

## STAFFING

1. **REASON FOR ISSUE:** To revise the Department of Veterans Affairs (VA) policies and procedures for general license and registration requirements in the Veterans Health Administration.
2. **SUMMARY OF MAJOR CHANGES:** This handbook contains mandatory VA procedures regarding licensure requirements. The pages in this issuance replace the corresponding page numbers in VA Handbook 5005. Revised text is contained in [brackets]. These changes will be incorporated into the electronic version of VA Handbook 5005 that is maintained on the [Office of the Chief Human Capital Officer website](#) and the [VA Publications website](#). Significant changes include:
  - a. Clarifies the Department's policy for compliance with 38 U.S.C. § 7402(f) regarding the treatment of employees who may be impacted by these provisions.
  - b. Incorporates examples of reasons a license may be revoked, terminated or voluntarily relinquished and clearly defines what should be considered "for cause."
  - c. Strengthens and clarifies the statutory licensure requirements language.
3. **RELATED DIRECTIVE:** VA Directive 5005.
4. **RESPONSIBLE OFFICE:** Office of the Chief Human Capital Officer, Recruitment and Placement Policy Service (059).
5. **RESCISSIONS:** None.

**CERTIFIED BY:**

**BY DIRECTION OF THE SECRETARY OF  
VETERANS AFFAIRS:**

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assure that only individuals who are well-qualified to provide patient care are permitted to do so. [Facility officials should direct questions concerning legal aspects of a particular case to the District Counsel].

**11. DEANS COMMITTEE, MEDICAL ADVISORY COMMITTEES AND OTHER ADVISORY BODIES.** At [healthcare] facilities [with] teaching programs, the Under Secretary for Health will approve the establishment of a Deans Committee, Medical Advisory Committees and other advisory bodies [(See VHA Handbook 1400.03, Veterans Health Administration Educational Relationship for more information)]. The Deans Committee may nominate, for consideration by the [facility] director, physicians and dentists for appointment to the professional staff of the facility, including chiefs of service. [Nominees may include individuals] appointed on a paid or without compensation [assignment on a] full-time, part-time or intermittent [basis]; to those appointed on an on-facility fee-basis; and to consultants and attendings. The [facility] director should consider the [Deans Committee's] recommendations, but the [facility director has the final appointment] decision.

## **12. SUITABILITY.**

- a. **General.** If [facility officials obtain adverse information during the credentialing process, they will review this against suitability criteria and make a determination in accordance with 5 CFR 731. The District Counsel can answer] questions concerning the use of adverse information in making suitability determinations or the legality of adverse determinations and personal liability involvement.
- b. **Applicants.** If there is any question about an applicant's suitability, no appointment action will be taken, nor will an employment commitment be made, until the matter [is] resolved.
- c. **Employees.** Conclusive evidence of preemployment unsuitability (character traits, past work performance, etc.) may arise after an individual's appointment under 38 U.S.C., chapter 73 or 74. If continued employment is not in the best interest of the service, the employee's appointment will be terminated under VA Handbook 5021, [Employee/Management Relations, Part VI, Employee Title 38 Separations Not Covered by Parts II and III of this handbook].

## **13. GENERAL LICENSURE AND REGISTRATION REQUIREMENTS.**

- a. **General.** Specific licensure, registration and certification requirements for individuals appointed under 38 U.S.C., chapter 73 or 74 are included in paragraphs which follow and in the appropriate qualification standard for the occupation. This paragraph contains definitions and general provisions which apply to all occupations for which licensure and/or registration are required. Applicants must possess at least one active, current, full and unrestricted license, registration or certification which must be verified by primary source verification from the [state] licensing board (SLB), to be eligible for appointment, if required for the occupation in the appropriate qualification standard. If all licenses, registrations or certifications are impaired, the individual is ineligible for appointment in VA. Additionally, if the applicant's sole license is considered to be inactive by the [state] issuing the license (e.g., the [state] considers the license to be "inactive" because the individual is not

practicing in the [state] where the license is held), the individual is ineligible for appointment in VA.

