procedures will be issue in a handbook using the same identifying number as the directive which identified responsibility for the program.* Three paragraphs are optional and may be used one without the other: **REPORT**, **REFERENCE(S)**, or **DEFINITIONS**.
 - c. **Appendix.** An Appendix may be with the basic directive if it contains simple instructions or guidelines that are less than 10 pages in length. (Lengthy mandatory instructions must go into a handbook.)
 - d. **Page Numbers.** The first page of a directive (which is the transmittal sheet) carries a “T”(for transmittal)-number. Since this page provides information and does not have to remain as part of the actual directive, it is filed in the back for tracing purposes only. The first page of a directive is always numbered on the bottom right-hand side of the page and is numbered “1.” Even numbers are on the left side at the bottom of the page beginning with “2.”
 - e. **Text.** The format for the text follows the requirements outlined in subparagraph a. Directives are short documents (less than 10 pages in length), so parts and chapters will not be used. Text organized or broken by using subparagraphs as required by paragraph 3c(4).
 - f. **Changes.** Changes are made by the official responsible for the directive. When a change is published, each page which includes new or changed information is identified with current date of issue and the change number. Up to three changes to a directive are permitted. At the next change, the directive must be revised and all changes incorporated for reissue.
3. **ACTION:** List responsibilities and brief action requirements. Lengthy procedures are to be placed in a handbook.
4. **REPORT/S:** (OPTIONAL) Only cite when there is a report requirement. The Reports Control Number (RCN) (old RCS number) always appears at the end of the subject line.
5. **REFERENCE/S:** (OPTIONAL) Cite any references pertaining to the subject. Expired or documents containing an expiration date may not be used as a reference.
6. **DEFINITION/S:** (OPTIONAL) Definitions are an optional paragraph, only use when the list is short. Lengthy definitions lists must be placed in a handbook.

FIGURE 4. Sample of a Temporary VHA Directive

Department of Veterans Affairs
 Veterans Health Administration
 Washington, DC 20420

VHA DIRECTIVE 96-XX
 (date)

SAMPLE OF A TEMPORARY VHA DIRECTIVE (RCN 10-XXXX)

1. **PURPOSE AND SCOPE:** The purpose or scope will state the reason for the directive; e.g.:
 - a. "The purpose of this VHA Directive is to collect data concerning.....", or
 - b. "This VHA Directive implements new software requirements for", and
 - c. A brief background may be given to provide any explanation that will facilitate a better understanding for the purpose of the directive.
2. **POLICY:** The policy statement is a brief statement which gives Veterans Health Administration's (VHA's) policy on the subject. This statement sets the parameters of the directive.
 - a. Temporary directives should not be longer than 20 pages including appendixes.
 - b. A rescission (expiration) date of 30 days, or no more than 1 year from the approval date, is assigned by the Directives Management Officer (DMO). If additional time is required, provide justification to VHA DMO or Publications Control Officer (PCO) to approve an exception and state the time frame required.
 - c. Only in rare cases and with full justification will rescission dates be extended by issuing a change to the temporary directive. Only one change would be permitted.
 - d. No transmittal sheet is required for a temporary directive.
 - e. Temporary directives will be numbered in accordance with the format as shown in Figure 4.
3. **ACTION:** List responsibilities and brief action requirements. Lengthy procedures will be placed in an appendix.
4. **REPORT:** (OPTIONAL) Only cite when there is a report requirement. The Reports Control Number (RCN) (old RCS number) always appear at the end of the subject line.
5. **REFERENCES:** (OPTIONAL) Cite any references pertaining to the subject. Documents containing a expiration date may not be used as a reference.
6. **DEFINITIONS:** (OPTIONAL) Definitions are an optional paragraph, only use when the list is short. Lengthy definitions lists must be placed in a handbook.
7. **EXPIRATION DATE:** This VHA Directive expires (DMO will insert month/day/year for 6 months or less).

Name of Official
 Under Secretary for Health

Distribution: CO: E-mailed and Faxed month/day/year
 FLD: FAXED month/day/year
 EX: Box numbers

THIS VHA DIRECTIVE EXPIRES ON (DATE) (date to be assigned by DMO for 6 months or less)

c. **VHA Handbook**

(1) **Contents**. Associated with a VHA Directive, VHA Handbooks will contain mandatory VA-wide or administration-wide procedures and may be of any length. There may be rare exceptions when required procedures will be published that are not associated to a VHA Directive (check with the DMS staff before proceeding). This VHA Handbook may be used as an example.

(2) **Transmittal Sheet**. Each handbook will be accompanied by a transmittal sheet. The transmittal sheet is not required to be a permanent part of the handbook and may be removed from the handbook and filed with other handbook transmittal sheets in back of holding binder. The transmittal sheet identifies the reason for issue, major changes, related directives, the responsible office, and any affected rescissions. The transmittal sheet will carry the signature of the approving official. An example of a transmittal sheet is shown in Figure 1. *NOTE: Graphic standard covers will be used for handbooks, but more artistic covers can be used for non-directives.*

(3) **Cover**. A cover for handbooks is must follow graphic standards in design.

(4) **Text**. The format for the text will follow the requirements outlined in paragraph 2. Since handbooks may be rather lengthy, originators may wish to subdivide the text into smaller units. If so, the following subdivisions will be used in the order shown:

(a) *Contents*. List all chapters, sections, figures, and appendixes with page identifier.

(b) *Chapters*. Numbered consecutively with subject titles.

(c) *Paragraphs*. Unlike directives, there are no prescribed paragraph titles. Paragraphs are to be numbered in order for ease in identifying material whenever referenced. Originators are encouraged to include a "PURPOSE" paragraph at the beginning of each handbook. Originators are otherwise free to use their discretion when identifying paragraph titles.

(5) **Page Numbers**. The first page of a handbook (which is the transmittal sheet) will be prepared as defined in subparagraph a. A handbook may contain a cover, contents pages, followed by chapters/text, figures, and appendixes. The cover page is not numbered but counted and the contents pages are numbered using Roman numerals, in lower case, centered at the bottom of the page; i.e., iii, iv, etc. The first page of text will be number "1" at the bottom right-side. The second page is numbered "2." Numbers on following pages are odd numbers (1, 3, 5, 7, etc.) on the right side at the bottom of the page, and even numbers (2, 4, 6, 8, etc.) on the left side at the bottom of the page. If the handbook is subdivided into chapters, the pages are numbered consecutively within each chapter; i.e., the first number is always the chapter number, so Chapter 1 would be numbered 1-1, 1-2, 1-3, etc., and Chapter 2 would be 2-1, 2-2, 2-3, etc.

(6) **Filing**. The Handbook should be filed directly behind the VHA Directive to which it relates (if there is more than one handbook, file in numerical order).

- d. **VHA Appendix.** Appendixes are lengthy supplementary procedures or instructions placed at the end of the document.

FIGURE 5. Sample of Format for VHA Appendix

(date)	VHA HANDBOOK 6330 APPENDIX A
HOW TO PREPARE APPENDIXES	
<p>1. Appendix Header. The words APPENDIX and then the alpha letter; e.g., A, B, etc., appear as the second line of the header. If the APPENDIX is to a handbook that is prepared using chapters, then the chapter's number will precede the appendix letter; e.g., VHA Handbook 6330, Chapter 2, Appendix 2A.</p> <p>2. Appendix Page Numbers. All pages are numbered sequentially; e.g., A-1, A-2, or B-1, B-2, etc.; odd numbers on the bottom right side of pages; and even numbers on the bottom left side of pages (and always on the same side as the document identifier header).</p> <p>3. When an APPENDIX is used as part of a VHA DIRECTIVE/HANDBOOK, the original must be included in the document of the proposed DIRECTIVE/HANDBOOK. If an original of the material is not available, such as a chart or table prepared outside VA, a clear/clean copy may be used if properly positioned and all text is legible.</p>	
A-1	

e. **VHA Numbered Memorandum.** Numbered VHA Memorandums contain program operational policy and procedures for VHA Headquarters staff and do not apply to field facilities. VHA Memorandums will contain the five mandatory paragraphs with an optional sixth paragraph for references. Field facilities must use this format to create facility numbered memorandums. The required paragraphs are shown in Figure 6:

FIGURE 6. Sample of VHA Numbered Memorandum

<p>Department of Veterans Affairs Veterans Health Administration (or VA Medical Center) Washington, DC 20420</p>	<p style="text-align: right;">VHA(or VAMC) MEMORANDUM 10(or facility number)-96-XX</p> <p style="text-align: right;">(date)</p>
<p>SAMPLE OF VHA NUMBERED MEMORANDUM <i>(The title should be a brief descriptive heading all in caps.)</i></p>	
<p>1. PURPOSE: This paragraph briefly states the reason for establishing this memorandum; e.g., “This Veterans Health Administration (VHA) Memorandum establishes new VHA Headquarters policy pertaining to . . .”</p>	
<p>2. POLICY: State what VHA’s policy is in regard to the subject of the memorandum. This statement sets the parameters of the issue.</p> <p style="margin-left: 20px;">a. Numbered VHA Memoranda always contain five required paragraphs as shown in this sample; PURPOSE, POLICY, ACTION, RESPONSIBILITY, and RESCISSIONS. A sixth paragraph, REFERENCES, is optional.</p> <p style="margin-left: 20px;">b. Numbering contains the VHA identifier (10) for VHA Headquarters or facility station number, calendar year, plus a numeric number in order. Numbers are assigned by the VHA Directives Management Officer (DMO) or Publications Control Officer (PCO).</p> <p style="margin-left: 20px;">c. Signature authority is the Under Secretary for Health or medical center Director.</p>	
<p>3. ACTION: This paragraph should describe procedures, process, composition of committees, instructions, etc.</p>	
<p>4. REFERENCES: (OPTIONAL) An optional paragraph to cite references pertaining to the subject which may be affected by publication of this Memorandum.</p>	
<p>4/5. RESPONSIBILITY: This paragraph will list the title the Chief, Director, or equivalent, with the routing symbol of the individual or division responsible for the memorandum’s update or recertification. For example: RESPONSIBILITY: The Chief Financial Officer (17/174), is responsible for the contents of this VHA Memorandum.</p>	
<p>5/6. RESCISSIONS: (OPTIONAL) List any rescinding memorandum.</p>	
<p>7. RECERTIFICATION: This VHA Memorandum will be recertified on or before month/year.</p>	
<p>Name of Official Under Secretary for Health</p>	
<p>Attachments</p>	
<p>Distribution: CO: E-mailed month/day/year (DMO will insert) FLD: VISN faxed month/day/year</p>	

f. **VHA Notice**

(1) Notices will be used to communicate general announcements, either Department or administration-wide. All notices will automatically rescind after 6 months.

