OMB Number: 2900-0205
Estimated Burden: 30 minutes

Department of Veterans Affairs — APPLICATION FOR HEALTH PROFESSIONS TRAINEES

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER

INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs (VA) to determine your eligibility for appointment in Veterans Health Administration. Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number. Residency, fellowship and internship announcements for clinical training programs may require additional information. All applications must include the information required by the training program to which you are applying as well as information requested on all application forms.

VA must protect the safety of our patients. Therefore, at some point in the appointment process, you will be asked questions on your physical and mental health. This includes such questions as to whether you received tuberculin testing, hepatitis B vaccination or any other vaccinations.

1A. NAME (Last, First, Middle)	1B. OTHER NAMES USED (For example: maiden name, nickname, etc.)
2. PRESENT ADDRESS (Include ZIP Code)	3A. DAY TELEPHONE (include area code) 3B. EVENING TELEPHONE (include area code)

4. SOCIAL SECURITY NUMBER	5. PREFERRED EMAIL ADDRESS	6. DATE OF BIRTH (mm/dd/yyyy)	7. PLACE OF BIRTH (City, State, and Country (if not U.S.A.))

8A. PROGRAM/DISCIPLINE OF STUDY	8F. CURRENT COLLEGE/UNIVERSITY/SCHOOL: INCLUDE CITY AND STATE (Do not abbreviate)
8B. ARE YOU APPLYING FOR A VA ADVANCED FELLOWSHIP PROGRAM FOR PHYSICIAN RESIDENTS? ☐ YES ☐ NO 8C. ENTER YOUR NATIONAL PROVIDER IDENTIFIER (NPI)	8G. TARGET DEGREE LEVEL OF YOUR CURRENT TRAINING PROGRAM ☐ Certificate/Diploma ☐ Master's ☐ Post-doctoral (other than residents) ☐ Associate ☐ Post-master's fellowship ☐ Baccalaureate ☐ Doctoral ☐ Residency/Fellowship
8D. START DATE OF YOUR DEGREE PROGRAM OF STUDY (mm/yyyy) 8E. EXPECTED END DATE OF YOUR DEGREE PROGRAM OF STUDY (mm/yyyy)	
9A. VA TRAINING FACILITY (City, State)	10. CHECK APPROPRIATE BOXES IF YOU ARE ENROLLED IN A COLLEGE/UNIVERSITY THAT IS CLASSIFIED AS: ☐ Tribal College or University (TCU) ☐ Historical Black College and University (HBCU) ☐ Hispanic Serving Institution (HSI)
9B. VA TRAINING START DATE (mm/yyyy) ☐ UNKNOWN 9C. VA TRAINING END DATE (mm/yyyy) ☐ UNKNOWN	

II - FOR APPLICANTS CURRENTLY ON ACTIVE DUTY IN U.S. MILITARY DUTY

11A. ARE YOU NOW IN U.S. MILITARY? ☐ YES *(If YES, complete 11b, 11c* ☐ NO	11B. SERIAL OR SERVICE NO.	11C. BRANCH OF SERVICE

III - CITIZENSHIP

12A. CITIZENSHIP ☐ U.S. CITIZEN BY BIRTH ☐ NATURALIZED U.S. CITIZEN ☐ NOT A U.S. CITIZEN (Complete item 12B) **NOTE: Complete items 13A, 13B, 13C, or 13D ONLY if you are not a U.S. citizen.**	12B. COUNTRY OF CITIZENSHIP

13A. IMMIGRANT	13B. EXCHANGE VISITOR		13C. OTHER NON-IMMIGRANT		13D. FORM DS2019
"A" NUMBER	VISA TYPE	VISA NUMBER	VISA TYPE	VISA NUMBER	DO YOU HAVE A VALID DS2019? ☐ YES ☐ NO
DATE	ISSUE DATE	EXPIRATION DATE	ISSUE DATE	EXPIRATION DATE	DATE OF LAST VALIDATION (mm/dd/yyyy)

IV- THIS SECTION TO BE COMPLETED BY DESIGNATED EDUCATION OFFICER (DEO) OR DESIGNEE

14A. The trainee has met all of the criteria of the Trainee Qualifications & Credentials Verification Letter (TQCVL). ☐ YES ☐ NO

14B. Incomplete items on the TQCVL have been addressed and resolved. ☐ YES ☐ NO

14C. Special attention has been given to the following items from the application forms.

14D. Comments:

14E. This applicant has been approved for appointment. ☐ YES ☐ NO

14F. Comments:

15A. SIGNATURE OF FACILITY DESIGNATED EDUCATION OFFICER OR DESIGNEE	15B. TITLE	15C. DATE

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

V- LICENSE, CERTIFICATION, OR REGISTRATION IN CURRENT CLINICAL PROFESSION

16A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING THE DRUG ENFORCEMENT AGENCY (DEA), THAT YOU HAVE NOW OR HAVE HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	16B. LICENSE, CERTIFICATION OR REGISTRATION BODY	16C. STATE ISSUING LICENSE	16D. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	16E. IS THE LICENSE, REGISTRATION, OR CERTIFICATION CURRENT? IF NO, EXPLAIN IN PART XI.	16F. EXPIRATION DATE
				☐ YES ☐ NO ☐ NOT REQUIRED	
				☐ YES ☐ NO ☐ NOT REQUIRED	
				☐ YES ☐ NO ☐ NOT REQUIRED	
				☐ YES ☐ NO ☐ NOT REQUIRED	