b. **[Definitions.**

- (1) **Active Licensure.** An active, current, full and unrestricted license, registration or certification in a state is one which authorizes the licensee to practice outside VA without any change needed in the status of the license. Employees are responsible for paying fees necessary to maintain a full and active license in a state. If a state waives fees for any reason, such as for an out-of-state practice or for employment in a Federal facility, the employee may not accept the waiver if this will place the license in an inactive or other restricted status.
- (2) **Primary Source Verification.** Primary source verification is documentation from the original source of a specific credential verifying the accuracy of a qualification.
- (3) **State.** The term “state” means any of the states, territories and possessions of the United States, the District of Columbia and the Commonwealth of Puerto Rico.]

c. **Qualification Requirements [Pursuant to] 38 U.S.C. § 7402(f).** Covered licensure actions are based on the date the credential was required by statute or [VA qualification standard for the occupation.

(1) For the purposes of 38 U.S.C. § 7402(f), “for cause” means professional misconduct, professional incompetence, substandard care or any issue requiring VA to report a provider to a SLB under 38 C.F.R. § 47.2. The District Counsel will address questions concerning interpretation of “for cause” or an assessment of whether a matter constitutes “for cause.” The following are examples of reasons a license may be revoked, terminated or voluntarily relinquished that would be considered “for cause.” This is not a comprehensive, exhaustive or exclusive list and a “for cause” assessment should be reviewed on a case-by-case basis.

- (a) Higher than expected radiology misinterpretations;
- (b) Higher than expected surgical complication rates;
- (c) Failure to address critical alerts in a timely manner;
- (d) Failure to adequately document patient care;
- (e) Diversion of drugs;
- (f) Providing, or intending to provide, patient care while under the influence of drugs or alcohol;
- (g) Inappropriate relationship with patient;
- (h) Patient abuse;

- (i) Intentional harm of a patient;
  - (j) Research malfeasance;
  - (k) Exhibiting a pattern of poor professional judgment and skill; and/or
  - (l) Egregious instances of unacceptable actions related to patient care (inadvertently leaving a clamp in a patient after a surgical procedure).
- (2) Applicants seeking appointment on or after November 30, 1999, (see Veterans Millennium Health Care and Benefits Act, P.L. 106-117), who have been licensed, registered or certified, as applicable to the occupation for which they are seeking employment, in more than one state and who are being credentialed for a position identified in 38 U.S.C. § 7402(b), other than a facility director, are not eligible for appointment in that occupation if:
- (a) The applicant's license, registration or certification has ever been revoked or terminated "for cause" by any of those states; or
  - (b) The applicant has voluntarily relinquished a license, registration or certification in any of those states, after being notified in writing by that state of potential revocation or termination for cause.
    - i. Such individuals may only be eligible for appointment in the occupation if their revoked, terminated or voluntarily relinquished license, registration or certification is restored to a full and unrestricted status.]
    - ii. Covered licensure actions are based on the date the credential was required by statute or the [VA qualification standards for the occupation]. [ ] For example, if VA first required the credential in 1972, [the credential was terminated or voluntarily relinquished in 1983], and the individual applies, or was appointed, to VA after November 30, 1999, the individual is not eligible for VA employment in the covered [occupation] unless the [terminated or voluntarily relinquished] credential is restored to an active, current, full and unrestricted status. However, if the [credential was terminated or voluntarily relinquished] in 1970, before it was a VA requirement, eligibility for VA employment would not be affected. [For guidance regarding eligibility for employees with an impaired license, registration or certification, and for those employees appointed before November 30, 1999, with an impaired license refer to paragraph 17 below- Continuing Licensure, Registration and/or Certification Requirements for Employees.]
- (3) [If an individual has voluntarily surrendered their license, registration or certification, applicable to the position, VA must confirm from the primary source that the individual was notified in writing of the potential for termination for cause. If the entity verifies written notification was provided, the applicant is not eligible for employment unless the surrendered credential is fully restored to an active, current, full and unrestricted status.]