(2) Unlike directives and handbooks, notices will not be accompanied by a transmittal sheet. Since notices will generally be short documents (no more than 1 or 2 pages in length), they will be organized by paragraphs only. Follow required format as outlined in Figure 7.

FIGURE 7. Sample of VHA Notice

<p>Department of Veterans Affairs Veterans Health Administration (or VA Medical Center) Washington, DC 20420</p>	<p>VHA NOTICE 96-XX or VAMC NOTICE 96-XX (date)</p>
<p>HOW TO PREPARE A VHA NOTICE</p>	
<p>1. PURPOSE FOR NOTICE: A notice gives all Veterans Health Administration (VHA) employees important information involving, or of interest to, more than one administration or staff office, such as:</p>	
<ul style="list-style-type: none"> a. A special event, b. A high-level personnel appointment (replaces key staff memorandum announcements), or c. An organizational change (replaces key staff memorandum announcements). A notice is effective for no more than 6 months and is dated by the Directives Management Officer (DMO) accordingly. d. Notices will not be used to rescind manuals or directives. 	
<p>2. TEXT: The notice should be short and to the point and not longer than 1 page or two sides.</p>	
<p>3. NUMBERING NOTICES: Because notices are used to make one-time announcements and rescinds after 6 months, they will not be identified using the "functional" numbering system. Notices will instead be identified by using VHA as the originating office's abbreviation followed by the word "NOTICE" with the calendar year and a sequential number. For example, VHA NOTICE 96-3, would be the third notice issued by VHA in calendar year 1996. The controlling VHA Headquarters DMO or facility Publications Control Officer (PCO) will assign numbers to notices.</p>	
<p>4. RESPONSIBLE OFFICE: The Office of Directives, Forms and Records Management (161A4), is responsible for the contents in this VHA Notice.</p>	
<p>Name of Official Under Secretary for Health</p>	
<p>Distribution: CO: E-mailed and Faxed month/day/year (DMO will insert) FLD: VISN, VAMC, OPC faxed month/day/year EX: Box numbers</p>	
<p>THIS VHA NOTICE EXPIRES ON (DATE) (date to be assigned by DMO for 6 months or less)</p>	

g. **VHA Information Letter (IL)**. Numbered ILs will be used to release non-directive information prepared on VHA's official letterhead:

FIGURE 8. Sample of VHA Information Letter

(VA SEAL)	<p>DEPARTMENT OF VETERAN AFFAIRS Veterans Health Administration Washington DC 20420</p>	
		<p>IL 10-96-XX or IL 101 (insert facility number)-96-XX In Reply Refer To: (insert routing symbol)</p>
(date)	<p>UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER HOW TO PREPARE A VHA INFORMATION LETTER</p>	
	<ol style="list-style-type: none"> 1. A numbered information letter (IL) will be used to release non-directive information of one-time interest to only the field activities under the approving officials jurisdiction for a retention period of no more than 6 months. 2. Numbered ILs over the signature of the Under Secretary for Health will be issued to release significant information which is of interest VHA nationwide. Other authorized approving officials are the Deputy Under Secretary for Health, Chief Networks Officer, Chief of Staff, Chief Officers or equivalent Directors. 3. This medium will <u>not be</u> used to issue mandatory procedures. 4. This medium will <u>not be</u> used to duplicate any information that has already been published in other forms of media; it may be referenced only. 5. Numbering. The identification for an information letters will begin with agency identifier "VHA," the information letter identifier "IL," followed by the identification numbers which consists of the approving officials routing symbol, two digits of the calendar year in which it is issued, and the numeric serial being with number one; i.e., the Under Secretary for Health's information letter would be identified as: VHA IL 10-96-xxx; the Chief Network Officer's information letter would be: VHA IL 10N-96-xxx, and the Chief Patient Care Services Officer's would be identified as, VHA IL 11-96-xxx, etc. The Directives Management Officer (DMO) will assign the numeric number and retain all history files. 6. An IL will carry a rescission date for a period of no more than 6 months. 	
Authorized Signature:	<p>Under Secretary for Health (10) Deputy Under Secretary for Health (10A) Chief of Staff (10C) Chief Network Officer (10N) Chief Patient Care Services Officer (11) Chief Research and Development Officer (12) Chief Public Health and Environmental Hazards Officer (13) Chief Academic Affiliations Officer (14) Director, Readjustment Counseling Service (15) Chief Administrative Officer (16) Chief Financial Officer (17) Chief Facilities Management Officer (18) Chief Information Officer (19) Chief Employee Education (102) Chief Veterans Canteen Officer (103) Director, Emergency Medical Preparedness Office (104) Chief Policy, Planning and Performance Officer (105) Medical Center Director (00)</p>	
Attachment (if appropriate)		
Distribution:	<p>CO: E-mailed and Faxed month/day/year (entered by DMO) FLD: VISN, MA, DO, OC, OCRO and 200 - FAXED month/day/year EX: Boxes 104, 88, 63, 60, 54, 52, 47 and 44 - FAXED month/day/year</p>	
<p>THIS VHA INFORMATION LETTER EXPIRES ON (DATE) (date to be assigned by DMO for 6 months)</p>		

h. **VHA Newsletter (NL)**. A numbered NL will be used to release non-directive information of one-time interest or short duration that is of interest to all VHA. Numbered newsletter will be issued over the signature of the Under Secretary for Health, Deputy Under Secretary for Health, and Chief Officers or equivalent Directors. A newsletter will carry a rescission date for a period of no more than 6 months. This medium will not be used to issue guidelines or procedures.

FIGURE 9. Sample of VHA Newsletter

<p>VHA NL 96-xxx (date)</p>	<p>VHA NEWSLETTER</p> <p>OFFICE OF THE UNDER SECRETARY FOR HEALTH</p>
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A numbered NL will be used to release non-directive information of one-time interest or short duration that is of interest to all VHA. Numbered newsletter will be issued over the signature of the Under Secretary for Health, Deputy Under Secretary, Chief Financial Officer, Associate Under Secretary for Health, Assistant Under Secretary for Health, and Medical Inspector. A newsletter will carry a rescission date for a period of no more than 6 months. This medium will not be used to issue guidelines or procedures.

Approved by:

- Under Secretary for Health (10)
- Deputy Under Secretary for Health (10A)
- Chief of Staff (10C)
- Chief Network Officer (10N),
- Chief Patient Care Services Officer (11)
- Chief Research and Development Officer (12)
- Chief Public Health and Environmental Hazards Officer (13)
- Chief Academic Affiliations Officer (14)
- Director Readjustment Counseling Service (15)
- Chief Administrative Officer (16)
- Chief Financial Officer (17)
- Chief Facilities Management Officer (18)
- Chief Information Officer (19)
- Chief Employee Education (102)
- Chief Veterans Canteen Officer (103)
- Director, Emergency Medical Preparedness Office (104)
- Chief Policy, Planning and Performance Officer (105)
- Medical Center Director (00)

OR

FIGURE 9a. Sample of Medical Center Newsletter

<p>VAMC NL 96-xxx (date)</p>	<p>VA MEDICAL CENTER NEWSLETTER Washington, DC</p> <p>OFFICE OF THE DIRECTOR</p>
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A numbered NL will be used to release non-directive information of one-time interest or short duration that is of interest to all VHA. Numbered newsletter will be issued over the signature of the medical center Director. A newsletter will carry a rescission date for a period of no more than 6 months. This medium will not be used to issue guidelines or procedures.

Approved by: Medical Center Director

i. **VHA Guides.** Concurrences for all guides must be obtained on VA Form 10-2479, Justification for Proposed VHA Issue. (See Figure 12.)

(1) **Program Guides (PG).** PGs will contain nonmandatory and non-directive material to serve as guidelines for procedures or development of a program defined in VHA directives at the field facility level (some exceptions may include not being related to a directive). PGs will be issued with the approval and signature of the originator's Chief Officer. PGs will use the same format as VHA Handbooks (chapters may be used or use this handbook as an example using titled paragraphs).

(2) **Training Program (TP) Guides.** TP guides will contain non-directive guidelines and instructions for conducting a specific course of training. Some exceptions may include directive material. TPs will be issued with the approval of the Deputy Under Secretary for Health under the signature of the originating officer. TPs will use the same format as VHA Handbooks (see par. 4c).

j. **Other VHA Media.** Concurrences for all other VHA media must be obtained on VA Form 10-2479, Justification for Proposed VHA Issue (see Figure 12):

(1) **VHA Information Bulletin (IB).** IBs contain non-directive material to describe accounts of VHA experiences, suggestions and related material not appropriate for other types of media. IBs are intended for providing information and assistance to veterans and personnel. IBs may be reissued or revised and maintained for continual distribution. IB subject matter must pertain exclusively to official business, and will not include news of employee social activities, personal items, or material which is appropriate for publication in PGs. IBs will be issued with approval of the Deputy Under Secretary for Health.

(2) **VHA Pamphlet.** VHA pamphlets contain non-directive material intended for the assistance and information of veterans or general public. VHA pamphlet subject matter must pertain exclusively to official business, and will not include news of employee social activities, personal items, or material which is appropriate for publication in other media. VHA pamphlets will be issued with approval of the Deputy Under Secretary for Health. (See DMO for samples and assistance in design.)

(3) **VHA Monograph.** A VHA monograph is a book, paper, or article written about a single subject. (See DMO for samples.)

(4) **VHA Bibliography.** A VHA bibliography is a list of authors' books and other writings. (See DMO for samples.)

(5) **VHA Poster.** A VHA poster is a large printed illustration of a specific subject assigned a VHA number. (See DMO for samples.)

(6) **VHA Maps.** A VHA map is a printed illustration of the United States identifying VHA's regional boundaries and locations of all VHA facilities. VHA's DMO is responsible for generating and coordinating the revision to VA Map 10-5 and supplements thereto. All official VHA maps are processed through the DMO for numbering and appropriate distribution.

(7) **VHA Organizational Chart.** An official VHA organizational chart is numbered and dated depicting up-to-date VHA organizational structure.

(8) **Facility Fact Sheets.** VHA facilities will develop, print, and distribute Facility Fact Sheets as needed to support recruitment efforts. Each facility will provide its own funds, and is responsible for determining the most feasible method for procuring printing. Requirements for Facility Fact Sheet are as follows:

(a) *Preparing Facility Fact Sheets.* Because Fact Sheets are seen by a large and diverse audience, they can be an important recruitment device. The format is standardized, but facilities are encouraged to exercise ingenuity and imagination in presenting their unique individuality and desirability.

