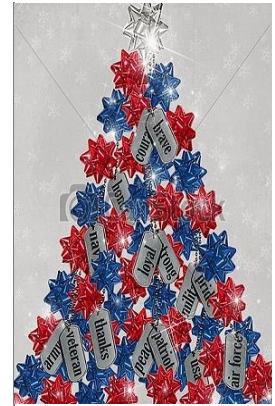




The Voice of VA Physicians and Dentists Since 1975

# NEWS

Volume 36, Number 6  
December 2014



## Legislative Update

By Kay Bulow

The House Veterans Affairs Committee (HVAC) provided NAVAPD a copy of their "Final Report on 113th Congress Veterans Affairs Committee Accomplishments". The report is not available to the public at this time and when posted on the Committee's website we will provide NAVAPD members the link on our Webpage.

The following are excerpts from the report which primarily focused on health related legislation:

- HR 4276 "Veterans Traumatic Brain Injury Care Improvement Act of 2014. Introduced March 2014, approved by (HVAC) September 10, 2014 and the US House of Representatives approved September 14, 2014 and referred to Senate on September 17, 2014 and referred to Senate Veterans Affairs Committee. No action taken in Senate.
- HR 4399 "Comprehensive Department of Veterans Affairs Performance Management and Accountability Reform Act of 2014". Introduced April 4, 2014, approved by HVAC September 10, 2014, and referred to House of Representatives.
- HR 4862 "Our Vets Deserve Better Act". Introduced June 12, 2014, the Committee held an open hearing September 10. An amendment was offered which failed, and HR 4862 was removed from agenda.
- HR 4971 "Ask Veterans Act." Introduced June 25, 2014, approved and reported to US House of Representatives by voice vote. On December 3, 2014, the Committee report was filed (H.Rept.113-645)
- HR 5094, Amends the US Code to authorize the Secretary of VA to recoup certain bonuses or awards paid to employees of VA. Introduced July 14, 2014 and reported out of the committee on September 10, 2014 for consideration by the US House of Representatives.
- HR 3230, "the Veterans Access, Choice and Accountability Act of 2014" was introduced by Chairman Hal Rogers of House Appropriations Committee, which became the vehicle to incor-

porate S. 2450 and was approved by House on July 30, 2014 and Senate July 31, 2014 and signed by President August 7, 2014.

The House Veterans Affairs Committee also made site visits to the following VAMC locations:

- Columbia, SC;
- Augusta, GA;
- Arlington, VA;
- Augusta, ME
- Togus, ME;
- Philadelphia, PA;
- Denver, CO;
- Orlando, FL;
- Pensacola, FL;
- Bay Pines, FL;
- Jackson, MS
- Columbus, MS

As of December 15, 2014, a comparable report from the United States Senate Veterans Affairs Committee has not been issued.

The following members have been added to the HVAC:

- Ralph Abraham, LA;
- Lee Zeldin, NH;
- Ryan Costello, PA;
- Amata Coleman Radewagen, American Samoa; and
- Mike Bost, IL

As of December 15, the United States Senate has not announced changes in the Veterans Affairs Committee although Mike Johanns and Mark Begich will not be returning and the Chairmanship changes with Senator Burr becoming Chairman unless he opts for Intelligence Committee Chairmanship. If this occurs then Senator John Isakson would move up to Chair of VA Committee. ☒

Kay Bulow is NAVAPD's Legislative Consultant

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### Inside this issue:

President's Corner	2
Conroy Receives Lifetime Membership	2
Overview of VA Handbook Revisions	2
Handbook Revisions Cover Memo	3
Handbook Revision Part I	3
Handbook Revision Part II—Chapter 3	5
Handbook Revision Part II—Appendix I	6
NAVAPD Considers Electronic Delivery of Publications	7
NAVAPD Mission and Principles/Officers and Board	7
Publication Policy	8



Samuel V. Spagnolo, MD

## The President's Corner

### Season's Greetings, one and all!

I'd like to begin by saying thank you for being a NAVAPD member. 2014 has been an incredibly challenging year for the U.S. Department of Veterans Affairs, and for those of us who care for our nation's veterans. Here at NAVAPD headquarters, we've been working diligently to make sure we are representing your needs and interests to congressional and VA Central Office leadership here in Washington, D.C.

