

Memorandum

Date: March 11, 2016

From: Director, VA Advanced Fellowships & Professional Development (10A2D)
Office of Academic Affiliations, VA Central Office, Washington, DC

Subj.: **Nomination and Appointment of Postdoctoral and Postresidency Fellows in VA Advanced Fellowship Program in Mental Illness Research and Treatment for Academic Year (AY) 2016-2017**

To: Advanced Fellowship Program Directors

Purpose. Following the selection of your candidate of choice at your site, you will nominate your Fellow. This memorandum provides Office of Academic Affiliations (OAA) instructions regarding nomination of medical MD Fellows (see pages 1-6) and associated health PhD Fellows (psychology, psychopharmacology, social work; see pages 7-15) for the VA Advanced Fellowship Program in Mental Illness Research and Treatment for the academic year 2016-2017 beginning July 1, 2016.

1. General Information for Nomination of MD Fellows

- a. All physician Advanced Mental Illness Research and Treatment Fellows must be nominated to and approved by the Advanced Mental Illness Research and Treatment Hub Site and the Office of Academic Affiliations prior to appointment. Advanced Fellow funding for physicians is available only after completion of an Accreditation Council for Graduate Medical Education (ACGME) or equivalent accredited specialty or subspecialty residency training program.
- b. An individual selected for the fellowship must have a VA physical examination verifying fitness for duty before being appointed to the fellowship program. (VA Handbook 5019 [April 15, 2002], Parts II, IV, and V). Documentation of medical clearance need not be sent to the Advanced Mental Illness Research and Treatment Hub Site, but must be completed locally.
- c. Salary rates for physician fellows are based on the number of years of ACGME-accredited residency completed and must conform to the rate and benefits at the Academic Affiliate (e.g. if the fellow has completed four years of residency, they would be appointed at a PGY level 5, at the salary level for a PGY 5 at the Academic Affiliate Institution). The determination of the number of years must conform to OAA requirements and is subject to OAA approval. See paragraph 2.a. below.
- d. Advanced Fellows are not eligible to participate in the Federal Employees Retirement System (FERS) or the Thrift Savings Plan except in unusual circumstances. Human Resources Management Service should carefully verify eligibility before enrolling an Advanced Fellow into FERS.
- e. All Advanced Fellows are eligible for health and life insurance benefits. The original appointment will be terminated at the end of the funding, which is two year.

2. Nomination of Physician Fellows. Nominations of physician fellows must be received by the Advanced Fellowship Program in Mental Illness Research and Treatment Hub Site by a) close of business Monday, **May 9, 2016**, for fellows starting July 1, 2016; and b) **45 days prior to the anticipated start date** for fellows starting after July 1, 2016. Nominations must include the following items in the order indicated:

a. **Fellows Credentials Verification Letter.** This form **must** be signed by both the local Designated Education Officer (DEO) and the local VA Facility Director.

The Post Graduate Year (PGY) level determines the fellow's stipend and is based on the number of years completed in ACGME-accredited specialty and subspecialty residency training. Additional credit is not given for post-residency experience other than accredited subspecialty residency programs, except upon approval of the Director, Advanced Fellowships this form is attached at the end of this document.

b. **Fellows Credentials Verification Checklist.** This form **must** be completed by your local credentialing officer. Primary source verification by your local credentialing officer is required for items 2 through 5 and 7, specifically:

- 1. The Fellow needs to provide completed VA Form 10-2850d
- 2. The Fellow requires evidence of an Unrestricted and current State medical license. They will also need any additional current or past State medical license(s) to be verified in all States where claimed by applicant
- 3. Evidence of National Board, ECFMG, or other certifications need to be provided.
- 4. Drug Enforcement Agency (DEA) certification needs to be provided for those Fellows who claim on the application form that they have held DEA certification.
- 5. Citizenship or visa documents need to be provided (current, unexpired visa; or evidence of naturalization or permanent U.S. immigrant status).
- 6. The prospective Fellow needs to provide evidence of their undergraduate, medical, residency and other relevant education or training.
- 7. If the prospective Fellow is a VA staff physician, **statement of voluntary acceptance of reduced pay for the duration of fellowship training obtained.**

c. **Application for Health Professions Trainees VA Form 10-2850d**

This form is available at the station level. It is also available on VA's Internet in the Publications area