1. Facility Fact Sheets will consist of no more than four pages. Refer to the VA M-03-1, "Graphic Standards Manual," for approved colors and guidelines for printed materials.

2. Facility Fact Sheet language should not be formal or stilted and a relatively warm tone is appropriate. Superlatives and exact statistics subject to change should be avoided.

3. The narrative describing the facility should emphasize treatment programs, research activities, availability of modern scientific equipment and educational affiliations. Employee facilities such as a credit union, canteen, and library should be described. Medical center recreational facilities for patients are not to be described as available for employee use. Modifications to structures for the handicapped can be noted.

4. The facility's address, commercial, and FTS telephone number and an Equal Employment Opportunity statement must be included.

5. The narrative describing the community should emphasize its cultural and recreational characteristics. A brief description of its housing market, transportation system and educational advantages is appropriate. Other pertinent information which helps to enhance the community should be included.

6. Photographs for the cover should symbolize the prominent physical feature(s) of the community or treatment programs of the facility. A very personal impression of a center can be formed by a picture of health care professionals providing patient care. Photographs of nationally prominent structures can identify the facility with its location; e.g., San Francisco's Golden Gate Bridge or the St. Louis Arch. Unusual community pictures or local natural scenes on the back cover are also effective.

7. Photographs of employees and patients should be selected with care and reflect a realistic cross section of both groups. Special attention should be given to achieving pictorial balance by including members of minority groups, women, youth and older employees as subjects. Photographs depicting the activities of volunteer works should be considered.

8. The consent of all photographic subjects, whether employees or patients, must be recorded and retained on VA Form 10-3203, Consent for Use of Pictures and Voice.

9. Maps are not required but enable reader to quickly identify the location of the facility.

(b) *Distribution Instructions.* Because the Facility Fact Sheets are used in VHA Headquarters for preparation of trip packs for top agency officials as well as congressional members and staff, facilities are requested to send a minimum of 30 copies to each the Chief Network Officer (10N) and the DMO (161A4). A minimum of 1000 are to be shipped to the VA Forms and Publications Depot (97B). At the bottom of the last page in the left-hand corner, a revision date and distribution coding must appear as follows:

Distribution: **RPC: 1238**
 EX: R

Revised (month/year)

(9) Key Staff Memorandum. For basic instruction for the preparation of a Key Staff Memorandum, consult with the Office of Executive Correspondence (101B).

5. VHA PROCESSING AND CONCURRENCE

a. Processing VHA DMS Documents

(1) Originating Offices will:

(a) Work closely with their office DMO or PCOs to review each directive, handbook, memorandum, and notice, etc., for completeness, accuracy, and appropriateness of medium, format, and organization.

(b) Prepare VHA DMS document for the signature of the appropriate approving official associated with the type of document which will appear four lines below the last line (see sample figures for VHA DMS).

(c) Obtain concurrences from all elements affected by the directive. See subparagraph b, Concurrence Process.

(d) Submit the documents package, along with VA Form 10-2479, and all backup information, to the VHA DMO for final review, editing, and submission for approval.

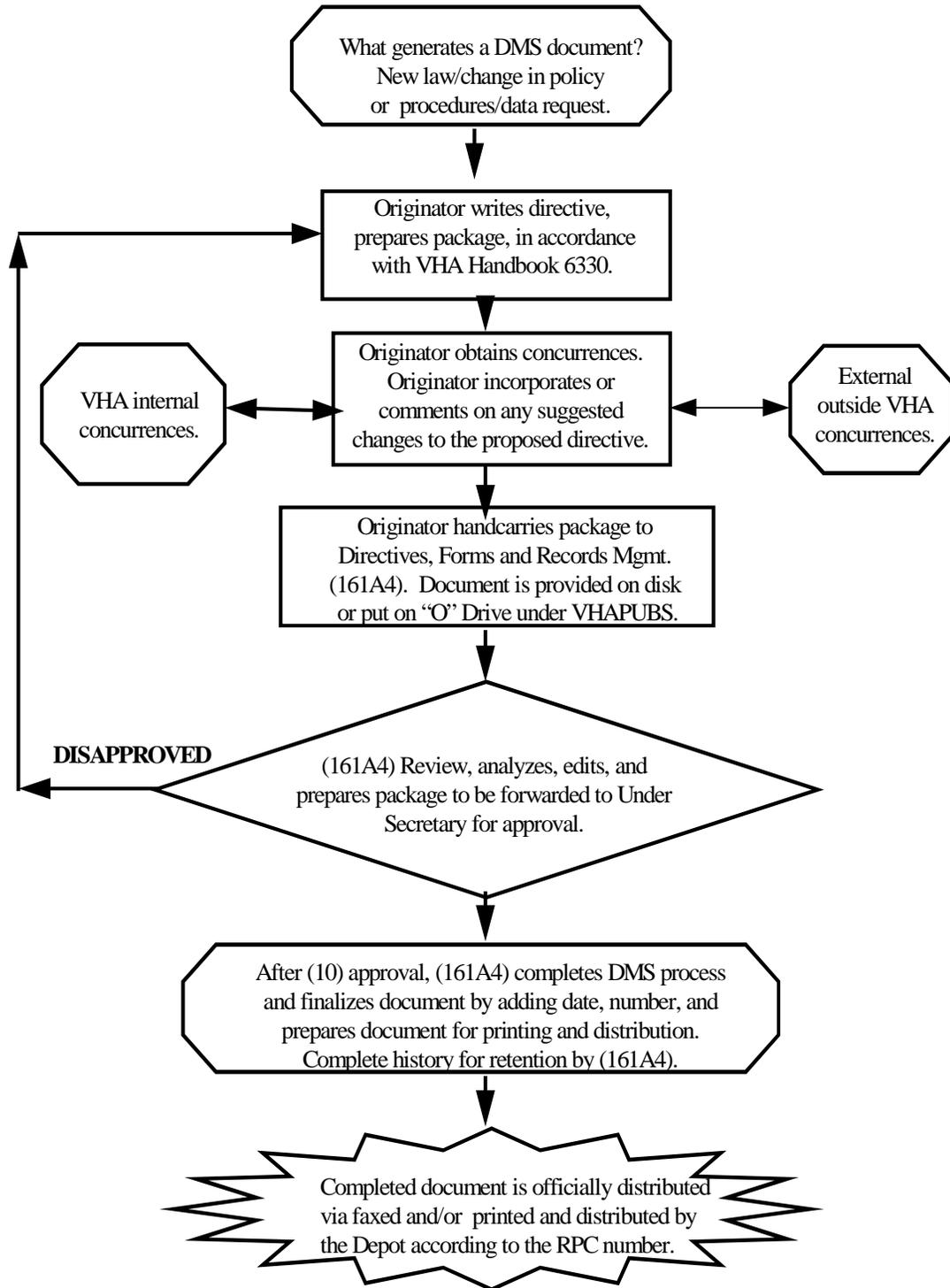
- (2) VHA Directives, Forms and Records Management (161A4) will:
- (a) Review the document for format, concurrences, backup material, and correct media. This office will conduct a detailed line-by-line, word-for-word editorial review.
 - (b) If the package is complete and the document is ready for printing, the package is forwarded for approval.
- (3) Documents must be:
- (a) Copied to the "O" Drive in VHAPUBS directory, or
 - (b) Placed on a diskette and included in the folder to the DMO (161A4).
- (4) After review, the DMO staff (161A4) will edit and make minor corrections. If there are major changes, the DMO staff will consult with originator to resolve any problems and return to originator to make corrections.
- (5) After final copy is approved by the DMO, the document will be sent to Mail Call for the approval.
- (6) After approval, the DMO staff will affix the official number and date; the fax date; assign an expiration date (if appropriate); complete the camera-ready copy; and prepare print request for printing and distribution. The originating office will receive a final copy from the DMO.

b. Concurrence Process

- (1) As required by VA Directive 6330, the concurring offices will complete their review of a proposed VHA DMS document **within 30 calendar days** of receipt of the document. If concurrence/non-concurrence cannot be provided within that time period, the following actions will be taken:
- (a) The concurring office will send a memorandum to the originating office stating:
 - 1. Why an extension is necessary, and
 - 2. Requesting a specific amount of additional time.
 - (b) Phone calls requesting an extension must be followed by the written request.
- (2) An office that does not concur with a proposed issue will send a memorandum to the originating office stating the reasons for the non-concurrence. The top official of the non-concurring office, or designee, must personally sign the memorandum.
- (3) If the originating office can resolve the non-concurrence, the package is returned to the nonconcurring office with a request for concurrence. The originating office will include the original memorandum of non-concurrence in the backup material to VA Form 10-2479.
- (4) If concurrence has not been received and no request for an extension was made, the originating office will make a minimum of two follow-up attempts. After these attempts have been made, the originating office will forward the proposed document to the approving official with a recommendation to approve. The package will be accompanied by a briefing slip citing those services or agencies which have not provided comments nor requested extensions.
- (5) Concurring officials should limit their review to the substantive areas for which they have functional responsibility. They will not withhold or delay concurrence because of a personal preference for writing or punctuation style.
- (6) In a directives folder, submit the document, the completed VA Form 10-2479, and backup information, to Directives, Forms and Records Management (161A4) for review.