- (4) Where the [state] licensing, registration or certifying entity fully restores the revoked, [terminated or voluntarily relinquished credential], the provider's eligibility for employment is restored. These individuals are subject to the same employment process that applies to all individuals in the same job category who are entering the VA employment process. In addition to the credentialing requirements for the position, [facility officials must conduct] a complete review of the facts and circumstances concerning the action taken against the [state] license, registration or certification and the impact of the action on the professional conduct of the applicant. [Facility officials must document] this review in the licensure section of the credentials file.
- (5) This [guidance] applies to licensure, registration or certification required as applicable to the position subsequent to the publication of this policy and required by statute or VA qualification standards, effective with the date the credential is required.
- d. **Primary Source Verification.** [ ] Information obtained through the verification must be documented in writing, either by letter, memo, report of contact or secure electronic verification (e.g., website) in the VHA credentialing file. [Facility officials must verify licensure] from a primary source at the time of initial appointment, reappointment and expiration in accordance with [policy in VHA Handbook 1100.19, "Credentialing and Privileging" and VHA Directive 2006-067, "Credentialing of Health Care Professionals."]
- [ ]
- e. **Changes in Authority to Prescribe.** [][The license of an individual in an occupation authorized to prescribe is considered to be restricted or impaired if the SLB has suspended the individual's authority to independently prescribe controlled substances or other drugs; selectively limited the individual's authority to prescribe a particular type or schedule of drugs; or accepted an individual's offer or voluntary agreement to limit the authority to prescribe.] The [state's] action may be taken in connection with the individual's [Drug Enforcement Administration (DEA)] certification and/or with a separately issued [state] authorization to prescribe. [(See paragraph 8 of this section.)] This is only one example of a situation in which an individual's license may be restricted or impaired.
- f. **Changes in State Licensure Requirements.** [Employees are] responsible for complying with any changes in licensure and/or registration requirements which may be imposed by the [state(s)] of licensure. If employees show they were not notified of the new requirement and proceeded in good faith under the assumption that the license remained full and unrestricted, this is accepted as prima facie evidence of licensure up until discovery of the change in requirements. When employees are notified through any source of a change in requirements, they must act immediately to make the license whole at the earliest possible date, normally no more than 15 workdays after notification. If employees are unable to make the license whole and, as a result, holds no full unrestricted license in a [state], actions to separate for failure to meet qualification requirements must be taken under VA Handbook 5021.
- g. **Administrative Delay by State Licensing Board [(SLB)].**

- (1) Facility officials who learn that a SLB has declared a system-wide delay in processing renewal applications of registration prior to the expiration date, and has granted a special grace period as a result of the delay, should notify [Office of the Chief Human Capital Officer (OCHCO), Recruitment and Placement Policy Service (RPPS)] so a general notice to all VHA facilities can be issued. The delay must be general rather than personal in scope and impact. If no such notice has been issued by [OCHCO, RPPS], facility officials should verify with the [state] board that VA employees are considered to be fully licensed, [registered or certified] during the delay period. Verification of current licensure, [registration or certification] may be obtained through telephone contact with the [state] board pending receipt of the renewal. Typically, this will involve a large amount of license renewals and would not pertain to the individual renewal license.
  - (2) Under these unique circumstances, if [employees are] unable to present evidence of current licensures, [registrations or certifications] prior to the expiration date, facility officials [must] verify through written or telephone contact with the SLB that the employees' applications for renewal [are] received and the [employees are] considered to be fully licensed, [registered or certified]. If officials are unable to verify this with the SLB prior to the expiration date of licensure, [employees] will be required to provide evidence that the application for renewal was made in a timely manner (e.g., 30 days) in order to be permitted to continue in a work status. Where possible, [a facility official must sight] evidence of the employees' application for licensure, [registration or certification] renewal and appropriately document in the VHA credentialing file until primary source verification of renewal is received. Employees are notified in writing that separation actions may be initiated under provisions of VA Handbook 5021, Part VI, if evidence of renewal is not received within 30 workdays of the expiration date. Some states authorize a "grace period" after the licensure, [registration and/or certification] expiration date, during which an individual is considered to be fully licensed, [registered and/or certified] whether or not the individual has applied for renewal on a timely basis. Facility officials [must not] initiate separation procedures for failure to maintain licensure, [registration or certification] on a practitioner whose only license, [registration and/or certification] has expired if the [state] has such a grace period and considers the practitioner to be fully and currently licensed, [registered or certified].
- h. **Questionable Licensure Status.** [Facility officials must consult with District Counsel if circumstances cause them to question the status of an employee's license, registration or certification or if it meets statutory or regulatory requirements. See subparagraph 17c of this section for additional information.]
  - i. **Payment of Licensure or Registration Renewal Fees.** VA employees are responsible for [paying] any required fees [in] a timely basis to [ensure] their [licensures, registrations or registrations are] maintained [in] a current, active [status]. If an affiliated institution normally pays [the] fees for VA employees who work part-time or have teaching agreements at that institution, [employees] [are still responsible] for assuring that [licensures, registrations, or certifications are] maintained in an active, current status.