<http://www.va.gov/oa/app-forms.asp> The use of **VA Form 10-2850d for health professions trainees** is required and not an earlier version of VA Form 10-2850. Here are guidelines on items that need to be completed in **VA Form 10-2850d.**

First, not all Advanced Fellowship Programs require U.S. citizenship. The Physician Component of the Fellowship permits non-citizens of the U.S., but program directors must ensure compliance with Federal laws regarding appointment of non-citizens if qualified U.S. citizens apply. Any questions about such appointments should first be referred to the Hub Site Director, Dr. Ruth O'Hara and Emily Gere at Emily.Gere@va.gov, or to Regional Counsel for the appointing VA facility. In submitting applications to OAA for non-citizen physicians, please follow established procedures at the local level to verify required information about current visa status, Education Commission for Foreign Medical Graduates (ECFMG) sponsorship if the applicant has a J-1 visa, and ECFMG certificate completion for international medical graduates.

Second, all applicants must document current, unrestricted U.S. medical licensure and the completion of ACGME- or AOA-accredited specialty and subspecialty residency training. The following items on VA Form 10-2850d require special attention:

- Items 13 A-D - Visas expiring by June 30, 2016, must be renewed before sending the nomination to OAA. An individual with a J-1 visa must have current ECFMG sponsorship prior to starting the Advanced Fellowship.
- Item 16 A-F - All fellows must have current, unrestricted medical licenses. Because a training license is restricted, training licenses do not meet this requirement.
- Item 22 A-E - To determine accurate salary, ensure that information about residency training on VA Form 10-2850d is consistent with information in the Fellow's current curriculum vitae.

d. A copy of the Fellow's **curriculum vitae**.

3. Transmittal Instructions for Physician Fellows in the VA Advanced Fellowship Program in Mental Illness Research and Treatment

Send ONLY the following specified application materials ONLY to the Hub Site. Address application to Drs. Ruth O'Hara (Director) and Sherry A. Beaudreau (Co-Director), Advanced Fellowship in Mental Health Research and Treatment Hub Site ([see contact information and instructions on mailing below](#)).

1. Fellows Credentials Verification Letter
2. Fellows Credentials Checklist
3. The completed VA Form 10-2850d
4. Fellow's CV
5. Also, a cover letter by the local MD Director providing the following information:
 - A. The name of the Fellow being nominated
 - B. Proposed start date
 - C. The name of your Health Care System
 - D. The 1st year salary for the Fellow being nominated (The salary requested should be the salary at the Academic Affiliate for the same PGY level as the Fellow, e.g. if the fellow has completed four years of residency, they would be appointed at a PGY level 5, at the salary level for a PGY 5 at the Academic Affiliate Institution. If you have questions regarding the appropriate PGY level to request please contact Dr. Ruth O'Hara).

Please do NOT send copies of licenses, diplomas, certificates, transcripts, verification documents, reference letters, or physical examinations.

The VA Advanced Fellowship Program in Mental Illness Research and Treatment Hub Site prefers to receive documents electronically in one PDF or in Word Format. Scanned documents may be sent via VA's Outlook system if the message is appropriately encrypted using PKI, and should be emailed to:

Sherry A. Beaudreau, PhD, Co-Director, VA Advanced Fellowship in Mental Health Research and Treatment Hub Site (Sherry.Beaudreau@va.gov).

