DEPARTMENT OF VETERANS AFFAIRS

**North Texas Health Care System**



DATE: In Reply Refer To: 549/111

Dear Student:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as a MEDICAL STUDENT from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_under authority of 38 U.S.C., 7406(c). You will perform training on an intermittent basis during the time period listed above. During your period of affiliation with our facility, you are authorized to perform services as directed by your attending, or department chair, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If credentialing is required, you will be expected to maintain accurate and up to date files with our Medical Staff Office which will include periodic updating on your part.

Acceptance of this letter, as signified by your signature below, and completion of the Standard Form (SF) 61 prior to the start of your training, serves as your appointment authorization for this training period.

Sincerely,

Barbara Rogers, SPHR

Chief, Human Resource Management Svc.

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I agree to serve in the above capacity under the conditions indicated.

Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: 🗌 UT 🗌 TWU 🗌 UNT 🗌 OTHER

*Corporate Office*: Dallas VA Medical Center, 4500 South Lancaster Road, Dallas, TX 75216

Sam Rayburn Memorial Veterans Center, 1201 East Ninth Street, Bonham, TX 75418

Fort Worth Outpatient Clinic, 2201 SE Loop 820, Fort Worth, TX 76119

Tyler VA Primary Care Clinic, 3414 Golden Road, Tyler, TX 75701