

## TRAINEE QUALIFICATION AND CREDENTIALS VERIFICATION LETTER (TQCVL) ACADEMIC YEAR

Educational Sponsor:

Training Program:

VA Facility:

Date:

Dear Medical Center Director:

I certify that all appropriate information for the health professions trainees listed on the attached TCQVL List of Trainees has been verified. At the time of verification, all trainees listed are fully qualified and have the necessary credentials to complete their scheduled clinical training at a Department of Veterans Affairs (VA) healthcare facility.

ALL trainees:

- Are enrolled in the designated training program and have met criteria for their specified level of training;
- Meet the physical requirements of the training program;
- Have had tuberculosis screening as required by the Center for Disease Control (CDC) or VA standards;
- Have 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>
- Have been vaccinated for influenza per VHA policy; currently by November 30th each year or, if declining vaccination, trainees are aware of the requirement to wear a face mask throughout the influenza season while at the VA healthcare facility;
- Have been screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE). <https://exclusions.oig.hhs.gov/> (all paid and WOC trainees)

As applicable:

- Trainees covered by a TQCVL are considered to be in satisfactory physical condition and meet the essential requirements of their training program.
- International medical school graduates have had primary source verification of the Educational Council for Foreign Medical Graduates (ECFMG) certificates.
- Licensed trainees have been screened against the National Practitioner Data Bank (NPDB) <https://www.npdb.hrsa.gov/>
- Trainees born male, both U.S. citizens and immigrants, who are between 18 and 25 years old, have registered with the Selective Service or provided a Status Information Letter.
- If required by the admission criteria of the training program, all trainees have had primary source verification of education and other credentials.

**NOTE: List may not be all inclusive. Please mark which items below are required and have been verified.**

Reference letters

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) registrations
- National Provider Identifier (NPI) registration
- Other: \_\_\_\_\_

As applicable, for non-U.S. citizen trainees:

- 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.
- Appointment of non-US citizens must be approved by the Medical Center Director.

I will notify the VA DEO, as soon as possible but no later than 72 hours, of changes in the academic status of individual trainees, adverse actions that affect the trainee appointment, or changes in health status that pose a risk to the safety of trainees, other employees, or patients.

I certify that all documents pertaining to the listed trainees are maintained on file and available for review by VA officials by contacting the following Office:

\_\_\_\_\_  
Signature and Title (*School Program Director or Dean*)

\_\_\_\_\_  
Date

Printed name

**SLVHCS Designated Educational Officer**  
Accept/Do Not Accept (circle one)

\_\_\_\_\_  
Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

**SLVHCS Chief of Staff**  
Accept/Do Not Accept (circle one)

\_\_\_\_\_  
Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

**SLVHCS Director**  
Accept/Do Not Accept (circle one)

\_\_\_\_\_  
Signature  
Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Enclosure: **TQCVL List of Trainee(s)**  
cc: **VA Facility, Designated Educational Officer**