c. VHA DMS Flow Chart

FIGURE 10. VHA Directives Management Flow Chart



6. PREPARATION OF VA FORM 10-2479, JUSTIFICATION FOR PROPOSED VHA ISSUE

- a. Prepare one original and make copy for your file.
- b. Fill in block numbers 1 through 13.
 - (1) Block 1. Type of document; i.e., VHA Handbook 6330
 - (2) Block 2. Subject; i.e., Veterans Health Administration (VHA) Directives Management System (DMS) Procedural Handbook.
 - (3) Block 3. Briefly list purpose, discussion (background), and implications.
 - (4) Block 4. List publications rescinded by this issue; i.e., VHA Supplement, MP-1, Part II, Chapter 14.
 - (5) Block 5. Special Distribution/Printing instructions list any "special instructions" concerning the printing and distribution process; e.g., "Typo and Design required for cover."
 - (6) Block 6. Originating service and mail symbol - insert your routing symbol.
 - (7) Block 7. Name of person to contact: Name of the originator or knowledgeable contact individual.
 - (8) Block 8. List the telephone number of the originator or contact individual.
 - (9) Blocks 9A, 10B. Requires the signature of originating official and the service director.
 - (10) Block 11. VHA Concurrences. Obtain the signatures of the originator's Chief Officer and any other internal office concurrences. List all other VHA required concurrences.
 - (11) Block 12. External Concurrences. List all other VA administrations outside VHA which need to concur; i.e., Veterans Benefits Administration (20), Human Resources Management (05), etc.
 - (12) Block 13. Controlled activities. Required signatures block:
 - (a) Reports/Data Collection (191B). If a new report (recurring or nonrecurring) is requested and a new RCN number is to be assigned, (191B) must concur in block 13, Control Activities, under Reports (191B). Page 2 of VA Form 10-2479, Justification for Proposed VHA Issue, needs to be completed. Already established RCN numbered reports must have (191B) concurrence who will verify their continued existence. The reports control number block will be assigned by (191B) in block 13
 - (b) Forms & Records (161A4). If a form or records management is referenced, (161A4) must concur in block 13, Control Activities under Forms & Records. If a Standard Form is part of the directive and is attached as a sample, IT MUST BE AT LEAST PARTIALLY COMPLETED, unless the form is to be "reproduced locally" and it so identified on the form.
 - (c) Legislative (10C1). If new policy is proposed, or legislation (Public Law) is being interpreted, VHA legislative staff must concur in block 13 before going to (02).
 - (d) General Counsel (02). If new policy is proposed, or legislation (Public Law) is being interpreted, after concurrence of (10C1), (02) must concur in block 13.
 - (e). Chairman of the Policy Board (10A1). When you have a final draft of a proposed new policy, check with (10A1) as to whether or not the subject is a an issue the Policy Board will review.
 - (13) Other required concurrences (include in block 11): Management of the following offices have requested review when the subject involves:
 - (a) Funds and budget issues, review requested by the Chief Financial Officer (17).

- (b) IG or GAO recommendation and data collection, review requested by the Planning and Evaluation Office (105E).
 - (c) Freedom of Information Act (FOIA) and Privacy Act issues, review requested by the FOIA/Privacy Act Officer (161F).
 - (d) Personnel issues, review is requested by the Human Resources Management by the appropriate office in (052), (054D), or (058). Any VHA personnel issues should be concurred on by our liaison Management Support Office (163) before going to an (05) office.
 - (e) Acquisition and contract issues, review is requested by the Office of Acquisition and Materiel Management (90). Any VHA acquisition and contract issues should be concurred on by our Acquisition and Materiel Management Liaison (165) before going to (90).
 - (f) Environmental issues, review requested by the Occupational Safety and Health Office (00S1) and VHA's Environmental Management Service (164).
- (14) All concurrences must be obtained by originating office before submitted to DMO except for the Deputy Under Secretary for Health (10A) and the Under Secretary for Health (10).
- c. Section II, Blocks 15 through 35 to be completed only when requesting a report:
- (1) Block 15. Fill in complete title of report as indicted on the directive.
 - (2) Block 16. Report Identifier - to be filled in by VHA Reports Control Coordinator (191).
 - (3) Block 17. Date New Identifier Assigned - to be filled in by VHA Reports Control Coordinator.
 - (4) Block 18. Type of Report - check all that apply. (Definition of "Public Use:" A Public Use Report is defined as one in which Government employees or contractors, in the conduct of their duties, collect information from 10 or more individuals.) The requirements and approval process are found in Title 5 Code of Federal Regulations, Part 1320.
 - (5) Block 19. Frequency of Report - check one. If other, specify.
 - (6) Block 20. Report Due Dates - report all due dates for this report; i.e., September, December, March, and June of each year.
 - (7) Block 21. Date Submitted - date submitted to the Reports Control Coordinator (191B).
 - (8) Block 22 and 23. System Acronyms for system which feeds reports data either directly (item 22) or through a data linkage (items 23).
 - (9) Block 24. Purpose and Justification - give a short explanation of why a report is needed and what you are trying to accomplish. If report is required by Public Law or Congress, include this information along with the specific law.
 - (10) Block 25. Type of Data Collected - a short description of the type of data collected in the report. You may use "see attached sheet" if the directive or report instructions identify data fields and/or describe the data collected.
 - (11) Block 26. See instruction on form.
 - (12) Block 27. Check all that apply.
 - (13) Block 28. Check "yes" if this report replaces or supersedes a previous report.
 - (14) Block 29. Write in the report identifier for any reports that this report replaces.
 - (15) Block 30. Give any additional distribution instructions, if different from block 5.
 - (16) Block 31. Indicate office name, routing symbol and number of copies you need.

(17) Block 32. Indicate the day which respondents should receive the request in order to respond in the given time allotted.

(18) Block 33. To be filled out by DMO.

(19) Block 34. Give total number of copies needed to complete distribution.

(20) Block 35. Check all that apply.

FIGURE 11. Sample of VA Form 10-2479

 DEPARTMENT OF VETERANS AFFAIRS		JUSTIFICATION FOR PROPOSED VHA ISSUE <i>Original to (161A4). Copy for Originator.</i>					
<p>INSTRUCTIONS: Complete this form when issuing a VHA numbered issue before routing to the final VHA approving official. DO NOT complete this form for directives requiring the Secretary's signature. When obtaining concurrences throughout VA on Departmentwide policy use VA Form 4265, Concurrence and Summary Sheet. After concurrences have been obtained, always route to VHA's DMO.</p>							
SECTION I							
1. Type of Issue (<i>Directive, Handbook, Notice, etc.</i>)			2. Subject				
3. Brief--List Purpose, Discussion (Background), Implications (<i>Continue on blank paper if additional space is needed</i>)							
4. List Publications/Forms Rescinded by this Issue (<i>Circular, Directive, Manual, etc.</i>)							
5. Special Distribution/Printing Instructions				6. Originating Office Mail Symbol			
				7. Name of Person to Contact			
				8. Telephone Number or Extension			
9A. Signature of Originating Office Official			9B. Date	10A. Signature of Chief Officer			10B. Date
11. VHA CONCURRENCES				12. EXTERNAL CONCURRENCES			
<input checked="" type="checkbox"/>	Symbol	Signature	Date	<input checked="" type="checkbox"/>	Symbol	Signature	Date
13. CONTROLLED ACTIVITIES							
<input checked="" type="checkbox"/>	Office	Signature	Date	<input checked="" type="checkbox"/>	Office	Signature	Date
	Reports (191)				Reports Control Number		
	(161A4)	Forms			Policy Board (10A1)		
		Records					
	Legislative (10C1)				General Counsel (02)		
Drive, Directory and Document Name			Comments				
14. FINAL APPROVAL PROCESS							
Rec'd 161A4	VHA Control No.	DTS Control No.	(10N)	Signature of Chief Network Officer			Date
Signature of Reviewer			Date	(10A)	Signature of Deputy Under Secretary for Health		Date
Signature of Directives Management Officer (DMO)			Date	(10)	Signature of Under Secretary for Health		Date

SECTION II - REPORT IDENTIFICATION <i>(Complete for reports only)</i>		
Submit the proposed directive and this form to your VHA Reports Coordinator for assignment of a report identifier after receiving concurrences.		
15. Title of Report	16. Report Identifier	17. Date Assigned
18. Type of Report <i>(Check all that apply)</i> <input type="checkbox"/> Manual <input type="checkbox"/> One-time <input type="checkbox"/> Report to Congress <input type="checkbox"/> Automated <input type="checkbox"/> Internal <input type="checkbox"/> Report to OMB <input type="checkbox"/> Recurring <input type="checkbox"/> Interagency <input type="checkbox"/> Public Use <input type="checkbox"/> New <input type="checkbox"/> Revised	19. Frequency of Report <i>(Check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> As Required <input type="checkbox"/> Quarterly <input type="checkbox"/> Other <i>(specify)</i> <input type="checkbox"/> Monthly	20 Report Due Date
21. Date Submitted	22. Automated Report System Acronym	23. Linkage Data System Acronym
24. Purpose and Justification		
25. Type of Data Collected		
26. Additional Requiring Instructions and Expiration Dates <i>(List any other directives and their expiration dates that contain instructions regarding the report; e.g., VA Directive 6330; OMB Circular 123, expires 1/20/94)</i>		
27. Respondents <i>(Check all that apply)</i> <input type="checkbox"/> BDC <i>(Benefits Delivery Centers)</i> <input type="checkbox"/> NCS FS <input type="checkbox"/> SD <i>(Supply Depot)</i> <input type="checkbox"/> Selected FS <input type="checkbox"/> AFS <i>(All Field Stations)</i> <input type="checkbox"/> VBA FS <input type="checkbox"/> SDC <i>(Sys. Devel. Cntrs.)</i> <input type="checkbox"/> NAC <i>(National Acquisition Center)</i> <input type="checkbox"/> CO <i>(Central Office)</i> <input type="checkbox"/> GAO <i>(IG-Audit Office)</i> <input type="checkbox"/> Selected NCS FS <input type="checkbox"/> OIRO FF <i>(Office. of Information Resources Operations Field Facility)</i> <input type="checkbox"/> CO and AFS <input type="checkbox"/> GAO <i>(IG-Investigations Office)</i> <input type="checkbox"/> Selected VHA FS <input type="checkbox"/> DDC <i>(Denver Distribution Cntrs.)</i> <input type="checkbox"/> OPC <i>(Outpatient Clinic)</i> <input type="checkbox"/> Selected VBA FS <input type="checkbox"/> OT <i>(Specify)</i> <input type="checkbox"/> VHA FS <i>(VHA Field Stations)</i>		
28. Supersedes or Replaces Another Report <input type="checkbox"/> YES <input type="checkbox"/> NO	29. Cancelled or Superseded Report Identifiers <i>(RCN, COIN, ICRN, etc.)</i>	
SECTION III - DISTRIBUTION OF DIRECTIVE AND/OR REPORT <i>(If additional space is needed continue on separate sheet)</i>		
30. Directive <i>(Indicate distribution: i.e., RPC Number.; ROA 10 ea.)</i>	31. Report <i>(Indicate Office, Mail Routing Symbol, Number of Copies)</i>	
32. Date Document Must Reach Using Office	33. Expected Completion of Distribution Date	34. Total Quantity
35. Special distribution <i>(Check all that apply)</i> <input type="checkbox"/> Headquarters National Service Organizations <input type="checkbox"/> Education Liaison Representatives <input type="checkbox"/> Other <i>(Specify)</i> <input type="checkbox"/> Accredited Representatives <input type="checkbox"/> Institutions of Higher Learning <input type="checkbox"/> Veterans Benefits Counselors <input type="checkbox"/> Veterans Assistance Units		

7. ELECTRONIC DOCUMENT. All documents must be provided electronically either by providing a disk containing the document with the package when it is ready to be received by the DMS, or copied to the "O" drive under the "vhapubs" directory. The proposed VHA DMS issue will be forwarded after the following procedures are complete:

- (1) Check with (161A4) for the most recent directives and assistance in preparing VHA issues.
- (2) Prepare all VHA Directives in Microsoft Word following the formatting instructions found in paragraph 2.

