SAMPLE--- PLACE ON OFFICIAL UNIVERSITY LETTERHEAD

**TRAINEE QUALIFICATIONS AND CREDENTIALS VERIFICATION LETTER**

DATE: Today’s Date

FROM: University, Program, Sponsoring Entity

Point of Contact

Point of Contact Phone # & Email

Street Address

City, State Zip

TO: Department of Education

Bldg. 165, Rm. C228

5901 E. 7th Street

Long Beach, CA 90822

SUBJECT: Residents/Students/Interns Sponsored by an Affiliated Program or Institution

1. I certify that the information below has been verified about the trainee(s) 1 listed who are scheduled to receive training at the Department of Veteran’s Affairs – VA Long Beach facility.
2. In addition, I certify these trainees:
   1. Are enrolled in the designated training program and have met criteria for the specific level of training;3
   2. Have satisfactory health to perform the duties of the training program they are participating in with the VA;3
   3. Have had an IGRA or 2-step Tuberculin skin testing2 as required by the Center for Disease Control (CDC) and VA facility standards
   4. Have had Hepatitis B vaccination2 or have signed a declination waiver;3
   5. Have had primary source verification of educational credentials as required by the admission criteria of the training program and as required by the VA sponsored training program;3
   6. Have provided letters of reference as required by the training program and as required by the VA sponsored training program;3
   7. Have been screened against the Health and Human Services List of Excluded Individuals and Entities (LEIE) for all trainees.3 <http://exclusions.oig.hhs.gov/>
   8. Have had primary source verification of current license(s) including provisional temporary, or training license, registration(s) including DEA registration, or certifications(s) through the state licensing board(s) and/or national and state certification bodies as required by the training program as required by the VA sponsored training program;4
   9. Have been screened against the Health and Human Services’ Health Integrity and Protection Data Bank (HIPD) as appropriate for licensed trainees;4
   10. Have had primary source verification of the ECFMG (Educational Council for Foreign Medical Graduates) certifications as appropriate;5
3. I will notify the VA Designated Education Officer with 72 hours of any changes in the academic status of individual trainees, adverse actions that affect the trainee appointments, or changes in the health status that pose a risk to the safety of trainees, other employees or patients.
4. I certify all documents pertaining to the listed trainees are maintained on file and available to VA officials for review.
5. Roster Attached

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Certifying Official Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name & Title of Certifying Official Telephone

(VA RETAINS AUTHORITY TO ACCEPT OR DENY ANY STUDENT WHO DOESN’T MEET APPLICABLE REQUIREMENTS.)

ACCEPT or NOT ACCEPT (COS)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

(VA RETAINS AUTHORITY TO ACCEPT OR DENY ANY STUDENT WHO DOESN’T MEET APPLICABLE REQUIREMENTS.)

ACCEPT or NOT ACCEPT (MCD)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

THE INFORMATION YOU PROVIDE ON ANY INDIVIDUAL NAMED ABOVE WILL BE DISCLOSED TO THE INDIVIDUAL ON HIS OR HER REQUEST.

1NOTE: Any trainee who does not meet all of the applicable criteria or upon whom all primary source verification has not been completed should be processed on a separate TQCVL. For these trainees, deficiencies and/or discrepancies should be stated explicitly and an in depth explanation provided.

2NOTE: In cases in which the trainee has not had required tuberculin testing or hepatitis B vaccinations/ declination waiver on file, the VA facility will refuse the trainee appointment until the required health screening/vaccinations have been performed. The tuberculin testing and hepatitis B vaccinations may be done by the VA facility for training programs sponsored by VA or at VA discretion.

3 NOTE: Required for ALL applicants.

4 NOTE: Required for licensed applicants

5 NOTE: Required for foreign applicants.

Response is voluntary; however failure to provide the information may result in our inability to determine the applicant's qualifications. This collection of information is intended to provide a tool to judge an applicant's suitability for training. 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 (HIPDB) or List of Excepted Individuals (LEIE) Data Banks which are administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining the suitability of the applicant for a clinical training appointment. This information may also be used to periodically verify, evaluate and update 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.