In June, we hosted a Summit at the National Press Club where we convened almost 200 attendees to talk about issues like PTSD and TBI, what Congress can do to help VA doctors and dentists, the costs of patient screening and testing, continuity of care from the Department of Defense to the VA, and

the VHA's role in patient care in the 21st Century. Representative Dan Benishek, M.D. (Member, House Committee on Veterans Affairs and Chairman, House Subcommittee on Health) and Representative Jeff Miller (Chairman, House Veterans Affairs Committee) spoke at the Summit and have been instrumental in helping NAVAPD members with issues they're seeing in their own medical centers across the country.

The day after the Summit, NAVAPD leadership took nearly 100 VA doctors and dentists to Capitol Hill for briefings and individual meetings with Members of Congress to talk about the changes that were needed in the system, and the issues important to NAVAPD members.

Throughout the year, and particularly during the change in VA leadership, NAVAPD leaders have been meeting regularly with Members of Congress and their staff, as well as decision makers throughout the VA and the Admin-

istration to represent NAVAPD members' needs. I am in regular communication with the new VA Secretary and am looking forward to continuing to grow that relationship in 2015.

We're hopeful about the coming year, and look forward to expanding our NAVAPD membership so our voice can be even stronger in the nation's capital. We will be sending out membership renewal letters and emails in the next few weeks, as well as giving you the tools to help recruit new members to NAVAPD. It's an important time for us to be heard, and we hope you will help us fill out our ranks.

Thank you for your membership and your support. We could not do all our work without you.

Wishing you and yours a very Happy Holiday Season, as well as best wishes for a healthy new year! ☺

## Robert Conroy Receives Honorary Lifetime Membership

Robert Conroy, M.D. has been granted Honorary Lifetime membership in NAVAPD by the NAVAPD Board of Directors. Dr. Conroy has been involved with NAVAPD since its very beginnings, having served in numerous positions on the Board of Directors. Dr. Conroy was President of

NAVAPD from 1998 to 2003. He has long been involved in helping resolve issues that impact VA physicians and dentists, and created an indexed collection of past NAVAPD newsletters.

An Interventional Radiologist at the Long Beach CA VAMC for over 30 years,

Dr. Conroy was also Associate Adjunct Professor at the University of California at Irvine. He has recently retired from the VA. ☺



## VA Issues Revisions of Handbook Regarding Workweek

### VA Handbook Revisions Unclear On Workweek for Full-Time Physicians.

The U.S. Department of Veterans Affairs recently issued a VA Handbook revision (5011/27) to address the "policy regarding the basic workweek for full-time physicians and dentists." According to a policy transmittal sheet issued by the VA, as part of VA Directive 5011 there are new mandatory procedures on hours of duty and leave. Significant changes revise the

procedures for scheduling the basic 40-hour administrative workweek and tour of duty for full-time physicians and dentists in order to cover extended service hours during evenings and weekends.

Some NAVAPD members have concerns about overtime, and do not feel this policy clearly addresses this issue. We have posted the full policy change on our website -- [navapd.org](http://navapd.org) -- and welcome your comments on it there. Let us know how this impacts you in your

medical center, and let us know what we can do to communicate your concerns, needs, or support for this change to VA Central Office and others. Email us at [info@navapd.org](mailto:info@navapd.org)!

The Cover Memo and revisions begin on Page 3 of this newsletter. Note that not all pages were released, just those modified. The changes are within brackets [ ], and are also highlighted here in bold red.

## VA Handbook Revision Regarding Workweek (Pt. I)

Department of Veterans Affairs  
Washington, DC 20420

VA HANDBOOK 5011/27  
Transmittal Sheet  
October 21, 2014

### HOURS OF DUTY AND LEAVE

**1. REASON FOR ISSUE:** To revise Department of Veterans Affairs (VA) policy regarding the basic workweek for full-time physicians and dentists.