8. PROCEDURES FOR KEYING VA INTERNAL PUBLICATIONS (INPB) IN THE DOCUMENT TRACKING SYSTEM (DTS). VHA staff offices which generate internal Directive Management System (DMS) documents; i.e., VHA directives, handbooks, or other publications, are responsible for controlling the document in the DTS before the document leaves their office for the concurrence process. A DTS record is keyed to describe the document and one or more Assignee lines are keyed in the record to show where the document was sent and for what action. (If a document is being sent out for simultaneous concurrence or comment, multiple assignee lines should be keyed to show all offices being sent the document.) After keying the DTS record for the document, the originating office attaches the tracking sheet to the document and sends it to the office(s) indicated on the tracking sheet. When each office receives the document, the tracking sheet and DTS control number enables them to easily access and update the DTS record. This process will ensure the required 30-day turnaround time for all VHA DMS issues (see VHA Directive 6330). *NOTE: All VHA DMS issues should be processed for concurrences in the special yellow folders provided by 161A4. The color folder identifies the packages as a special document which should be processed as soon as possible (ASAP).* Procedures for keying a DTS record for a VHA publication are provided:

- a. Log on to the DTS.
- b. From the Main Menu of the DTS, enter "2" for "Add a Document" and hit Enter.
- c. At the bottom of the screen the system will display the message, "Enter document type or F9 for list." Enter "INPB" and hit Enter (INPB stands for "Internal Publications").
- d. A data entry screen will appear as shown in Figure . Some fields are pre-filled for you by the system, such as Date Entered, Document Type, and Owner (Owner is the office which keyed the DTS record). Fields which are required are highlighted below in bold text; these are Signer, Current Due Date, Originator Org Code, Originator Name, Written To, Subject, and Keywords. Other fields are optional and may be left blank. See Figure 12.

FIGURE 12. VA Document Tracking System

```

D100                                VA DOCUMENT TRACKING SYSTEM                                03/28/1995
DTSADM      101B                    CORRESPONDENCE DATA                                07:56
-----
CONTROL#:                            DATE OF DOC:                            SIGNER:10
STATUS:                               ENTERED:03/28/1995                       OWNER:101B
DOC TYPE:INPB INTERNAL PUBLICATIONS   RESPONSIBLE:10
-----
CURRENT DUE DATE:05/09/1995 PRIORITY :    ALTERNATE ID:                            REV:
ORIGINAL DUE DATE:                   SENSITIVE:    ORIG DOC ID:
SIGNED DATE:                          MULT DOCS:    RESPONSE ID:
-----
ORIGINATOR ORG CODE: 111C    ORG NAME:    MENTAL HEALTH & BEHAVIORAL SCIENCES
ORIG (TTL,F,M,L,SUF): DR.    JOHN                                DOE
ON BEHALF OF :
-----T-----
WRITTEN TO:                   DEPARTMENT OF VETERANS AFFAIRS
SUBJ:      FAC:
-----
DIRECTIVE - CLOZAPINE PATIENT MANAGEMENT PROTOCOL
(SAMPLE SUBJECT DESCRIPTION)
-----
|
F3 Signer | F5 Notes | Shift+F8 Print | F8 Assignees | F9 Table | ESC Exit
Count: *0                                     <Replace>
    
```

- e. The cursor will automatically be positioned at the top of the screen in the "Date of Document" field. When keying a DTS record for a publication, Date of Document may be left blank; hit Tab to proceed to the Signer field.
- f. In the **Signer** field, enter the Organization symbol of the official who will sign the document (such as "10" for the Under Secretary for Health). No other fields need to be entered in this first block of the screen; hit Page Down to proceed to the Current Due Date field in the next block of the screen.
- g. A **Current Due Date** is pre-filled for you but may be changed to whatever is appropriate for the particular document you are entering. The default is 30 working days from the current date; change this if necessary and then hit Page Down to proceed to the Originator Org Code field in the next block of the screen.
- h. In the **Originator Org Code** field, enter the office symbol of the office which generated or prepared the publication. Hit Tab and the system will automatically generate that office's title to the right and advance the cursor to the Originator Name field.
- i. In the **Originator Name** field, enter the Title (Mr., Ms.), first name, middle name, and last name of supervisor or last name of originator of the originating office (the office indicated in the Originator Org Code field). After entering the Originator Name, hit Tab to proceed to the On Behalf Of field.
- j. In the **On Behalf Of** field, enter the name of the staff member in the originating office who is the point of contact for the document. If this is not known, the On Behalf Of field may be left blank. Hit Page Down to proceed to the Written To field.
- k. The **Written To** field is actually two fields which are side-by-side - a short field which is "Written to Org" and a long field which is "Written to Name." Since publications are directed to more than just one specific office, leave the short field blank and hit Tab - the cursor will move to the long "Written to Name" field. Type who the publication or directive is being addressed to - such as "Department of Veterans Affairs" or "VHA - Field and CO." After entering the Written To field, hit Page Down to move the cursor to the Subject text field.
- l. In the **Subject** field, enter a subject of the document. Begin with the word "Directive" if you are keying a directive, and then continue with a description of what the directive is about. Choose your words carefully because words you enter on line 1 of the Subject Text field are words which will be automatically generated as Keywords; these keywords can be used to search for the record later. After entering the Subject field, hit Tab or Enter twice to proceed to the Keywords field.
- m. In the **Keywords** field, use the down cursor arrow to scroll through the Keywords that are listed. If you wish to add additional Keywords, position the cursor on the first blank line in the Keywords field and type additional keywords, hitting Tab or Enter after each one. Remember that Keywords enable you to search for the record at a later date, so be sure that the record contains good keywords which help identify the publication.
- n. After verifying the keywords, hit **F8** to proceed to the Assignee screen.
- o. The Assignee screen will be displayed. A sample screen with data already entered as shown:

FIGURE 13. VA Document Tracking System

```

D150                               VA DOCUMENT TRACKING SYSTEM                               03/28/1995
DOE                                001B                                CORRESPONDENCE DATA                                09:44
-----
CTRL#:66229                        RESP:10                                DUE:05/09/1995                                DOC DATE:
STAT:INTERNALLY GENERATED          SIG:10                                ORIG:JOHN                                    T DOE
TYPE:INTERNAL PUBLICATIONS         FACILITY:
-----
ASSIGNEE AC ST SUSP DATE COMMENTS
111C      IG OC 05/09/1995  This is a sample only
16        CC AS 04/10/1995  CALL 111C FOR PICKUP WHEN READY
117       CC AS 04/10/1995  CALL 111C FOR PICKUP WHEN READY
13        CC AS 04/10/1995  CALL 111C FOR PICKUP WHEN READY
F3 CCs, CRs, FYIs, Relateds F7 History F8 Data Screen F10 Save ESC Exit
Status of Action given to Assignee.
Count: *1                                <List><Replace>
    
```

p. The first Assignee line entered on the screen should indicate the Originating Office in the **Assignee** field and the action "IG" for "Internally Generated" in the **Action** field. To show that the document is being sent Out for Concurrence, the **Status** "OC" should be entered in the Status field. The **Suspense Date** field will be automatically generated to reflect the same date as the Current Due Date which was entered on the previous screen.

q. To show which offices the document is being sent to for Concurrence, hit the down cursor arrow to move the cursor to a blank Assignee line. In the Assignee field, enter the office symbol of the office you are sending the document to for concurrence. Hit Tab and enter "CC" for "Concurrence" in the Action field. Hit Tab and the system will automatically generate "AS" (Assigned) in the Status field. Hit Tab and enter a Suspense Date indicate the date by which you want the office to concur.

r. Add an Assignee line for each office you are sending the document to for Concurrence. When you are finished, hit F10 to Save. The system will save your record and automatically print a tracking sheet for it on your printer. The system will also clear the screen and display a message indicating the control number at the bottom of the screen.

s. **After Concurrences are Obtained on a Publication.** After the originating office obtains all necessary concurrences on a publication, the originating office must ensure that the DTS record is updated properly. The record should show all assignee lines for Concurrence are closed - the Status of each Assignee line should indicate "CO" (Completed). A new assignee line should then be added, forwarding the document to 161A4 for Review (RV). A sample is shown in Figure 14:

FIGURE 14. VA Document Tracking System

```

-----
ASSIGNEE AC ST SUSP DATE COMMENTS
111C      IG CO 05/09/1995  This is a sample only
16        CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
117       CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
13        CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
161A4    RV AS 04/10/1995
    
```

t. **After 161A4 Reviews the Publication.** After 161A4 reviews the publication and it is ready to be sent forward to (101B), (161A4) will close their assignee line and add a new assignee line to show the document has been sent to (101B) for Review (RV). A sample is shown in Figure 15.

FIGURE 15. VA Document Tracking System

```

-----
ASSIGNEE AC ST SUSP DATE COMMENTS
111C      IG CO 05/09/1995  This is a sample only
16        CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
117       CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
13        CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
161A4     RV CO 04/10/1995
101B     RV AS 04/10/1995
    
```

u. **After the Publication is Approved.** After approval, the document will be sent back to 161A4 for finalizing (numbering, dating, and distribution). The file is retained by 161A4. A sample is shown in Figure 16:

Figure 16. VA Document Tracking System

```

-----
ASSIGNEE AC ST SUSP DATE COMMENTS
111C      IG CO 05/09/1995  This is a sample only
16        CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
117       CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
13        CC CO 04/10/1995  CALL 111C FOR PICKUP WHEN READY
161A4     RV CO 04/10/1995
101B      RV CO 04/10/1995
10        SG CO 05/09/1995  CALL 111C FOR PICKUP WHEN READY
101B      DI CO 04/10/1995  RETURNED TO 161A4 BY HANDCARRY
161A4     AA CO 05/09/1995
161A4     FI CO 05/09/1995  DISTRIBUTED & FILED IN 161A4
    
```

Questions on the DTS may be referred to any (101B) staff member.

