**ADVANCED FELLOW CREDENTIALS VERIFICATION CHECKLIST**

**Primary Source Verification Is Required**

Directions:

1. The credentialing process should be coordinated with local facility offices.
2. The actions listed below must be completed before nominating an individual for the fellowship program.
3. For each item, please enter the verification **completion date** in the right hand column.
4. Obtain the signature of the local VA facility credentialing official.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Nominated Fellow:** | |  | | **Date Verified** |
| 1. | VA Form 10-2850d for specific discipline completed | | | Click here to enter text. |
| 2. | Professional license(s) verified:   * in all States where claimed by applicant * at least one state unrestricted and current | | | Click here to enter text. |
| 3. | Certification verification completed for: | |  |  |
| Physicians | |  |
|  | * National Board of Medical Examiners | | Completed  Not Completed | Click here to enter text. |
|  | * Physician Specialty Board | | Completed  In Process |  |
|  | Professions other than physicians   * Certification necessary for VA Clinical Practice | | Completed  Not Completed |  |
|  | For physicians trained outside US   * ECFMG certification | | Completed  Not Completed |  |
| 4. | Drug Enforcement Agency (DEA) certification completed for individuals who claim on the application form to have held DEA certification | | | Click here to enter text. |
| 5. | Citizenship documents verified   * current * unexpired visa * or evidence of naturalization or permanent U.S. immigrant status   ***All Associated Health Fellows must be US Citizens***.  applicant is a US Citizen | | | Click here to enter text. |
| 6. | Education and training verification completed | | | Click here to enter text. |
| 7. | If the applicant is a VA staff physician, statement of voluntary acceptance of reduced pay for the duration of fellowship training obtained | | | Click here to enter text. |

Click here to enter text. Click here to enter text.

VA Credentialing Office Official Please **Print Name** Telephone #

Click here to enter text.

**Signature** of VA Credentialing Office Date

 Rvsd: 20150503