If you are unable to submit electronically, you may send hard copies via an expedited delivery service to:

Sherry A. Beaudreau, PhD, ABPP, Co-Director

VA Advanced Fellowship Program in Mental Health Research and Treatment Hub Site
Palo Alto VAHCS, Bldg 5, 4th floor
3801 Miranda Avenue, 151Y/MIRECC
Palo Alto, CA 94304

Questions regarding the VA Advanced Fellowship Program in Mental Health Research and Treatment may be directed to the Fellowship Hub Site t (650) 493-5000, press "1" "1" then ext. 64119 or at Sherry.Beaudreau@va.gov

VA Advanced Fellowship Program in Mental Illness Research and Treatment Hubsite will enter the nomination information into the Advanced Fellowship Nomination Database upon approval. Once the nomination is entered into the database, the local facility DEO will be responsible for certifying the nomination Program directors and administrators will then be required to generate the approval memo and route to facility HR and Fiscal offices.

ADVANCED FELLOW CREDENTIALS VERIFICATION LETTER

Credentials Verification

I certify that the individuals listed below fully meet the education, training, and program requirements for participation in the designated VA Advanced Fellowship program.

Physician and Dentists:

Each nominated physician's medical license is unrestricted and current. Any visas are also current. All other credentials such as diplomas, letters of reference, certificates of advanced training, state professional licenses, Drug Enforcement Agency (DEA) certificate, Educational Council for Foreign Medical Graduates (ECFMG) certification, citizenship status, and ECFMG sponsorship have been verified and found to be in order. The Credentials Verification Checklist for Physician Fellows is attached for each nominated physician.

Associated Health Professionals:

Each individual's professional license, if required for the discipline and level of trainee, is unrestricted and current. All other credentials such as diplomas, letters of reference, certificates of advanced training, state professional licenses, and Drug Enforcement Agency (DEA) certificate have been verified and found to be in order. The Credentials Verification Checklist for Associated Health Fellows is attached for each nominated individual.

VA Facility: _____

Fellowship Program: _____

Name of Nominated Fellow: _____ Physician/Dentist Associated Health

PGY Level Requested
(for physician/Dentist only) : 1 2 3 4 5 6 7 Other _____

Discipline and Level (for Associated Health only) : _____

Requested Start Date: _____

Fellowship Program Director Name: _____
(Printed/Typed)

Fellowship Program Director: _____
(Signature) _____ Date

Telephone Number: _____ **E-mail Address:** _____

This FCVL is accepted for forwarding to the Office of Academic Affiliations, VA Central Office, Washington, DC.

Signature of Designated Education Officer (DEO) _____ Date

Signature of VA Facility Director _____ Date

ADVANCED FELLOW CREDENTIALS VERIFICATION CHECKLIST
Primary Source Verification Is Required

Directions:

1. The credentialing process should be coordinated with local facility offices.
2. The actions listed below must be completed before nominating an individual for the fellowship program.
3. For each item, please enter the verification **completion date** in the right hand column.
4. Obtain the signature of the local VA facility credentialing official.

Name of Nominated Fellow:	Date Verified
1. VA Form 10-2850d for specific discipline completed	
2. Professional license(s) verified: in all States where claimed by applicant at least one state unrestricted and current	
3. Certification verification completed for: <u>Physicians</u> National Board of Medical Examiners <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed Physician Specialty Board <input type="checkbox"/> Completed <input type="checkbox"/> In Process <u>Professions other than physicians</u> Certification necessary for VA Clinical Practice <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed <u>For physicians trained outside US</u> ECFMG certification <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed	
4. Drug Enforcement Agency (DEA) certification completed for individuals who claim on the application form to have held DEA certification	
5. Citizenship documents verified current unexpired visa or evidence of naturalization or permanent U.S. immigrant status <i>All Associated Health Fellows must be US Citizens.</i> <input type="checkbox"/> applicant is a US Citizen	
6. Education and training verification completed	
7. If the applicant is a VA staff physician, statement of voluntary acceptance of reduced pay for the duration of fellowship training obtained	

VA Credentialing Office Official Please **Print Name**

Telephone #

Signature of VA Credentialing Office

Date

1. General Information for Nomination of Associated Health Fellows.

a. All Associated Health Fellows who are to be paid by VA **must** be U.S. citizens.