**2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains mandatory procedures on hours of duty and leave. The pages in this handbook replace the corresponding page numbers in VA Handbook 5011. Revised text is contained in [brackets]. This change will be incorporated into the electronic version of VA Handbook 5011 that is maintained on the Office of Human Resources Management Web site. Significant changes include:

a. Revises the procedures for scheduling the basic 40-hour administrative workweek and tour of duty for full-time physicians and dentists in order to cover extended service hours during evenings and weekends.

b. Clarifies the use of fee basis appointments.

**3. RESPONSIBLE OFFICE:** Worklife and Benefits Service (058), Office of the Deputy Assistant Secretary for Human Resources Management.

**4. RELATED DIRECTIVE:** VA Directive 5011, Hours of Duty and Leave.

**5. RESCISSIONS:** None.

#### CERTIFIED BY:

/s/  
Stephen W. Warren  
Executive in Charge and Chief Information Officer  
Office of Information and Technology

#### BY DIRECTION OF THE SECRETARY OF VETERANS AFFAIRS:

/s/  
Gina S. Farrisee  
Assistant Secretary for  
Human Resources and Administration

ELECTRONIC DISTRIBUTION ONLY

VA HANDBOOK 5011/27  
PART I

OCTOBER 21, 2014

### 3. DEFINITIONS

a. **Accrued Leave.** The leave earned by an employee during the current leave year that is unused at any given time in that leave year.

b. **Accumulated Leave.** The unused leave remaining to the credit of an employee at the beginning of a leave year.

c. **Administrative Workweek.** The calendar week, Sunday through Saturday.

d. **Alternate Work Schedules for Registered Nurses.**

(1) **72/80 Work Schedule.** Six regularly scheduled 12-hour tours of duty wholly within a pay period that is considered for all purposes to be a full 80 hour pay period.

(2) **9-Month Work Schedule.** Nine months part-time with three months off duty within a fiscal year, paid at 75 percent of the full-time rate for such nurse's grade and step each bi-weekly pay period of the fiscal year.

(3) **Baylor Plan.** Two regularly scheduled 12-hour tours of duty contained entirely within the first and last day of the administrative workweek (Sunday and Saturday).

e. **Basic Workweek**

## VA Handbook Revision Regarding Workweek (Pt. I) continued

(1) For full-time employees (other than physicians, dentists, podiatrists, chiropractors, optometrists, nurses, nurse anesthetists, physician assistants (PAs) and expanded-function dental auxiliaries (EFDAs) appointed under 38 U.S.C. chapters 73 or 74), a basic workweek consists of a 40-hour workweek established in accordance with 5 CFR 610.111 and part II, chapter 2 of this handbook.

**[(2) For full-time physicians and dentists appointed under 38 U.S.C. chapters 73 or 74, the basic workweek consists of a 40-hour tour of duty during the administrative work week (i.e., Sunday through Saturday). The workday shall not be less than 2 hours and may not exceed 12 hours. The 40-hour tour of duty may vary each administrative workweek, but must be determined prior to the beginning of the workweek. The basic workweek shall be completed within the 7-day period from Sunday to Saturday and must not cross over into the following administrative workweek of the 80-hour bi-weekly pay period.]**

**[(3)]** Full-time physicians, dentists, podiatrists, chiropractors, and optometrists to whom the provisions of part II, chapter 3 of this handbook apply shall be continuously subject to call unless officially excused by proper authority. This requirement as to availability exists 24 hours per day, 7 days per week.

**[(4)]** For full-time nurses, nurse anesthetists, PAs and EFDAs, **[a]** basic workweek **[consists of]** a 40-hour workweek established in accordance with the provisions of part II, chapter 3 of this handbook. A 72/80 Work Schedule and the Baylor Plan (24-hour) basic workweek established in accordance with the provisions of part II, chapter 3 of this handbook is applicable only to full-time nurses and nurse anesthetists. Employees under the 9-Month Work Schedule are considered part-time employees, except for purposes of health insurance per 38 U.S.C. 7456A(d)(4).

