

# VAPHS Research Credentialing & Privileging Form

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This form is only required for individuals seeking a research appointment at VAPHS. Submit this form, along with all required documents, to your VAPHS Research Center of Excellence point of contact, or to the VAPHS Research Office by email [VHAPTHResearchOffice@va.gov](mailto:VHAPTHResearchOffice@va.gov) or fax (412)-360-2377.

The following documents must submit the following document with this form:

- ✓ Curriculum Vitae or Résumé
- ✓ Copy of Photo Identification (front and back)
- ✓ Copy of US healthcare/professional license
- ✓ Research Scope of Practice
- ✓ Copy of VISA, if applicable

\*You may be asked to provide a copy of your social security card

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## 1. Applicant Information

Name:

Maiden/Other Legal Name:

Date of Marriage, if applicable:

Birth Date:

Birth Gender:

Birthplace:

Phone Number:

Email Address:

Mailing Address:

Degree(s) Earned:

Immigration Status:

US Citizen

Naturalized Citizen

Visa, specify type of Visa:

Expiration Date:

\*Please include a copy of your Visa when submitting this form.

## 2. US Healthcare/Professional License Information

1. Please select one:

Dependent Licensed Practitioner (DLP)

*(including but not limited to registered nurse, pharmacist, occupational therapist, physical therapist)*

Independent Licensed Practitioner (ILP)

*(physician, dentist, podiatrist, optometrist, social worker, psychologist, psychiatrist, audiologist, speech pathologist, physician assistant, nurse practitioner, clinical nurse specialist or nurse anesthetist)*

\*If you are an ILP, do you have current clinical privileges at VAPHS?

No Yes, Service Line:

1. Type of License:

2. License Number:

3. State of Issuance:

### 3. Appointment and University Status

**1. Do you have an active VA appointment at VAPHS?**

**No**, WOC appointment must be in place prior to conducting research activities. WOC appointment documents can be found on the VAPHS Research Website.

**Yes**, indicate type of current appointment below:

**VA paid employee (full- or part-time)**

VA Title:

Service Line/Research Center of Excellence:

**Consultant, Contract, WOC**

VA Title:

Service Line/Research Center of Excellence:

**Trainee in VA Training Program (e.g. student, resident, VA Advanced Fellowship, etc.)**

Service Line:

Full name of program:

**2. Do you hold University employment?**

**No**

**Yes**, indicate the following:

University Name:

Administrative Title:

Department/Division:

Faculty Appointment:

Tenure:

Faculty Title Series:

### 5. Research Activities

**1. Research Roles** (select all that apply):

Principal Investigator

Co-Principal Investigator

Co-Investigator

Study Coordinator

Research Assistant

Research Staff

Laboratory or Animal Technician

Other, specify:

2. Are you performing any clinical work as part of your duties (e.g. seeing patients in a clinical setting or under clinical supervision)?                      YES      NO

3. Provide a **detailed description** of the specific research-related duties, procedures and activities the applicant will perform. Specify where the work will be performed. This statement may be written to outline duties associated with one or more VA approved research projects. This section may be completed by your VAPHS supervisor.

4. **Type of Research** (select all that apply):

- Animal                      Basic Science/Laboratory  
Human\*                      Other (e.g. not human subjects research), specify:

**\*If Human research is selected, the following questions must be answered:**

**a. Will the applicant interact or have contact with human subjects/patients, protected health information (PHI), VA sensitive information, and/or biological specimens?**

- No**      **Yes**, describe the interaction that the research staff member will have with human subjects and/or PHI:

**b. Will the research staff member perform any procedures on human subjects?**

- No**      **Yes**, describe the procedures:

**c. Will the research staff member exercise independent clinical judgment or make any clinical decisions based on interaction with human subjects or PHI?**

- No**      **Yes**, describe how and under what circumstances the staff member will execute clinical judgement. Be specific.

## 6. Applicant and Supervisor/PI Signatures

Applicant Signature

Date:

Name of Supervisor/PI:

Supervisor/PI Title:

Research Center of Excellence, if applicable:

Supervisor/PI Signature

Date:

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***Information past this line is for VAPHS Research Office use only***

## VAPHS Research Office Review

### 1. Is the applicant a Trainee in a VA Training Program?

No → Move to question #2.

Yes → Is the applicant listed on the Education/House Staff SharePoint site?

No → Move to question #2

Yes → ACOS R&D review not required. Applicant has already been entered in to VetPro via the VA Training Program. Proceed with onboarding.

### 2. Will the applicant perform any clinical work as part of his/her duties? (See question 5.2)

No → Move to question #3.

Yes → Is the applicant listed on the Education/House Staff SharePoint site?

### 3. Will the applicant be involved in human subjects research?

No → ACOS R&D review is not required. Do not move to the next questions. Enter applicant in to VetPro for "Credentialing only", and process with onboarding.

Yes → Does the applicant hold an "Independent" or "Dependent" license?

**Dependent** → ACOS R&D review is not required. Enter the applicant in to VetPro using the "dependent licensed practitioner" form found on the COS SharePoint site. This person will be "credentialed only". Proceed with onboarding.

**Independent** → Does the applicant currently have Clinical Privileges at VAPHS?

Yes → ACOS R&D review not required. No actions in VetPro. Proceed with onboarding.

No → ACOS R&D review IS required. Provide ACOS R&D with this form and the applicant's CV or résumé for a determination on credentialing and clinical privileging action. Proceed with onboarding following ACOS R&D review.

## VAPHS ACOS R&D Review

*To be completed only by the ACOS R&D or Deputy ACOS R&D*

### Are Clinical Privileges at VAPHS required?

**NO** → Obtain copy of SSN card, and enter applicant in to VetPro as a LIP for "Credentialing Only"

**YES** → Obtain copy of SSN card, and enter applicant in to VetPro as a LIP for "Credentialing & Privileging"

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ACOS R&D or Deputy ACOS R&D Signature

Date: \_\_\_\_\_