b. An individual selected for the fellowship must have a VA physical examination verifying fitness for duty before being appointed to the fellowship program. (VA Handbook 5019 [April 15, 2002], Parts II, IV, and V). Documentation of medical clearance need not be sent to the VA Advanced Fellowship Program in Mental Illness Research and Treatment Hub Site, but must be completed locally and verified.

c. Associated Health salaries are locality-based and may be found on the OAA Intranet website, (vaww.oaa.med.va.gov/). Salaries are not to be supplemented locally. For salary information for the 1st year salary for the PhD Fellow being nominated:

- 1) Go to the OAA Support Center page, <http://vaww.oaa.med.va.gov/>
- 2) Select "Facility-Locality-Based Per Annum STIPEND Rates" (lower left in red).
- 3) Select your facility for the correct salary rate.

d. Advanced Fellows are not eligible to participate in the Federal Employees Retirement System (FERS) or the Thrift Savings Plan except in unusual circumstances. Human Resources Management Service should carefully verify eligibility before enrolling an Advanced Fellow into FERS.

e. All Advanced Fellows are eligible for health and life insurance benefits. These Fellows should be appointed for a period not to exceed three years. The appointment will be terminated at the end of the funding, which is two years, as OAA provides funding only for a Fellow's designated number of hours.

2. Nomination of Associated Health Fellows to the VA Advanced Fellowship Program in Mental Illness Research and Treatment. Nominations of Fellows must be received by the Advanced Fellowship Program in Mental Illness Research and Treatment Hub Site by a) close of business Monday, **May 9, 2016**, for fellows starting July 1, 2016; and b) **45 days prior to the anticipated start date** for fellows starting after July 1, 2016. Nominations must include the following items in the order indicated:

a. **Fellows Credentials Verification Letter.** This form **must** be signed by both the local DEO and the local VA Facility Director.

b. **Fellows Credentials Verification Checklist.** This form **must** be completed by your local credentialing officer. Primary source verification by your local credentialing officer is required for items 1 through 6 on the checklist form, specifically:

1. U.S. citizenship needs to be verified.
2. All state licenses need to be verified if applicable.
3. Unrestricted and current State license verified if applicant is eligible for license (most Ph.D. fellows will not yet be license eligible).
4. Certification verification completed for other Associated Health Fellows as applicable.
5. Drug Enforcement Agency (DEA) certification verified for Nurse Practitioners who claim on the application form to have held DEA certification.
6. Education and training verification completed (APA accredited doctoral program and APA approved internship are required for psychology Fellows). A Fellow who has not yet completed the dissertation defense

may still be nominated provided you have a letter from the Chair of the Department indicating that all the requirements for the degree, other than their dissertation and final defense, have been completed. The date for the final defense should be provided if it has been set; a reasonable timeframe for the Fellow to complete the degree must be provided.

c. The Fellow needs to complete **VA Form 10-2850d for Health Professions Trainees.**

This form is available at the station level. It is also available on VA's Internet in the Publications area (<http://www.va.gov/oaapp-forms.asp>). The use of **VA Form 10-2850d for health professions trainees** is required and not an earlier version of VA Form 10-2850.

d. A copy of the nominee's **curriculum vitae.**

3. Transmittal Instructions for Associated Health Fellows in the VA Advanced Fellowship Program in Mental Illness Research and Treatment

Send ONLY the following specified application materials ONLY to the Hub Site. Address application to Drs. Ruth O'Hara (Director) and Sherry A. Beaudreau (Co-Director), Advanced Fellowship in Mental Health Research and Treatment Hub Site ([see contact information and instructions on mailing below](#)).

