**SAMPLE**

**TRAINEE QUALIFICATIONS AND CREDENTIALS VERIFICATION LETTER**

**(TQCVL)**

**FOR NON-U.S. CITIZEN TRAINEES WHO HOLD PERMANENT RESIDENT STATUS (Formerly “Green Card”) OR VISAS**

**(*NOTE:***  A. This sample letter is to be completed by the non-VA Program Director or appropriate dean at the affiliated school and sent to the VA Designated Educational Officer. This letter will be used to certify the qualifications, credentials, and specific visa requirements required by law or regulation of the student trainees enrolled in the respective affiliated.

B. An H-1B visa is an employment visa and is generally not applicable to non-citizen student trainees

Medical or Dental School, or Sponsoring Entity

Address

City, State, Zip Code

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 referenced above and specifically addressed in the body of this certification has been verified for the non-U.S. citizen student trainees on the enclosed list who are scheduled to receive training at a Department of Veterans Affairs (VA) facility. *NOTE:*  *All trainees listed on the TQCVL must have had all primary source verifications completed. Use a separate TQCVL for any trainee with a deficiency or discrepancy*

2. In addition, I certify that the non-U.S. citizen student trainees in the attached list

a. Are in compliance with all visa requirements;3

b. Are enrolled in the designated educational program and have met criteria for admission to the program;3

c. Have satisfactory health to perform the duties of the training program that are participating in with the VA;3

d. Have had tuberculosis screening as required by the Center for Disease Control (CDC) or VA standards. *NOTE: In cases in which the student trainee has not had required tuberculosis screening, the VA facility will refuse the trainee appointment until the required health screenings/vaccinations have been performed3.*

e. Have had hepatitis B vaccination or have signed declination waivers. *NOTE****:*** *In cases in which the trainee has not had a hepatitis B vaccination, the VA facility will refuse the trainee appointment until the required health screenings/vaccinations have been performed or a declination waiver has been signed****.3***

f. Have had primary source verification of educational credentials as required by the admission criteria of the educational program;3

g. If applicable, have had primary source verification of current and past license(s), registration(s) including DEA registration, or certification(s) through the state licensing board(s) and/or national and state certification bodies as required by the educational program; 4

h. Have had review and confirmation of appropriate permanent resident document(s) or visa(s) (J-1, J-2, H-4, E-3, F-1) status, including verification of enrollment as a student doing a rotation at VA consistent with agreement with affiliate and verification of enrollment dates and status;3

1. A J-1 visa holder must have VA listed as alternate site of activity on DS-2019 (attach copies of relevant documents);
2. A J-2 visa holder (spouse of J-1): associated J-1 visa information has been reviewed and validated (attach copies);
3. An H-4 visa holder (spouse of an H-1B): associated H-1B visa information has been reviewed and validated, including visa expiration period (attach copies);
4. If an F-1 student visa holder, appropriate Form I-20 is present (attach copies). The student may not enter the United States earlier than 30 days prior to start date of approved program.
5. If a Lawfully Admitted Permanent Resident in the U.S., a copy of Permanent Resident Card (formerly “Green Card”) is attached

i. If applicable, have provided letters of reference as required by the training program;3

j. Have/have not or not applicable (circle) been screened against the National Practitioner Data Bank (NPDB) as appropriate for **licensed trainees**;4

k. Have been screened against the Health and Human Services’ List of Excluded Individuals and Entities (LEIE) for all trainees.3

3. I will notify the VA Designated Educational Officer as soon as possible, but no later than 72 hours, of changes in the academic status of individual trainees, adverse actions that affect the trainee appointment, or changes in health status that pose a risk to the safety of trainees, other employees, or patients.

4. I certify that all documents related to the listed foreign national student trainees are on file and are available to VA officials for review. In addition, the listed foreign national student trainees are in compliance with all visa requirements.

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Name and Title of Sponsoring Entity (Date)

[Program Director or Appropriate Dean of Students]

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

KIRK MCNAGNY, MD (Date)

ACOS-E

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

NORMAN GE, Chief of Staff

Accept/Do Not Accept \_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Medical Center Director

Accept/Do Not Accept \_\_\_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachment: List of Student Trainees

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.

3 NOTE: Required for ALL applicants.

4 NOTE: Required for licensed applicants

5 NOTE: Required for foreign applicants.

Medical or Dental School, or Sponsoring Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

For training at the Department of Veterans Affairs health care facility in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Trainee Name | Permanent Resident or  Visa Type | Program | Degree Level or  Post Graduate Year (PGY) |
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