### I-2

f. **General Leave Terms.** In administering 5 U.S.C. ch. 63, VA will observe the definitions in 5 CFR 630.201.

g. **Intermittent Employment.** This term refers to the employment of an individual under the provisions of 38 U.S.C. 7405 (a)(1)(A) on an intermittent basis.

h. **Irregular or Occasional Overtime Work.** Overtime work that is not regularly scheduled.

i. **Leave Year.** A leave year begins on the first day of the first full biweekly pay period in a calendar year and ends the day before the first full biweekly pay period in the following calendar year.

j. **Overtime Work and Overtime.** Definitions are the same as the definitions in 5 CFR 550.103(i) and 550.111 for General Schedule (GS) employees and non-U.S. citizen employees overseas. Overtime for title 38 employees is discussed in VA Handbook 5007, part V, chapter 2.

k. **Part-Time Employee.** An employee who performs a regular **[ly scheduled]** tour of duty on less than a full-time basis. Such an employee may be required to perform duty on an unscheduled basis in addition to the regularly scheduled tour of duty. Part-time physicians appointed under 38 U.S.C. 7405(a)(1)(A) may also be placed on Adjustable Work Hours (see Part II, Appendix I).

l. **Regular Overtime Work.** Any work qualifying as overtime work that is regularly scheduled in advance of the administrative workweek in which it occurs.

m. **Regularly Scheduled Administrative Workweek.** For full-time employees (other than physicians, dentists, podiatrists, chiropractors, optometrists, nurses, nurse anesthetists, PAs and EFDAs appointed under 38 U.S.C. chs. 73 or 74), means the period within an administrative workweek, established in accordance with 5 CFR 610.111 and part II, chapter 3 of this handbook, within which these employees are required to be on duty regularly. For part-time employees (other than those appointed under 38 U.S.C. chs. 73 or 74), it means the officially prescribed days and hours within an administrative workweek during which these employees are required to be on duty regularly.

**NOTE: [Hours of work officially ordered or approved that are performed in excess of 8 hours per day, or 40 hours in an administrative workweek, constitutes overtime work for General Schedule and wage grade employees (5 U.S.C. 5542 and 5543).]**

n. **VA Work.** For guidance on determining whether the activities of VHA health care professionals constitute VA work, see chapter 3, paragraph 2g, of this part.

## VA Handbook Revision Regarding Workweek (Pt. II) Chapter 3

OCTOBER 21, 2014

VA HANDBOOK 5011/27  
PART II  
CHAPTER 3

### CHAPTER 3. ESTABLISHMENT OF WORKWEEKS, TOURS OF DUTY, AND WORK SCHEDULES FOR EMPLOYEES APPOINTED TO TITLE 38 POSITIONS

#### 1. SCOPE

a. **Coverage.** This chapter contains basic policies and instructions governing duty for fulltime, part-time, intermittent and fee basis physicians, dentists, podiatrists, chiropractors, optometrists, nurses, nurse anesthetists, physician assistants (PAs), and expanded-function dental auxiliaries (EFDAs) appointed under authority of 38 U.S.C., chapter 73 and 74.

b. **Covered employees.** Except as otherwise indicated in part III, chapter 3, paragraph 13 of this handbook, hours of duty provisions for full-time physicians and dentists contained in this chapter are applicable to full-time residents appointed under authority of 38 U.S.C. 7406. The term "resident" as used in this paragraph refers to medical and dental residents. As used in this chapter, any reference to "nurse(s)" includes nurse anesthetist but does not include the Chief Nursing Officer, Office of Nursing Services; and "employee(s)" includes those personnel indicated in subparagraph a (both full-time and part-time, unless otherwise specified).

c. **Excluded Employees.** This chapter does not apply to employees in occupations other than those indicated in subparagraph a above, and who are appointed under authority of 38 U.S.C. chapter 73 and 74, including employees appointed under 38 U.S.C. 7306 and title 38 hybrid employees appointed to positions listed in 38 U.S.C. 7401(3).

d. **Intermittent and Fee Basis Employment.** Persons employed on an intermittent basis, per annum fee basis, or lump-sum fee basis, under [the] authority of 38 U.S.C. 7405 are paid for actual service rendered and therefore their duty schedules shall be determined by procedural requirements issued by the Under Secretary for Health.