1. Fellows Credentials Verification Letter.
2. Fellows Credentials Checklist
3. The completed VA Form 10-2850d
4. Fellow's CV
- 5.
- 6.
7. Also, in a cover letter provide the following information.
 - a. The name of the Fellow being nominated
 - b. Proposed start date
 - c. The name of your Health Care System
 - d. The 1st year salary for the Fellow being nominated. For salary Information for PhD Fellows
 - Go to the OAA Support Center page, <http://vaww.oaa.med.va.gov/>
 - Select "Facility-Locality-Based Per Annum STIPEND Rates" (lower left in red).
 - Select your facility for the correct salary rate.

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Sherry A. Beaudreau, PhD, ABPP, Co-Director, VA Advanced Fellowship Program in Mental Health Research and Treatment Hub Site
Palo Alto VAHCS, Building 5/4th floor
3801 Miranda Avenue, 151Y/MIRECC
Palo Alto, CA 94304

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Each nominated physician's medical license is unrestricted and current. Any visas are also current. All other credentials such as diplomas, letters of reference, certificates of advanced training, state professional licenses, Drug Enforcement Agency (DEA) certificate, Educational Council for Foreign Medical Graduates (ECFMG) certification, citizenship status, and ECFMG sponsorship have been verified and found to be in order. The Credentials Verification Checklist for Physician Fellows is attached for each nominated physician.

Associated Health Professionals:

Each individual's professional license, if required for the discipline and level of trainee, is unrestricted and current. All other credentials such as diplomas, letters of reference, certificates of advanced training, state professional licenses, and Drug Enforcement Agency (DEA) certificate have been verified and found to be in order. The Credentials Verification Checklist for Associated Health Fellows is attached for each nominated individual.

VA Facility: _____

Fellowship Program: _____

Name of Nominated Fellow: _____ Physician/Dentist Associated Health

PGY Level Requested
(for physician/Dentist only) : 1 2 3 4 5 6 7 Other _____

Discipline and Level (for Associated Health only) : _____

Requested Start Date: _____

Fellowship Program Director Name: _____
(Printed/Typed)

Fellowship Program Director: _____
(Signature) _____ Date

Telephone Number: _____ **E-mail Address:** _____

This FCVL is accepted for forwarding to the Office of Academic Affiliations, VA Central Office, Washington, DC.

Signature of Designated Education Officer (DEO) _____ Date

Signature of VA Facility Director _____ Date

ADVANCED FELLOW CREDENTIALS VERIFICATION CHECKLIST
Primary Source Verification Is Required

Directions:

1. The credentialing process should be coordinated with local facility offices.
2. The actions listed below must be completed before nominating an individual for the fellowship program.
3. For each item, please enter the verification **completion date** in the right hand column.
4. Obtain the signature of the local VA facility credentialing official.

Name of Nominated Fellow:	Date Verified
1. VA Form 10-2850d for specific discipline completed	
Professional license(s) verified:	
2. <ul style="list-style-type: none"> • in all States where claimed by applicant • at least one state unrestricted and current 	
3. Certification verification completed for:	
<u>Physicians</u> <ul style="list-style-type: none"> • National Board of Medical Examiners <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed • Physician Specialty Board <input type="checkbox"/> Completed <input type="checkbox"/> In Process 	
<u>Professions other than physicians</u> <ul style="list-style-type: none"> • Certification necessary for VA Clinical Practice <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed 	
<u>For physicians trained outside US</u> <ul style="list-style-type: none"> • ECFMG certification <input type="checkbox"/> Completed <input type="checkbox"/> Not Completed 	
4. Drug Enforcement Agency (DEA) certification completed for individuals who claim on the application form to have held DEA certification	
5. Citizenship documents verified	
<ul style="list-style-type: none"> • current • unexpired visa • or evidence of naturalization or permanent U.S. immigrant status <i>All Associated Health Fellows must be US Citizens.</i> <input type="checkbox"/> applicant is a US Citizen	
6. Education and training verification completed	
7. If the applicant is a VA staff physician, statement of voluntary acceptance of reduced pay for the duration of fellowship training obtained	

VA Credentialing Office Official Please **Print Name**

Telephone #

Signature of VA Credentialing Office

Date