9. VHA CHECKLIST. Check the proposed VHA issue against the following checklist before submitting the package to the DMO:

FIGURE 17. VHA DMS Checklist

 VHA DMS CHECKLIST	
1.	<input type="checkbox"/> Is the document in the correct format and proper media?
2.	<input type="checkbox"/> Did you use the template? Are your margins, tabs, headers and footers in correctly?
3.	<input type="checkbox"/> Did you identify the authority (i.e., 38 U.S.C. XXX, etc.) in the policy statement?
4.	<input type="checkbox"/> Is a copy of the authority in the backup?
5.	<input type="checkbox"/> Do sentences make sense? Could any reader understand what the document is supposed to convey?
6.	<input type="checkbox"/> Are the paragraphs, subparagraphs, sections, and appendixes numbered correctly?
7.	<input type="checkbox"/> Are pages numbered correctly?
8.	<input type="checkbox"/> Are the references correct and up-to-date? Are they cross-referenced correctly in the text?
9.	<input type="checkbox"/> For handbooks, program or training guides, do the paragraphs identified on the Contents page correspond with those in the text? Are all page numbers correct?
10.	<input type="checkbox"/> Have you combined <i>all appendixes, charts, diagrams, etc., into one document?</i>
11.	<input type="checkbox"/> Did you run a spell check?
12.	<input type="checkbox"/> Is the document permanent or temporary?
13.	<input type="checkbox"/> Are the approving officials' titles correct (do not use personal names)?
14.	<input type="checkbox"/> Is your package complete with all the original documentation? Is backup material complete?
15.	<input type="checkbox"/> Are your concurrences complete, except for the Under Secretary for Health and the Deputy Under Secretary for Health?
16.	<input type="checkbox"/> After concurrences are complete, have you incorporated recommended changes? If you decline to accept recommended changes, the reason must be annotated on the recommending memo, with supporting information attached in the backup.
17.	<input type="checkbox"/> Have you included all original comments in the backup material?
18.	<input type="checkbox"/> Have you included a diskette containing the document in your package before giving to the DMO?
19.	<input type="checkbox"/> If you have not provided a diskette, have you copied the document to the "O" drive into the VHAPUBS directory and noted on VA Form 10-2479 the drive, directory, and document name, so the DMO staff can locate the document ?
20.	<input type="checkbox"/> Do you need to provide special printing or distribution instructions on the VA Form 10-2479?
21.	<input type="checkbox"/> Did you add your document to the DTS?

10. VHA DMS DOCUMENT DISSEMINATION

a. Internal Distribution

(1) Electronic Distribution. VHA documents will be distributed electronically when feasible based on equipment availability. As further developments occur in this area, instructions will be issued.

(2) Hard Copy Distribution. When document is to be printed in large quantities, follow current procedures using existing Recurring Publications Codes (RPC). Placement is shown in Figure 1., on the Transmittal Sheet.

b. External Distribution. VHA DMS documents will be distributed to external users based on requirements determined by issuing offices. Mailing lists for external users continue to be decentralized to the appropriate field facilities.

c. Public Inspection and Copying

(1) Unless otherwise justified, all VHA DMS documents will be maintained and made available in an designated public reading environment for public inspection and copying.

(2) The VA Index to Publications will begin to list all VHA DMS documents.

d. Public Reading Facilities. All VHA DMS documents will be maintained in an designated public reading facility to the extent that the documents are used by VHA Headquarters, VA Central Office, and facility staff for daily operations and delivery of benefits and services.

11. VHA RECERTIFICATION PROCESS

a. The VHA DMO, or field PCO, will conduct a review of all VHA DMS documents under their control every 5 years in order to identify and rescind obsolete issues.

b. VHA administration must ensure that DMS documents issued for internal application are reviewed every 5 years.

c. In conducting the VHA DMS review, the VHA DMO will send VA Form 10-2479A, VHA Directives Management System (DMS) Recertification, to originators 90 days before the rescission date, notifying that a VA or VHA directive, handbook, or memorandum they authored is scheduled for review. Within 10 working days after receipt of notification, the originator will complete VA Form 10-2479A.

d. The originator returns VA Form 10-2479A to the VHA DMO who will obtain final recertification approval from the Under Secretary for Health. See Figure 18 on next page.

FIGURE 18. Sample of VA Form 10-2479A, VHA DMS Recertification Form

DEPARTMENT OF VETERANS AFFAIRS VETERANS HEALTH ADMINISTRATION		VHA DIRECTIVES MANAGEMENT SYSTEM (DMS) RECERTIFICATION	
1. NAME OF OFFICIAL DOCUMENT (DIRECTIVE, HANDBOOK, NOTICE, ETC.)		2. RECERTIFICATION DUE DATE	
3. AUTHOR/ORIGINATING OFFICE		4. ROUTING SYMBOL OF ORIGINATOR	
5. ACTION: In compliance with VHA Directive and Handbook 6330, this document is due for review and recertification. This form is to be completed by the originating office's authorized official. The approving official will review the attached copy and check one of the following actions:			
<input type="checkbox"/> This document (directive, handbook, or memorandum, etc.) needs to incorporate changes and will be rewritten before the expiration date.			
<input type="checkbox"/> This document is superseded by _____ . <i>(identify new document)</i>			
<input type="checkbox"/> This document is to be totally rescinded.			
<input type="checkbox"/> This document (directive, handbook, or memorandum, etc.) is to be recertified without change for an additional 5 years.			
<input type="checkbox"/> Other _____ .			
<input type="checkbox"/> This document was reviewed by: _____ . <i>(insert name of reviewing program official)</i>			
<i>NOTE: Any action identified is to be completed by the originating office</i>			
6A. SIGNATURE AND TITLE OF RESPONSIBLE AGENCY OFFICIAL		6B. DATE	
7A. DMS REVIEWER (161A4)	7B. DATE	8. ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	
9A. SIGNATURE OF VHA DIRECTIVES MANAGEMENT OFFICER (161A4)		9B. DATE	
APPROVING OFFICIAL			
<i>As the delegated approving official under Federal Information Resource Management Regulation Part 201.2, authority for Veterans Health Administration, I hereby certify that this document meets the requirements for a 5-year recertification period.</i>			
10A. SIGNATURE OF APPROVING OFFICIAL/UNDER SECRETARY FOR HEALTH		10B. DATE	

12. FUNCTIONAL NUMBERING SYSTEM

a. **VHA Functional Numbers.** All VHA directives, handbooks, and program guides will carry a 4-digit identification number based on subject matter. A total of 12 primary functional areas have been identified in the department (see VA Directive 6330). Each VA primary areas has in turn been assigned blocks of numbers; VHA has been assigned 1000 through 1999. These numbers will serve as the basis for identifying all directives, handbooks and program guides published in VHA. VHA directives and handbooks will carry a functional number appropriate to the particular primary subject. If the originating office changes, the number will remain the same since the number is based on subject area and not on originating office. See Appendix A for VHA numbering system.

b. **Identifier.** VHA directives, handbooks, memorandums, and program guides, etc., originating in VHA will be preceded by the office abbreviation "VHA", type of media, and number ; i.e., VHA Directive 1000, or VHA Handbook 1000, etc.

c. **Identifying Multiple Handbooks.** A handbook will carry the same number as the related directive. If more than one handbook results from a directive, the handbooks will add the numbers ".1," ".2," etc., at the end of the basic number.

For Example: Two separate handbooks are published under Health Care Administration. The basic directive is VHA Directive 1610, Health Care Administration. A VHA Handbook 1610, State Veterans' Home, would be numbered VHA Handbook 1610.1, and a second handbook on Admissions, would carry the number VA Handbook 1610.2, etc.

d. **Originator's Symbols**

(1) **VHA Headquarters Only.** "VHA" will be used to identify any directive, handbook, or notice that apply only to ALL organizational elements in VHA.

(2) **Internal Documents.** The originator's office symbol (not lower than the Chief Officer or equivalent Director level) will be used to identify a non-directive documents when the document applies to that particular office only; i.e., information letters or program guides (see Figure 8).

(3) **Field Facility Only.** The facility station number will be used to identify internal DMS documents.

For Example: A facility numbered 000 would number their procedural policies beginning with 000-001, 000-002, etc., for permanent type policy. Temporary issues would be the station number-year-numeric number in sequence; i.e., 000-96-001, 000-96-002, etc., and a given expiration date.

e. **Who Assigns the Functional Numbers?** VHA Headquarters DMO will review and assign numbers to VHA directives and handbooks which are covered in Appendix A. The field facility PCO will only assign numbers for facility issues.

13. FILING INSTRUCTIONS. Directives, handbooks, and notices will be filed in the functional numerical sequence in an organized, logical manner for ease of reference and access. VHA has provided an index set of functional numbers which was distributed with the issuance of this handbook. Additional sets may be obtained from the VHA DMO.

- a. Directives will be filed together with the related handbooks in the same binder with the handbook behind the directive.
- b. Temporary Directives will be filed separately in one binder by calendar year.
- c. Notices will be filed separately by calendar year.
- d. Numbered memorandums will be filed separately in one binder.
- e. Numbered information letters will be filed in separate binders.
- f. Numbered newsletters will be filed in separate binders.

VHA FUNCTIONAL NUMBERING SYSTEM

1000 - 1999

HEALTH CARE MANAGEMENT

<u>NUMBER</u>	<u>TITLE</u>	<u>MANUAL/Part/Chapter</u>
1000	VHA Operations	
	Management And Operational Activities	M-1, PT I, CH 1
HANDBOOKS		
1000.1	Section III. VA Bed Control	M-1, PT I, CH 1
1000.2	Section IV. Patient Conduct	M-1, PT I, CH 1
1000.3	Section V. Lodging of Patients	M-1, PT I, CH 1
1000.4	Section VI. Miscellaneous Operating Policies	M-1, PT I, CH 1
	Definition	
	Employee Attitudes	
	Funds for Patient Welfare	
	Alcoholic Beverages	
	National Hospital Week	
	Banking Facilities for Patients	
	Testamentary Capacity of Patients	
	Deportation of Patients	
	Telephone Recording Services	
	Remittances Enclosed in Official Mail	
	Organizational and Functional Charts	
	Membership in Hospital Associations, Councils and Other Health Care Oriented Organizations	
	Space for Representatives of National Service Organizations	
	Visiting Procedures	
	Donations--Tobacco Products and Canteen Coupon Books	
	Patient's Mail	
	Administrative Officer of the Day	
	Voting	
	Annual Pension and Income Questionnaire	
	Use of Guide Dogs at VA Health Care Facilities	
	Disregard of Certain Letters	
	Authority of VA Officers and Employees to Deter Interrogation or Arrest of Patient at VA Facilities	
	Protection of Patients' Rights	
	Rehabilitative Services	
	National Immunization Programs	
	Express Mail Service	
	Possible Government Administrative Error as Basis for Administrator's Equitable Relief	
1000.5	Section VII, Management Functions (councils, committees, boards)	M-1, PT I, CH 1
1000.6	Section VIII. Health Services Review Organization	M-1, PT I, CH 1