#### 14. LICENSURE FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS AND CHIROPRACTORS.

- a. **General.** Any physician, dentist, podiatrist, optometrist or chiropractor appointed under 38 U.S.C., chapter 73 or 74 is required to possess an active, current, full and unrestricted license to practice medicine, surgery, osteopathy, dentistry, podiatry or optometry, as appropriate, in a [state], and must furnish evidence of this prior to appointment. Current registration will be maintained in accordance with the requirements of the [state] of licensure and evidence of such licensure and registration must be presented by the employee for verification periodically as requested throughout VA employment. A limited license or any other license less than a full, unrestricted [state] license; however, denominated (e.g., temporary, limited or institutional), will not meet the licensure requirement for appointment under 38 U.S.C., chapter 73 or 74.
- b. **Exceptions.** The only exceptions to the licensure requirements are [ ]:
- (1) [Individuals meeting] all the professional requirements for admission to the [state] licensure examination and passed the examination, but [possess] a [state] license [ ] limited on the basis of non-citizenship or not meeting the residence requirements of the [state].
  - (2) [Individuals granted] an institutional license by the [state] which permits faculty appointment[s] and full, unrestricted clinical practice at a specified educational institution and its affiliates, including the VA [healthcare] facility; or, an institutional license [permitting] full, unrestricted clinical practice at the VA [healthcare] facility. This exception [is] used only to appoint individual[s] who [are] well-qualified, recognized expert[s] in [their] fields, such as visiting scholars, clinicians and/or research scientist[s] and only under authority of 38 U.S.C. § 7405. It may not be used to appoint individual[s] whose institutional [licenses are] based on action[s] taken by SLBs as described in paragraph 13c above.
  - (3) [Individuals meeting] all the professional requirements for admission to the [state] licensure examination and [have] passed the examination[s], but who [have] been issued time-limited or temporary [state] license[s] or permit[s] pending a meeting of the [state] licensure board to give final approval to the [candidates'] request for licensure. The license[s] must be active, current and permit a full, unrestricted practice. Appointments of individuals with such licenses must be made under authority of 38 U.S.C. § 7405 and will be time-limited not to exceed the expiration date of licensure.
  - (4) [Residents holding licenses] which geographically limit the area [ ] which practice is permitted or which limits [residents] to practice only in specific [healthcare] facilities, but [ ] authorizes [them] to independently exercise all the professional and therapeutic prerogatives of the occupation. In some states, such licenses may be issued to residents to permit them to engage in outside professional employment during the period of residency training. This exception does not permit the employment of a resident who holds a license which is issued solely to allow the individual to participate in residency training.



c. **Verification.** The [facility] chief of staff will ensure physicians, dentists, podiatrists, optometrists and chiropractors [licenses and registrations] are verified prior to their appointment under 38 U.S.C. § § 7306, 7401 or 7405. This includes all individuals serving on a full-time, part-time, intermittent or on-facility fee basis (including consultants and attendings), whether paid or without compensation.

(1) **Licensure Verification with State Boards.** The [facility] chief of staff will confirm in the VHA credentialing file, VetPro, [ ]the status of all licenses claimed by physicians, dentists, podiatrists, optometrists and chiropractors, [are] verified with the appropriate SLB for all [states] in which the applicant lists having ever held a license. This includes licenses which the applicant lists as active, current, full and unrestricted as well as licenses the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason. Although professional standards boards for initial appointments of dentists, podiatrists, optometrists and chiropractors are normally held in VA Central Office (VACO) or at a designated field facility, the [facility] chief of staff or designee is responsible for sighting verification of the licensure of these individuals.