#### 2. BASIC WORKWEEK AND OFFICIAL DUTY

a. **Basic Workweek.** Unless otherwise indicated, the "basic workweek" for full-time employees shall be 40 hours in length. The normal tour of duty within the 40-hour basic workweek shall consist of five 8-hour days, exclusive of the meal period. Directors of field facilities, or their designees, are authorized to fix the hours of duty constituting the normal tours of duty within the 40-hour basic workweek. **[For full-time physicians and dentists appointed under 38 U.S.C. chapters 73 or 74, the basic workweek consists of a 40-hour tour of duty during the administrative work week (i.e., Sunday through Saturday). The workday shall not be less than 2 hours and may not exceed 12 hours. The 40-hour tour of duty may vary each administrative workweek, but must be determined prior to the beginning of the workweek. The basic workweek shall be completed within the 7-day period from Sunday to Saturday and must not cross over into the following administrative workweek of the 80-hour bi-weekly pay period.]** Full-time physicians, dentists, podiatrists, chiropractors, and optometrists to whom the provisions of this chapter apply shall be continuously subject to call unless officially excused by proper authority. This requirement as to availability exists 24 hours per day, 7 days per week. However, full-time nurses and nurse anesthetists on the Baylor Plan shall be scheduled in advance for a 24-hour basic workweek in each administrative workweek. The basic workweek for nurses on the Baylor Plan shall consist of two regularly scheduled 12-hour tours of duty contained entirely within the first and last day of the administrative workweek, Sunday and Saturday.

II-25

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## VA Handbook Revision Regarding Workweek (Pt. II) Appendix I

### VA HANDBOOK 5011/27 PART II APPENDIX I

OCTOBER 21, 2014

frequently if there are indications that the type of appointment may not be facilitating the accomplishment of VA patient care or other work requirements.

#### b. Employment Authorities

(1) **Part-Time Appointments.** Physicians may be appointed on a part-time basis under Section 7405(a)(1)(a) of Title 38, United States Code. Part-time appointments normally imply regularly scheduled tours of duty that do not significantly change from one pay period to another. However, part-time physicians should be placed on adjustable work schedules if they have VA or non-VA patient care, research or educational responsibilities that make adherence to regularly scheduled tours of duty impractical. It is important to note that part-time appointments are only appropriate in situations where the physician's duties and responsibilities [will normally] be performed at the VA facility, regardless of whether the tour is fixed or adjustable. In [certain] situations [ ], other types of appointments or a mix of appointments may be more appropriate.

#### (2) Other Work Schedules or Appointments

(a) **Intermittent Work Schedules.** Employees may be employed on an intermittent basis when demand for their services varies over time. The advantage is that periods of employment may be tailored to varying needs for services. The drawback is that intermittent employees are not entitled to employee benefits. Intermittent employment also presumes services are provided at the VA facility. Employees utilized on an intermittent basis are only compensated when they provide services, they are placed on the applicable grade and rate of pay on the Physician and Dentist Base and Longevity Pay Schedule, and pay for such positions is limited to the rate of basic pay for Level V of the Executive Schedule.

(b) **Fee Basis Appointments.** [Individuals] may be appointed on a fee basis [appointment when health services are not otherwise readily available, when it is cost effective, or when the utilization is focused on the service or task to be performed rather than on a specific tour of duty.] For example, [a surgeon] may be appointed on a fee basis to [perform certain surgeries that occasionally may be required, and which cannot be performed by on-board employees]. Care must [ ] be exercised with these appointments, as facilities are [ ] responsible for ensuring employees provide the services for which they are compensated and that procedures are not generated solely for the purpose of generating fees. Fee basis appointments are also based on the employee providing specific services. This may be a problem in that fee basis employees would not generally be available to perform administrative tasks otherwise be performed by part-time employees (e.g., peer review, attendance at meetings).

