

TEMPLATE: VHA Trainee Qualifications and Credentials Verification Letter (TQCVL)

Copy and paste onto Affiliate letterhead DO NOT Alter TEXT

Items highlighted in yellow are informational/instructional and must be removed on your final document

Items highlighted in blue are areas where the information requested must be included on the final document.

(affiliate insert their intuition's name here)

(insert title of training program)

(insert Address)

Date:

Dear Medical Center Director,

Hello, my name is _____, Program Director for the *(affiliate insert their intuition's name here and title of training program)* _____ program in *(insert city/location of affiliate)*. The trainees on this TQCVL are scheduled to receive their clinical training during the period of *(mm/dd/yyyy) to (mm/dd/yyyy)*.

CERTIFICATION LANGUAGE FROM THIS POINT ON MUST NOT BE MODIFIED

My signature on this Trainee Qualifications and Credentials Verification letter (TQCVL), certifies that verification has been made and that each health professions trainee (HPT) on the attached list is fully qualified to participate in the subject training program and meets the conditions of employment as outlined below.

Additionally, should any HPT on the attached list experience a change in their academic or health status, I will notify the facility Designated Education Officer (DEO) no later than 72 hours after the discovery. Though it is unnecessary to disclose specifics of the change, HPTs who become unqualified (e.g., are no longer enrolled or active in a program, pose a risk to the health and safety of others) will not be permitted to continue training at the VA and must be offboarded per VA policy.

I certify that each HPT on the attached list has:

- Met all requirements for enrollment and continued participation in the specified training program;
- Met all criteria for their level of training;
- Evidence or self-certification that they are physically and mentally fit to perform the essential functions of the training program;
- Evidence or self-certification of up-to-date vaccinations for healthcare workers as recommended by Centers for Disease Control (CDC) and VA <https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html> ;
- Evidence of tuberculosis screening and testing per CDC health care personnel guidelines <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>;
- Identification documents to meet VA security requirements; <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>; and
- Results of screening against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). <https://exclusions.oig.hhs.gov/>.

I certify that EVERY HPT on the attached list has met ALL admission criteria of the training program including, but not limited to: (check all that apply):

- 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) registration
- National Provider Identifier (NPI) registration
- Other admission criteria: _____

I certify that HPTs on the attached list who meet any of the following criteria, have had their information verified as stated and therefore meet Federal appointment eligibility requirements:

- **HPTs who were born male** and who are US citizens, immigrants to the US, or are otherwise required by law to register, have registered with the Selective Service System. <https://www.sss.gov>
- **HPTs who are international medical school graduates** have had primary source verification of the Educational Council for Foreign Medical Graduates (ECFMG) certificates.
- **HPTs who currently have or previously had full unrestricted license(s)**, including licenses in other professions, have been screened against the National Practitioner Data Bank (NPDB). <https://www.npdb.hrsa.gov/>
- **HPTs who are non-US citizens:**
 - Have current immigrant, non-immigrant, exchange visitor or other documentation stating that they are eligible to live and work in the US;
 - Appropriate documents can be provided and could include permanent resident card, employment authorization document Form I-766, visas: J-1, J-2, H-1B, H-4, E-3, or DS-2019;
 - Have been issued a US social security number.

Finally, **I certify** that all documents and information pertaining to HPTs on the attached list can be reviewed by contacting _____.

 (insert NAME and credentials) Date
 Program Director

 Received by B. James McCallum, MD FACP Date
 Designated Education Officer

Accepted on behalf of the Medical Center Director and Chief of Staff per Delegation of Authority granted via memo on March 30, 2021

Attachment: TQCVL List of HPTs (CANNOT accept without attachment)