VI- LICENSE, CERTIFICATION, OR REGISTRATION IN OTHER/PREVIOUS CLINICAL PROFESSION(S)

17A. LIST ALL LICENSES, CERTIFICATIONS, AND REGISTRATIONS, INCLUDING DEA, THAT YOU HAVE EVER HAD AS A HEALTH PROFESSIONAL, I.E. MEDICAL, NURSING, PHARMACY, ETC.	17B. LICENSE, CERTIFICATION OR REGISTRATION BODY	17C. STATE ISSUING LICENSE	17D. LICENSE, CERTIFICATION OR REGISTRATION NUMBER	17E. IS THE LICENSE, REGISTRATION, OR CERTIFICATION CURRENT? IF NO, EXPLAIN IN PART XI.	17F. EXPIRATION DATE
				☐ YES ☐ NO ☐ NOT REQUIRED	
				☐ YES ☐ NO ☐ NOT REQUIRED	
				☐ YES ☐ NO ☐ NOT REQUIRED	
				☐ YES ☐ NO ☐ NOT REQUIRED	

The following two questions apply to both your current health profession and any prior health profession.

18. DO YOU HAVE PENDING OR HAVE YOU EVER HAD ANY LICENSE, CERTIFICATION, OR REGISTRATION TO PRACTICE (including DEA Certificate) REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED ON A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED? ☐ YES - EXPLAIN IN PART XI ☐ NO

19. DO YOU HAVE PENDING OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY REVOKED, SUSPENDED, DENIED,RESTRICTED, LIMITED, OR ISSUED/PLACED ON A PROBATIONARY STATUS OR VOLUNTARILY RELINQUISHED? ☐ YES - EXPLAIN IN PART XI ☐ NO

VII - EDUCATION AND TRAINING AFTER HIGH SCHOOL THROUGH GRADUATE / PROFESSIONAL SCHOOL (Continue in Part XI if necessary)

20A. NAME OF SCHOOL	20B. ADDRESS (City, State, and Zip Code)	20C. START DATE (mm/yy)	20D. DATE COMPLETED (mm/yy)	20E. DIPLOMA/DEGREE/ CERTIFICATE OR QUALIFICATIONS RECEIVED	20F. MAJOR FIELD OF STUDY

VIII - GRADUATES OF AN INTERNATIONAL MEDICAL SCHOOL

21A. ARE YOU A GRADUATE OF AN INTERNATIONAL MEDICAL SCHOOL? ☐ YES ☐ NO	21B. EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) CERTIFICATE NUMBER	21C. ECFMG CERTIFICATE DATE

IX- INTERNSHIP, RESIDENCY AND FELLOWSHIP TRAINING

22A. NAME OF HOSPITAL OR INSTITUTION	22B. ADDRESS (City, State and ZIP Code)	22C. SPECIALTY	22D. COMPLETED (mm/yy)	22E. AMOUNT OF TIME APPROVED BY SPECIALTY BOARD

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

ITEM	X - ADDITIONAL QUESTIONS PLACE AN 'x' IN APPROPRIATE SPACE. IF YES, EXPLAIN DETAILS IN PART XI.	YES	NO
23	If you have ever participated in the Medicare/Medicaid Program, were you convicted of and or investigated for making and/or using false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act?	☐	☐
24	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? If YES, give details in Part XI, including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved. As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.	☐	☐
25	Do you need accommodations to perform the procedures and essential functions of the training position for which you have applied?	☐	☐

ITEM NO.	XI - REMARKS (Include additional information requested in items above. Be sure to indicate Item number on Form to which the comment refers.)

XII - CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

26A. SIGNATURE OF APPLICANT (sign in dark ink)	26B. DATE (month, day, year)

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- ☐ Authorize the VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom the VA may be referred by those contacted or deemed appropriate;
- ☐ Authorize release of such information and copies of related records and/or documents to VA officials;
- ☐ Release from liability all those who provide information to the VA in good faith and without malice in response to such inquiries; and
- ☐ Authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable the VA to make such inquiries.
- ☐ Authorize VA to share any information about me with the affiliated institution and /or training program official.

SIGNATURE OF APPLICANT	DATE

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering data and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer (005R1B), 810 Vermont Avenue NW, Washington, DC 20420. Do not send applications to this address.

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for appointment to a residency, advanced fellowship, fellowship, internship or other type of clinical training appointment. If you are appointed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency. It may be used to check the National Practitioner Health Integrity and Protection Data Bank(HIPDB) or the List of Exclusions is maintained by Health and Human Services (HHS) Office of Inspector General (OIG) on the List of Excluded Individuals and Entities (LEIE), to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for a clinical training appointment. This information may also be used to periodically verify, evaluate and update your clinical privileges, credentials and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply will be stored in a confidential and secure VA database for purposes of processing your application and may be verified through a computer matching program at any time. The information from this form may also be used to survey you regarding employment opportunities in VA and solicit you perceptions regarding your clinical training experience at VA and non-VA facilities.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Your obligation to respond is mandatory and failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records, "Applicants for Employment" under Title 38, U.S.C.-VA" (02VA135), in the 2003 Compilation of Privacy Act Issuances. The SSN will also be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.