(2) **Review of Employment Application.** [Facility officials must contact the state board to ensure that no restriction or revocation action has occurred for candidates with recent employment in a state in which no licensure is indicated on the application form.]

(3) **Physician Screening with Federation of State Medical Boards (FSMB).** [Facility officials must conduct a mandatory FSMB query and document the results in] the VHA credentialing file, VetPro.

d. **Licensure History.** [For guidance on appointments, refer to paragraph 13c, Qualification Requirements Pursuant to of 38 U.S.C. § 7402(f).]

e. **Waiver of Licensure Requirement.**

(1) The appointing official may waive the licensure requirement of [ ]physician, dentist, podiatrist, optometrist or chiropractor [occupations if the candidates are being appointed to a] research, academic or administrative position [when they have] no direct responsibility for patient care.

(2) The facility director may waive the licensure requirement if the individual is serving in a country other than the United States and licensure is in that country (i.e., Philippines).

## 15. REGISTRATION FOR NURSES AND NURSE ANESTHETISTS.

a. **General.** Any nurse or nurse anesthetist appointed under 38 U.S.C., chapter 73 or 74 is required to possess active, current, full and unrestricted registration as a graduate professional nurse in a [state], which must be verified by primary source verification from the SLB prior to appointment. Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact or secure electronic verification. Documentation will be filed permanently in the official personnel folder. A

limited registration or any other registration less than a full, unrestricted [state] registration does not meet the registration requirement for appointment.

- b. **Verification.** The [HR Officer] or nurse executive or designee, must obtain primary source verification from the SLB of the registration of all nurses and nurse anesthetists prior to their appointment under 38 U.S.C., chapter 73 or 74. This includes full-time, part-time, intermittent and on-facility fee basis nurses and nurse anesthetists (including consultants), whether they are paid or serving without compensation. Nurses utilized on an on-facility contract or on-facility sharing agreement basis are also covered by provisions of this paragraph.
- (1) Except as provided in subparagraph d, every VHA nurse and nurse anesthetist must have at least one active, current, full and unrestricted registration as a graduate professional nurse in a [state].
  - (2) The appropriate official will certify in the VHA credentialing file, VetPro [ ], that the status of all registration(s) has been verified with the appropriate [state] board(s) for all [state(s)] in which the applicant lists having ever held registration. This includes registration(s) which the applicant lists as active, current, full and unrestricted as well as registration(s) the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason.
  - (3) For nurses and nurse anesthetists with recent employment in a [state] in which no registration is indicated on the application form, the [state] board will be contacted to assure that no restriction or revocation action has occurred.
- c. **Impaired Registration.** Appointing officials may approve the appointment or reappointment of a registered nurse or nurse anesthetist who has previously had impaired registration, provided the candidate currently has full and unrestricted registration (refer to paragraph 17c of this section).
- d. **Waiver of Registration Requirement.** The facility director may waive the registration requirement of a nurse or nurse anesthetist if the individual is [serving] in a country other than the United States and the registration is in that country (i.e., Philippines).

## 16. LICENSURE, REGISTRATION AND/OR CERTIFICATION FOR TITLE 38 ASSOCIATED HEALTH PERSONNEL.

- a. **General.** Any [employee in a physician assistant (PA) or expanded-function dental auxiliaries position] appointed under 38 U.S.C. §§ 7401(1) or 7405(a)(1)(A) must meet licensure, [registration] or certification requirements as specified in the appropriate qualification standard. Individuals appointed under 38 U.S.C. § 7401(3) or under 38 U.S.C. §§ 7405( a)(1)(B) or 7306 to occupations listed in [38 U.S.C.] § 7401 must meet licensure, registration and/or certification requirements in the appropriate qualification standard for the occupation. Applicants will provide evidence of current licensure, registration and/or certification and other relevant credentials for verification prior to appointment and throughout the appointment process as requested. [Using the VHA credential process, facility officials will verify credentials] from a primary source prior to

appointment. Once appointed, employees [must] maintain multiple licenses, registrations and/or certifications in good standing and keep VA [officials] apprised of anything that would adversely affect or otherwise limit their appointment, e.g., health issues, proposed and final actions against a claimed credential, etc. A limited license, registration or certification or any status of these which is less than full and unrestricted will not meet the qualification standard requirement for the occupation.