(c) **Dual Appointments.** Individuals may be given more than one of the above appointments if that is the best way to secure the employee's services. However, the expectations concerning time and attendance need to be clear and, if fee basis is involved, the facility needs to ensure the services are actually being provided or that procedures are not generated solely for the purpose of generating fees. The rate of basic pay and fees payable to such individuals is limited to the rate of basic pay for Level V of the Executive Schedule. Additional information about dual employment may be found in VA Handbook 5005, Part II, Section A, Chapter 3, paragraph 3b.

II-I-10

Happy Holidays from NAVAPD

## NAVAPD Considering All-Electronic Delivery of Publications

**N**AVAPD has been serving VA Physicians and Dentists for 39 years, and much has changed in that time. One of the most dramatic has been in the ways in which written materials can be distributed. The US Mail system is no longer the only option, and the NAVAPD Board is considering a change in how it communicates with members.

There are many reasons to consider sending newsletters and other materials electronically.

1. Electronic delivery **is quicker and more accurate**. There are no printing or mail handling delays.
2. Many federal facilities **irradiate**

- their mail**, and this not only slows delivery, but damages the items, often to the point that they cannot even be separated to be read. Electronic delivery avoids this.
3. Electronic distribution **saves trees** since no paper is used, and also **reduces the amount of paper waste** entering landfills or recycling plants. It's good for the planet!
  4. **It's less expensive**. This means that the resources of NAVAPD can be used for other things than buying paper, printing, and postage. That can mean more Summits and more resources to educate the nation's leadership in the needs, services, and values of VA physicians

and dentists.

We want to know the members' preferences. Please send an email to the special email address:

- MAILOREMAILNAVAPD@gmail.com** and tell us how you want your written materials delivered:
1. Printed via MAIL (to home address)
  2. Printed AND electronic
  3. Electronic only.

If you have already responded, it is not necessary to do so again.

Please let us know RIGHT AWAY!  
Thank you for supporting NAVAPD. ☺

### NAVAPD's Mission and Principles

#### Mission

**N**AVAPD is dedicated to the principle that this nation's veterans, as a result of their service to our country's Armed Forces, have earned an entitlement to quality health care to meet their needs as they become sick or injured. The Department of Veterans Affairs ("VA") is that agency of government obligated to honor the Nation's contract with its deserved Veterans.

NAVAPD has as its highest priority the preservation and strengthening of the VA health care system, so that it stands ever ready to give our veterans quality medical care equal to or better than that which can be obtained elsewhere in our society.

Just as VA doctors care for those who have served, they also stand ready to treat the military and civilian casualties of future conflicts and non-military disasters.

VA health care facilities are a principal element in our national security and in our national defense, representing as they do a vast resource to back up the limited capabilities of our military hospitals.

#### Guiding Principles

NAVAPD shall function as the official professional organization of the VA physicians and dentists at all levels in the VA Health Care system, from the local health care facilities through VISNs to the national level.

NAVAPD shall cooperate to the maximum extent possible with official representatives of the VA, to the end that the best possible health care is provided to veteran beneficiaries.

NAVAPD shall endeavor to ensure that qualified physicians and dentists are recruited into the VA Health Care system and retained therein.

NAVAPD shall support VA physician research, participate in activities of professional organizations, continuing medical education and participation in equal partnership affiliation with medical schools.

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**NAVAPD News is a publication of the National Association of Veterans Affairs Physicians and Dentists. Opinions expressed in articles are those of the author(s) and not necessarily those of NAVAPD.**

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***Pass Along to a Colleague***



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**Mail to: NAVAPD, P.O. Box 15418, Arlington, VA 22215**

NAVAPD is the only national organization protecting the interests of VA physicians and dentists. Since 1975, NAVAPD has been your advocate and watchdog in Washington. NAVAPD will continue to focus on opportunities to improve pay and working conditions.

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**YES!**

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2. Payroll  
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