

TEMPLATE: VHA Trainee Qualifications and Credentials Verification Letter (TQCVL)
Copy and Paste onto Letterhead, Do NOT Alter Text

School/University Name and Address

Training Program:

Medical Center Director (00)
Martinsburg WV Veterans Affairs Medical center
510 Butler Avenue
Martinsburg, WV 25405

Date:

Dear Medical Center Director:

I certify that all appropriate information for the health professions trainees listed on the attached TQCVL List of Trainees has been verified. At the time of verification, all trainees listed are fully qualified and have the necessary credentials to complete their scheduled clinical training at a Department of Veterans Affairs (VA) healthcare facility.

ALL trainees:

- Are enrolled in the designated training program and have met criteria for their specified level of training;
- Meet the physical requirements of the training program;
- Have had tuberculosis screening as required by the Center for Disease Control (CDC) or VA standards;
- Have had hepatitis B vaccination or have signed declination waivers;
- Have been vaccinated for influenza per VHA policy; currently by November 30th each year or, if declining vaccination, trainees are aware of the requirement to wear a face mask throughout the influenza season while at the VA healthcare facility;
- Have been screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). <https://exclusions.oig.hhs.gov/> (all paid and WOC trainees)

As applicable:

- International medical school graduates have had primary source verification of the Educational Council for Foreign Medical Graduates (ECFMG) certificates.
- Licensed trainees have been screened against the National Practitioner Data Bank (NPDB) <https://www.npdb.hrsa.gov/>
- Trainees born male, both U.S. citizens and immigrants, who are between 18 and 25 years old, have registered with the Selective Service or provided a Status Information Letter.
- If required by the admission criteria of the training program, all trainees have had primary source verification of education and other credentials.

NOTE: List may not be all inclusive. Please mark which items below are required and have been verified.

- Reference letters
- Primary source verification of current and past license(s) or registration(s) in any field
- Certification(s) through the state licensing board(s) and/or national and state certification bodies
- Drug Enforcement Administration (DEA) registrations
- National Provider Identifier (NPI) registration

Other: _____

As applicable, for non-U.S. citizen trainees:

- Documented proof of current immigrant or non-immigrant status has been reviewed and attached to include:
 - Appropriate visa (J-1, J-2, H-1B, H-4, E-3) status; or
 - Permanent Resident Card (formerly "Green Card"); or
 - Deferred Action for Childhood Arrivals (DACA) trainee, Employment Authorization Document (Form I-766).
 - Other visas require discussion with the VA Designated Education Officer (DEO) and may need decision of VA General Council.
- Appointment of non-US citizens must be approved by the Medical Center Director.

I will notify the VA DEO, 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.

I certify that all documents pertaining to the listed trainees are maintained on file and available for review by VA officials by contacting the following Office: _____.

Signature and Printed Name

Date

Title of Educational Official

[Titles include: Program Director, Designated Institutional Official (DIO), or Educational Dean, Dean for Academic Affairs, Dean]

VAMC Chief of Staff

Accept/Do Not Accept (circle one)

Signature

Date _____

Printed Name

VAMC Director

Accept/Do Not Accept (circle one)

Signature

Date _____

Printed Name

Enclosure: **TQCVL List of Trainee(s)**