- b. **Verification.** Prior to appointment, each applicant's credentials will be checked as follows and verified [in accordance with applicable VHA credentialing policy] for dependent practitioners and documented in the VHA credentialing folder, VetPro, by officials designated by the facility director as follows:
- (1) [The facility director designates the official(s) responsible for documenting the status of all licenses, registrations or certifications with the appropriate state boards for all states the applicant lists ever having licensure, registration or certification on VA Form 10-2850C, Application for Associated Health Occupations.] This includes licenses [registrations or certifications] which the applicant lists as active, current, full and unrestricted as well as license(s), registration(s) or certification(s) the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason.
  - (2) Candidates for appointment under 38 U.S.C. § 7401(3) or 38 U.S.C. § 7405(a)(1)(B) and [expanded-function dental auxiliaries (EFDAs)] appointed under 38 U.S.C. § § 7401(1) or 7405(a)(1)(A) must present evidence of [license, ] registration or certification by the appropriate national certifying body prior to appointment. [The official(s) designated by the facility director documents the verification in the VHA credentialing file, VetPro.]
  - (3) PAs must present evidence of certification by the appropriate national certifying body prior to appointment for verification by the official(s) designated by the facility director in the VHA credentialing file, VetPro. Licensure is required for PAs to practice outside VA in some [states], although it is not required for VHA employment. If a PA claims licensure in any [state(s)], the official(s) designated by the facility director [verifies] licensure status with the SLBs as a part of the credentials review and documents the verification in the VHA credentialing file.
  - (4) [The appropriate official(s) must contact state boards to ensure that no restriction or revocation has occurred for candidates with recent employment in a state in which no licensures, registrations or certifications are indicated on the application form]. Such verification must be documented in the VHA credentialing file.
- c. **Impaired Licensure.** Appointing officials may approve the appointment or reappointment of an individual covered by this paragraph who has previously had an impaired license, registration or certification, provided the candidate currently has full/unrestricted [license, registration or certification] (refer to paragraph 17c of this section).

## **17. CONTINUING LICENSURE, REGISTRATION AND/OR CERTIFICATION REQUIREMENTS FOR EMPLOYEES.**

### **a. Verification of Primary License.**

- (1) The expiration date of an appointee's primary license, registration and/or certification, [is] coded for follow-up purposes as provided in VA Manual MP-6, part V, supplement No. 1.5 (PAID [Coding Manual]). For coding purposes, the appointee will specify the state in which primary licensure is claimed. The facility director will designate the official(s) who [is] responsible for the follow-up verification of these credentials. Facility [designees] will verify licensure, certification and registration by primary source verification from SLB. Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact or secure electronic verification (e.g., website). Documentation is filed permanently in the employee's VHA credentialing file.
- (2) Only the initial and latest verification [must be maintained in the VHA credentialing file. HR office staff are not required to code follow-up expiration dates for employees whose registration or certification is issued on a one-time basis for whom there is no continuing requirement to maintain currency.] [ ]

### **b. Other Verification.**

- (1) Individuals with multiple licenses, registrations and/or certifications are responsible for maintaining these credentials in good standing and of informing the [facility] director or designee of any changes in the status of these credentials.
- (2) [Employees must provide] confirmation for any active license that is not renewed at the time of expiration or at the time of reappraisal that such license expired in good standing.
- (3) [Facility directors are] responsible for establishing a mechanism for assuring that such multiple licenses, registrations and/or certifications are consistently held in good standing or, if allowed to lapse, are relinquished in good standing. For any such credentials which were held previously, but which are no longer held or no longer full and unrestricted, the employee will be asked to provide a written explanation of the reason(s). The verifying official will contact the [state] board(s) or issuing organization(s) to verify the reason(s) for any change.

### **c. Impaired Licensure.**

- (1) [When facility officials learn] an employee with an active, current, full and unrestricted license, registration or certification in a [state] has had any other license or registration [or certification] to practice, as applicable to their current occupation, revoked or terminated for cause, or such license, registration or certification was voluntarily relinquished after being notified in writing by that [state] of the potential termination for cause, they must determine if the employee is eligible to maintain [their] appointment. See paragraph 2 below and 38 U.S.C. § 7402(f).

