

TRAINEE QUALIFICATIONS AND CREDENTIALS VERIFICATION LETTER
(TQCVL)
FOR TRAINEES SPONSORED BY AN AFFILIATED PROGRAM OR INSTITUTION

Department, Program or Sponsoring Entity

Address

City, State, Zip

Ann R. Brown, FACHE

Medical Center Director

Veteran Affairs Medical Center

510 Butler Avenue

Martinsburg, WV 25405

Dear Ms. Brown:

1. I certify that the information below has been verified for the trainees listed below who are scheduled to receive clinical training at the Department of Veteran Affairs (VA) facility.

Trainee Name(s) SSN (last 4 numbers) Discipline of Study Post Graduate Year (PGY)

2. In addition, I certify that these trainees:

- a. Are enrolled in the designated training program and have met criteria for the specified level of training;
- b. Have satisfactory health to perform the duties of the clinical training program;

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

- c. Have had tuberculin testing as required by the Center for Disease Control (CDC) or VA standards;
- d. Have had hepatitis B vaccination or have signed declination waivers; **NOTE: Hepatitis B vaccination is optional but strongly encouraged.**
- e. Have had primary source verification of education credentials as required by the admission criteria of the training program;
- f. Have had primary source verification of current and past licenses(s), registration(s) including DEA registration(s), or certification(s) through the state licensing board(s) and/or national and state certification bodies as required by the training program;
- g. Physician residents have had primary source verification for the ECGFMG (Educational Council for Foreign medical Graduates) certificates as appropriate;
- h. Have provided letters of reference as required by the training program;
- i. Have been screened against the Health and Human Services' National Practitioner Data Bank – Health Integrity and Protection Data Bank (NPDB – HIPDB) as appropriate for licensed trainees;
- j. Have been screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE) for all trainees.

3. I will notify the VA Designated Education officer within 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 trainee, other employees, or patients.

4. I certify that all documents pertaining to the listed trainees are maintained on file and available to VA officials for review.

Name and Title of Sponsoring Entity

Program Director

Date

Received by the DEO/DLO

Date

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