DEANS COMMITTEE OR MEDICAL ADVISORY COMMITTEE	32A. RECOMMENDED FOR: ☐ CHIEF RESIDENT ☐ RESIDENCY IN:	32B. POSTGRADUATE LEVEL RECOMMENDED ☐ 1ST YR. ☐ 2ND YR. ☐ 3RD YR. ☐ 4TH YR. ☐ 5TH YR.	32C. LEVEL OF VACO APPROVAL REQUIRED ☐ LEVEL 6 ☐ LEVEL 7	32D. APPLICANT/APPOINTEE MEETS ALL REQUIREMENTS AND REGULATIONS FOR APPOINTMENT OF HOUSE STAFF ☐ YES ☐ NO
	32E. REMARKS	32F. SIGNATURE OF CHAIRPERSON OR DESIGNEE	32G. DATE	
FINAL APPROVAL	33A. VA FACILITY	33B. NAME OF AFFILIATED MEDICAL OR DENTAL SCHOOL	33C. DATE OF APPOINTMENT	
	33D. REMARKS	33E. SIGNATURE OF FACILITY DIRECTOR	33F. DATE	

ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET OF PAPER	YES	NO
34.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service?		
35.	Does the Department of Veterans Affairs employ any relative of yours (by blood or marriage)? If "YES" give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.		
36.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.)		

NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 36, 37 or 38 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 36 or 37, you may omit (1) traffic fines for which you paid a fine of $100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

37	Within the last five years have you been discharged from any position for any reason?		
38.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?		
39.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)		
40.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 36 above?		
41.	While in the military service were you ever convicted by a general court-martial?		
42.	If you were in the military service as a physician, dentist, podiatrist or optometrist, did you ever receive a non-judicial punishment (Article 15)?		
40.43.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.		

XII - SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

CERTIFICATION: I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

41A. SIGNATURE OF APPLICANT (Sign in dark ink)	41B. DATE (Month, Day, Year)