- (2) In those cases where the license, registration or certification has been revoked, terminated or the employee has voluntarily relinquished such license, registration or certification after being notified in writing by that [state] of the potential termination for reasons other than “for cause,” facility officials will investigate to ascertain the full circumstances and, if appropriate, will initiate a review of clinical privileges, take disciplinary action and/or separation procedures.
- (3) If the findings of the investigation determine the employee did not violate 38 U.S.C. § 7402(f), then the employee may be retained. In cases where the license, registration or certification has been suspended, denied, restricted, limited, issued/placed on probationary basis, facility officials will engage in the same process identified in paragraph (2).
- (4) The following individuals are not eligible for continued appointment:
  - (a) Individuals who were appointed before November 30, 1999, to a position identified in 38 U.S.C. § 7402(b) (other than a facility director) who have maintained continuous appointment since that date and are identified as having been licensed, registered or certified (applicable to their current position) in more than one [state] and, on or after November 30, 1999, have had such license, registration or certification revoked or terminated for cause by any of those [states]; or
  - (b) Individuals who were appointed before November 30, 1999, to a position identified in 38 U.S.C. § 7402(b) (other than a facility director) who have maintained continuous appointment since that date and are identified as having been licensed, registered or certified (as applicable to their current position) in more than one [state] and, on or after November 30, 1999, voluntarily relinquished a license, registration or certification in any of those [states] after being notified in writing by that [state] of potential termination for cause.
- (5) Individuals who were appointed prior to November 30, 1999, and have been on a continuous appointment since that date are not disqualified for employment by any license, registration or certification revocations or terminations for cause, or voluntary relinquishment after being notified in writing by that [state] of potential termination for cause that predate November 30, 1999, provided they possess one full and unrestricted license applicable to the position. See 38 U.S.C. § 7402(f.)

**d. Failure to Maintain Current Licensure, Registration or Certification.**

- (1) An employee who does not maintain an active, current, licensure, registration and/or certification (if required), or who fails to show evidence of such when requested [ ], must be separated under appropriate procedures in VA Handbook 5021, Part VI. The District Counsel will answer questions about whether to separate an employee based on failure to maintain current licensure, registration or certification.]
- (2) Some states authorize a grace period after the licensure, [registration and/or certification] expiration date, during which an individual is considered to be fully licensed, [registered and/or certified] whether or not the individual has applied for

renewal on a timely basis. Facility officials will not initiate separation procedures for failure to maintain licensure,[ registration or certified] on an employee whose only license,[ registration and/or certification] has expired if the [state] has such a grace period and considers the employee to be fully and currently licensed/registered/certified.

**18. REPORTING TO STATE LICENSING BOARDS.** Licensed, [registered and/or certified] employees and former employees will be reported to [state] licensing, [registration or certifying] boards and/or to other monitoring bodies in accordance with provisions VHA Handbook 1100.18, Reporting and Responding to SLBs. This requirement applies to all licensed, [registered and/or certified] employees included within the scope of this chapter, including residents.

**19. HEALTH STATUS OF APPLICANTS AND EMPLOYEES.**

- a. **General.** The credentialing process includes an evaluation of the health status of applicants as well as employees. Policies and procedures related to physical requirements for applicants and employees are contained in VA Handbook 5019, [Employee Occupational Health Service], Part II, [Examinations and Evaluations].
- b. **Preemployment Physical Examination.** All full-time, part-time and intermittent employees are required to satisfactorily complete a preemployment physical examination prior to appointment as required for positions with positive physical and mental requirements outlined in VA Handbook 5019.
- c. **Certification of Physical and Mental Fitness.** All applicants and employees, whether paid or appointed on a without compensation basis, who request clinical privileges, including those utilized on a full-time, part-time or intermittent basis, as consultants or attendings or on a fee-basis, and including those utilized on an on-facility contract or on-facility sharing agreement basis, [are] required to certify that they are physically and mentally capable of performing the requested privileges. Service chiefs will be required to certify that, to the best of their knowledge, the applicant or employee is physically and mentally capable of satisfactorily performing the requested clinical privileges. In cases where the service chief is a nonphysician, certification of satisfactory health status must also be obtained from a physician who is familiar with the duties the individual is privileged to perform [ ].