1001			
	HANDBOOKS		
	1001.1	Activation of New Hospitals	M-1, PT I, CH 28
	1100.2	Distinguished Physician Program	M-2, PT I, CH 11
1002		Long-term Care Patient Assessments	M-1, PT I, CH 31
1003		PSS (Patient Satisfaction Survey)	M-1, PT I, CH 33
1004		Ethics/MCCE	
	HANDBOOKS		
	1004.1	Informed Consent 8/1/96	Repl. M-1, PT I, CH 23
	1004.2	DNR (Do Not Resuscitate) Protocols Within the VA	M-2, PT I, CH 30
	1004.3	Withholding and Withdrawal of Life-sustaining Treatment	M-2, PT I, CH 31
1020		Employee Education	New 2/21/96
	HANDBOOK		
	1020.1	<u>Continuing Education And Staff Development</u> Continuing Education and Staff Development Administration of PIT Program In-service Leadership Training Program Patient Health Education Program	M-8, PT IV, CH 1 M-8, PT IV, CH 2 M-8, PT IV, CH 3 M-8, PT IV, CH 4
1030		Veterans Canteen Service	
	HANDBOOKS		
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HELPFUL HINTS AND DOs AND DON'Ts FOR WRITING VHA ISSUES
(subjects in alphabetical order)

1. **ABBREVIATIONS/ACRONYMS:** Acronyms should follow the spelled-out version in parentheses the first time they occur; i.e., Veterans Health Administration (VHA); Joint Commission on Accreditation of Healthcare Organizations (JCAHO), etc.

2. **BULLETS:** DO NOT use bullets in official numbered documents; they cannot be referenced. Use the correct subparagraph formatting as defined in paragraph 3c(4).

3. **CAPITALIZATION:** Only capitalize "medical center" when a specific medical center is being referenced; i.e., VA Medical Center, Palo Alto, CA. The term "medical centers" is not capitalized when referring to medical centers in general; i.e., "Veterans receive health care at all VA medical centers.

4. **CLOSE OF BUSINESS (COB) DATES:** If the response date is not feasible (taking into consideration printing and distribution times), a 161A4 staff member will call the originator and suggest a new date.

5. **DATES and NAMES:** Always write out month and year, do not abbreviate; i.e., January 3, 1996, or FY 1996. Don't divide a person's name or the month and day at the end of a line of text. Only the year or last name of an individual can be carried over to the next line.

6. **DVA:** Do NOT use DVA for Department of Veterans Affairs; use VA.

7. **ENSURE or INSURE:**

Ensure means to guarantee a service or action.

Insure means to guarantee with money.

8. **FOOTNOTE:** Do not use footnotes; instead set off text which emphasizes a special point by setting it apart as a "**NOTE:** *Put text in italics.*"

9. **GENDER:** In compliance to Civil Rights Act of 1976; Congress's changes to Title 38 removing all references to gender; Public Law 99-576 discouraging gender references; and VA Directive 6330, **DO NOT** make reference to gender. The following terminology is recommended for use in DMS issues:

a. Whenever possible, the use of pronouns should be avoided when both sexes are involved. It is usually possible to rewrite without resorting to the use of singular their person pronouns. For example, DO NOT USE: "Each supervisor filled out his evaluation." USE: "The supervisors filled out their evaluations."

b. Other gender-based terminology that is not related to a specific physical characteristic should be shown by the following examples:

(1) Chairperson instead of Chairman (the actual incumbent may prefer to be called Chairman or Chairwomen, only the position need be described neutrally).

(2) Surviving Spouse instead of widow or widower.

(3) Spouse, spouses, spouse's instead of wife, wives/husband, husband's.

(4) Sibling/siblings instead of brother, sister.

(5) Child/children instead of daughter/son.

(6) Parent instead of mother/father.

(7) Married couple instead of husband and wife.

(8) Either parent instead of father/mother.

- (9) Grandparents instead of grandfather/grandmother.
 - (10) Person, human, human being, living human instead of man, living man.
 - (11) Humanity, human beings, humankind instead of mankind.
 - (12) Per person instead of per man.
 - (13) Prudent individual, person instead of prudent man.
 - (14) Person, individual instead of female/male.
 - (15) Human resources instead of manpower.
 - (16) Artificial, of human origin, synthetic instead of manmade.
 - (17) Trained work force instead of trained manpower.
 - (18) Services, service member, service members instead of serviceman, servicemen.
 - (19) Worker's compensation instead of workman's compensation.
 - (20) Avoid all gender-specific references; i.e., his/her, or he/she.
10. **HOSPITAL:** VHA facilities are no longer referred to as hospitals - use "medical center(s)" or facility/ies." Only exception is when it is necessary to distinguish between hospital nursing home, domiciliary care or beds, or, between hospital vs. outpatient care.
11. **HYPHENS:** DO NOT hyphenate words at the end of lines; rare exceptions can be made but only after confirming with 161A4 staff.
12. **HYPHENATED WORDS:** For example: Nonservice-connected, non-VA hospital, long-term, and 3-year program.
13. **INDENT:** All indents will be three spaces from the left margin.
14. **NUMBERS:** Use numeric number when referring to time, money, or measurement. Example: "finish in 2 years;" "go for 5 yards;" hyphen when used as an adjective; i.e., "the scholarship is for a 4-year program."
15. **PLEASE:** DO NOT use "please" in an official numbered documents. "Please" is appropriate in correspondence but not in official policy documents.
16. **PUNCTUATION:** The following spacing must be used in numbered documents:
- a. Only indent 3 spaces.
 - b. Always insert 2 spaces after a period at the end of a sentence, or after number of a paragraph or subparagraph; i.e., 1. Is the beginning of the first paragraph. . . ; a. Is the beginning of a subparagraph. . . ; or (a) Is the beginning of a sub-subparagraph. . .
17. **PURPOSE:** The "purpose" must always state if this directive replaces any previous circular, directive or manual of same subject and cites the statutory authority.
18. **REFERENCES:** Documents that contain a expiration date cannot be referenced in a permanent issues such as a new directive or handbook.

19. **REFERENCES - HOW TO WRITE**

- a. Title 38 Code of Federal Regulations (CFR) - Should be written the first time as Title 38 Code of Federal Regulations (CFR), Section 1.577(a), and thereafter as 38 CFR 1.5777(a). At the beginning of a sentence, always use "Title" 38 CFR 17.50b; never start a sentence with "38 CFR. . . ."
 - b. Title 38 United States Code - Should be written out the first time it is referenced; i.e., Title 38 United State Code (U.S.C.) 5011; thereafter it should be written as 38 U.S.C. 5011 or 38 U.S.C. CH 15. **NOTE:** *Exception: When citing "authority", title may be eliminated. For example: Authority: 38 U.S.C. 5011.*
 - c. Public Law - Should be written out the first time it is reference; i.e., Public Law 87-693, thereafter it should be written as Pub. L. 87-693 (do not use P.L. which stands for Poet Laureate).
20. **STATION:** Medical centers are not referred to as stations, but as facilities. "Station" is only used when referring to "station number."
21. **TELEPHONE NUMBER:** In accordance with the Government Printing Office (GPO) Manual, paragraph 8.55, telephone numbers written in official government documents will be hyphenated numbers; i.e., 202-565-7444. Do not use numbers separated by periods.
22. **VA:** Department of Veterans Affairs (VA) when written the first time. Use "the VA" only when VA is used as an adjective; e.g., The VA employee.... The same rule applies to the acronym VHA use "the VHA" only when VHA is used as an adjective; e.g., The VHA staff.
23. **VACO:** Instead of VA Central Office, VHA will use VHA Headquarters, unless reference to the entire VA; then it will be written out as VA Central Office.
24. **VA FORM:** No quotes or parentheses are used around VA Form titles or numbers. Always write out VA Form, do not use VAF.
25. **VAMC.** When the acronym meaning Department of Veterans Affairs medical center (VAMC) is used , use acronym only after written out the first time.
26. **Washington, DC:** No periods; i.e., "DC" instead of "D.C." Use the 2-letter abbreviation for all states.

VHA COMMONLY USED ACRONYMS

*Duplicate acronym, select the most appropriate

A

AAA	Area Agencies on Aging
AAALAC	American Association for Accreditation of Laboratory Animal Care
AAC	VA Automation Center, Austin, TX
AAMC	Association of American Medical Colleges
ACMD	Assistant Chief Medical Director
ACOS/E	Associate Chief of Staff for Education
ACOS/EC	Associate Chief of Staff for Extended Care
ADA	Associate Deputy Administrator
ADCMD	Associate Deputy Chief Medical Director
ADP	Automated Data Processing
ADPSO	Automated Data Processing Security Officer
ADRADA	Alzheimer's Disease and Related Disorders Association
AECGIS	Automated Electrocardiographic Interpretive Systems
AEMS	Automated Engineering Management Systems
AEPS	Affiliated Education Programs Service
AFEB	Armed Forces Epidemiological Board
AFIP	Armed Forces Institute of Pathology
AFRRI	Armed Forces Radiobiology Research Institute
AHA	American Hospital Association
AHPA	American Health Planning Association
AIC	Automated Information Center
AIDS	Acquired Immune Deficiency Syndrome
AIS	Automated Information System
AL	American Legion
AMA	American Medical Association
AMIS	Automated Management Information System
AMSUS	Association of Military Surgeons of the United States
AMVETS	American Veterans of World War II, Korea and Vietnam
AO	Agent Orange
AOPO	Agent Orange Projects Office
AOWG	Agent Orange Working Group (White House)
ARF	Animal Research Facilities
ARG	Application Requirements Group
AWOL	Absent Without Leave

B

BDC	Boston Development Center
BMT	Bone Marrow Transplantation
BRH	Bureau of Radiological Health
BVA	Blinded Veterans of American
BVA	Board of Veterans' Appeals

C

CALM	Centralized Accounting for Local Management
CAO	Chief Administrative Officer
CAPOC	Computer Assisted Practice of Cardiology (DOD)
CAT	Computerized Aerial Topography
CBD	Chief Benefits Director
CCC	Cost Containment Center
CCO	Community Collaboration Office
CDC	Centers for Disease Control and Prevention