[ ]

**20. CREDENTIALS OF RESIDENTS AND TRAINEES.**

- a. **General.** Medical, dental, podiatry, optometry and chiropractic residents and trainees appointed under 38 U.S.C. §§ 7405 or 7406 must meet the licensure requirements for residents and trainees specified in the appropriate qualification standard for the occupation. If licensure is required, evidence of licensure must be furnished prior to appointment and periodically throughout VHA employment as requested.

**NOTE:** [ ]See VHA Handbook 1400.01, Resident Supervision.

**b. Verification.**

- (1) [The program director for an integrated program must send the Trainee Qualifications and Credentials Verification Letter (TQCVL) (formerly the Residents/Trainees Credentials Verification Letter or RCVL) through the facility chief of staff to the facility director for approval prior to the facility director's approval of the appointment of any resident or trainee, whether paid or without compensation.] If the residency or training program is not integrated with an affiliate, the VA facility program director must verify all credentials of residents or trainees and sign the [TQCVL]. A new [TQCVL] is required for each academic year that the resident or trainee is appointed to a VA facility.
- (2) The [TQCVL contains certification] that all the documents needed for the appointment of that particular individual into the program are in order. For medical residents, these documents must be in compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME) and must also meet all requirements of the program. The program director must verify all credentials (diplomas, letters of reference, certificates of advanced training and, where applicable, Educational Council for Foreign Medical Graduates (ECFMG) certification, DEA certification and all [state] professional licenses held prior to entry into the program or obtained during residency training) and affirm the resident or trainee is physically and mentally fit to take care of patients. (See appendix II-I of this chapter for sample [TQCVL] letter.)
- (3) The program director will notify the facility director if a resident or trainee has had any [credentialing problems]. Specifically, this will include any problems relating to diplomas, references, previous residency or other training, licensure, clinical privileges, DEA certification and/or professional liability insurance as indicated on the employment applications. (VA Form 10-2850b[, Application for Residency,] for medical and dental residents and VA Form 10-2850c [ ] for other residents and trainees.)
- (4) Residents functioning within the scope of their training program must meet clinical practice requirements as specified in VHA Handbook 1400.01, Resident Supervision. [The program director, or in certain cases, by the appropriate VA service chief must provide the TQCVL that confirms that ACGME-established criteria for the essentials and special requirements for residency training programs have been followed.] Such residents are generally excluded from clinical privileging requirements required for VHA staff physicians, except as provided for in subparagraph d [of this paragraph.]
- (5) [Appendix II-I of this chapter contains a sample format for the TQCVL.] It must include a list of all the paid or without compensation residents or trainees to be rotated at any time during the academic year to the VA facility.
- (6) [The facility chief of staff will retain the] original [TQCVL] from each program director for the academic year [ ] in a Resident/Trainee Credentials Verification File [for five years].

- (7) Until the facility director countersigns the program director's [TQCVL], a resident or trainee [will not] be allowed to participate in any of the patient care activities at the VA facility. There will be no exceptions to this policy.
- c. **Application Form.** Prior to [appointing] any resident or trainee, the [facility] chief of staff or the facility director's designee will document in the VHA credentialing file [ ] evidence of current, full and unrestricted licensure, [registration and/or certification] has been verified by primary source from the SLB in which the applicant claims to have ever been licensed. The [TQCVL] may be cited as evidence of licensure verification and as evidence of verification of other required credentials. If the [TQCVL] is cited as evidence of credentials verification, this will be noted on the VA Form 10-2850b [and] 10-2850c or on VA Form 4682, Certification of Licensure, Registration, or Bar Membership.
- d. **Employment of Residents as Admitting Physicians.** [Medical residents] functioning outside the scope of [their] training program who [are] appointed as [ ] admitting physician[s] must meet VA physician qualification standard requirements, including licensure in a [state], be fully credentialed in accordance with provisions of this section, and be privileged in accordance with provisions applicable to VHA staff physicians.