CE	Continuing Education
CEC	Continuing Education Center
CEHIST	Center for Evaluation of Healthcare Information System Technology
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CFR	Code of Federal Regulations
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
CHAMPVA	Civilian Health and Medical Program of VA
CHCS	Composite Health Care System (DOD)
CHEC	Community Health Education Center
CHEP	Cooperative Health Manpower Education Programs
CIO	Chief Information Officer
CITI	CHAMPVA In-house Treatment Initiative
CMC	Consolidated Medical Center
CMD	Chief Medical Director
CMCHS	Civilian Military Contingency Hospital System
CMIT	Current Medical Information and Terminology
CMOP	Consolidated Mail Out Pharmacy
CNHC	Community Nursing Home Care
CNO	Chief Network Officer
COG	Continuity of Government
COO	Chief Operating Officer
COTR	Contracting Officer's Technical Representative
CPSC	Cardiac Pacemaker Surveillance Center
CPT	Current Procedural Terminology
CPU	Central Processing Unit
CSRA	Civil Service Reform Act
CTF	Chloracne Task Force

D

DASHO	Designated Agency Safety and Health Official
DAV	Disabled American Veterans
DBA	Data Base Administrator
DBIC	Data Base Integration Committee
DCA	Delayed Continuing Accreditation
DEC	Dental Education Center
DHCP	Decentralized Hospital Computer Program
DMMS	Decentralized Medical Management System
DMO	Directives Management Officer
*DNR	Do Not Respond
*DNR	Do Not Resuscitate
DOD	Department of Defense
DOL	Department of Labor
DOM	Domiciliary
DRG	Diagnosis Related Group
DRR	Division of Research Resources
DSCC	Documentation Standards and Conventions Committee
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSS	Decision Support System
DUSH	Deputy Under Secretary for Health

E

EDI	Electronic Data Interchange
EFDA	Expanded Function Dental Auxiliaries
ELISA	Enzyme Linked Immunosorbent Assays
EMFSO	Engineering Management and Field Support Office
EMPB	Emergency Mobilization Preparedness Board
EMRSS	Emergency Management and Resource Sharing Service
EP	Expert Panel
EPA	Environmental Protection Agency
EPRP	External Peer Review Program
ESG	Environmental Support Group
ETC	Engineering Training Centers

F

FAR	Federal Acquisition Regulations
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FEPAC	Facility Engineering, Planning and Construction Office
FIP	Federal Information Processing
FIPS	Federal Information Processing Standards
FIRMAC	Field Information Resources Management Advisory Committee
FIRMR	Federal Information Resources Management Regulations
FPM	Federal Personnel Manual
FPMR	Federal Property Management Regulations
FTE	Full-time Equivalent
FTEE	Full-time Equivalent Employment

G

GAO	General Accounting Office
GC	General Counsel
CEU	Geriatric Evaluation Unit
GGAC	Geriatrics and Gerontology Advisory Committee
GOSIP	Government Open Systems Interconnection Profile
GRECC	Geriatric Research, Education, and Clinical Center
GSA	General Services Administration

H

H&PE	History and Physical Examination
HAS	Health Administration Services
HBHC	Hospital Based Home Care
HCFA	Health Care Financing Administration
HHAS	Headquarters Health Administration Services
HHS	Health and Human Services
HQ	Headquarters (used by VHA only)
HRQoL	Health Related Quality of Life
HSES	Health Systems Executive Service
HSR&D	Health Services Research and Development
HSRO	Health Systems Review Organization
HVAC	House Veterans Affairs Committee

I

I&R	Information and Referral
IAS	Internal Audit Service

ICB	Information Collection Budget
ICD-9-CM	International Classification of Diseases - 9th edition-Clinical Modification
IDM	Independent Domiciliary
*IHS	Integrated Hospital System
*IHS	Indian Health Service
IOC	Independent Outpatient Clinic
IRAC	Information Resources Advisory Council
IRCN	Interagency Reports Control Number
IRM	Information Resources Management
ISC	Information Systems Centers
ITMP	Information Technology Management Program

J

JCAHO	Joint Commission on Accreditation of Healthcare Organizations
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K

KSA	Knowledge, Skills, Abilities
KSAO	Knowledge, Skills, Abilities, and Other

L

LRC	Learning Resources Center
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M

MAC	Management Advisory Consortium
MAMOE	Medical Administration and Miscellaneous Operating Expenses
MAS	Medical Administration Service
MDRC	Management Decision and Research Centers
MEDIPRO	Medical District Initiated Peer Review Organization
MEO	Most Efficient Organization
MIRMO	Medical Information Resources Management Office
MIS	Management Information System
MRI	Magnetic Resonance Imaging
MRS [^]	Medical Research Service
MUMPS	Massachusetts General Hospital Utility Multi-Programming System
MVR	Master Veteran Record

N

NAA	National Association of Area Agencies on Aging
NAGIS	National Advisory Group for Information Security
NAS	National Academy of Sciences
NASUA	National Association of State Units on Aging
NAVAP	National Association of VA Physicians
NBS	National Bureau of Standards
NCD	National Center for Documentation
NCHS	National Center for Health Statistics
NCIS	National Center for Information Security
NDMS	National Disaster Medical System
NHC	Nursing Home Care
NHCU	Nursing Home Care Unit
NIGMS	National Institute General Medicine Service
NIH	National Institutes of Health
NIMH	National Institute of Mental Health

NIS&T	National Institute for Science and Technology
NMR	Nuclear Magnetic Resonance
NOIS	National On-line Information System
NPM	National Patch Module
NPTF	New Patient Treatment File
NRC	Nuclear Regulatory Commission
NSA	National Security Agency
NTP	National Training Priorities

Q

OA	Office Automation
OAA	Office of Academic Affairs
OC	Office of Construction
ODM&T	Office of Data Management and Telecommunications
OF	Office of Facilities
OMB	Office of Management and Budget
OPA	Office of Public Affairs
OPC	Outpatient Clinic
OPCA	Office of Public and Consumer Affairs
OPC(CBC)	Outpatient Clinic (Community-based Clinic)
OPC(Mobile Clinic)	Outpatient Clinic (Mobile Outpatient Clinic)
OPC(ORC)	Outpatient Clinic (Outreach Clinic)
OPC(ROC)	Outpatient Clinic (Outpatient Clinic located at Veterans Benefit Regional Office)
OPC(SOC)	Outpatient Clinic (Satellite Outpatient Clinic)
OPM	Office of Personnel Management
OSHA	Occupational Safety and Health Administration
OSI	Open Systems Interconnection
OSTP	Office of Science and Technology Policy
OTA	Office of Technology Assessment

P

PAB	Policy Advisory Board
P&C	Purchasing and Contacting
PACS	Picture Archival Communication System
PAIC	Prosthetics Assessment Information Center
PAID	Personnel and Accounting Integrated Data System
PC	Policy Council
PCC	Policy Coordinating Committee (Agent Orange-VA)
PCO	Publications Control Officer
PD	Public Domain
PET	Position Electron Transformation
PHS	Public Health Service
PIP	Productivity Improvement Program
PIT	Postgraduate and In-service Training
PL	Poet Laureate
PM&R	Physical Medicine and Rehabilitation
PMS	Project Management Service
POE	Post Occupancy Evaluation
POW	Prisoner of War
PPM	Personal Property Management
PSAS	Prosthetic and Sensory Aids Service
PSRO	Professional Services Review Organization
PTF	Patient Treatment File
PTSD	Post-Traumatic Stress Disorder
PUB. L.	Public Law
PVA	Paralyzed Veterans of America

PWGH Principal Working Group on Health

Q

QA Quality Assurance
QAR Quality Assurance Review
QUIC Quality Improvement Checklist

R

RBRVS Resources Based Relative Value Scale
RD Regional Director
R&D Research and Development
RAG Research Advisory Group
RAM Resource Allocation Model
RCN Reports Control Number
*RCS Readjustment Counseling Service
*RCS Records Control System
RDO Regional Division Office
RR&D Rehabilitation Research and Development
RFE Request for Evaluation
RFP Request for Approval
RISO Regional Information Security Officer
RMEC Regional Medical Education Center
RPC Radiation Policy Council
RPC Recurring Publications Code
RPM Resource Planning and Management
RUG Resource Utilization Groups
RVS Relative Value Scale

S

SAC Standards and Conventions
SACC Standards and Conventions Committee
S&D Storage and Distribution
SCAMC Society for Computer Applications in Medical Care
SCEM Standards, Criterion, Evaluative Algorithms and Measuring Instruments
SCHCS Small Composite Health Care System (DOD)
SCI Spinal Cord Injury
SCIF Secure Compartment Information Facility
SERP Systematic External Review Program
SES Senior Executive Service
SFDI Space and Functional Deficiency Identification System
SIR Systematic Internal Review
SISP Strategic Information Systems Plan
SIUG Special Interest Users Group
SMAG Special Medical Advisory Group
SMP Strategic Management Process
SOR System of Record
SOW Statement of Work
SPES Single Photon Emission Scanning
SSC Support Services Centers
SSN Social Security Number
STAIR Sites of Temporarily Augmented Ionizing Radiation
STS Soft Tissue Sarcoma
SVAC Senate Veterans Affairs Committee
SWARS Social Work Automated Reporting System

T

TAC Technology Assessment Committee
 TCP/IP Transmission Control Protocol/Internet Protocol
 TMC Training Management Committee
 TQM Total Quality Management
 TRACS Total Record Archive Communication Systems
 TRIMIS Tri-Services Medical Information System (DOD)

U

USH Under Secretary for Health
 USDA United States Department of Agriculture
 U.S.C. United States Code

V

VA Department of Veterans Affairs (never use DVA)
 VACO VA Central Office)
 VALNET Veterans Affairs Library Network
 VAMC Department of Veterans Affairs Medical Center
 VAM&ROC VA Medical and Regional Office Center
 VAAR VA Acquisition Regulations
 VAVS VA Voluntary Service
 VHS Veterans Health Study
 VISN Veterans Integrated Service Network
 VSC Veterans Canteen Service
 VEV Vietnam Era Veterans
 VFW Veterans of Foreign Wars
 VIC Veterans Identification Card
 VIST Visual Impairment Services Team
 VSO Veterans Service Organizations

W

WWU Weighted Work Unit

REFERENCES

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2. MP-1, Part II, Chapter 9, Printing and Reproduction.
3. MP-1, Part II, Chapter 10, Correspondence.
4. VA Directive 6330, Directives Management System, and corresponding Handbook.
5. VHA Directive 6330, Directives Management System.
6. MP-1, Part II, Chapter 16, Distribution and Maintenance of Publications.
7. MP-5, Part I, Chapter 790, Services to Employees (General).
8. OI-1, Part I, Chapter 28, Instructions for Preparing and Processing Administrative Issues in Headquarters, and Attachments A through C.
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15. I-03-1, VA Publications Index.
16. VA Catalog 1-P, Publications Catalog LOG 1.
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