SELAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.  INTRIVICTIONS: Please statistic this application filmshaping all information in sufficient detail to enable the Department of Your Activities and Ceremine your cligibility for appointment in Veterans Health Administration. Type, or print in mik. If additional space is required, please attach a separate sheet and refer to items being universely pumber.  1. NAME: List   Hest   Hest   Mode   2. APT.NO.   1. Red distinated space is required, please attach a separate sheet and refer to items being universely pumber.  1. NAME: List	Department of Veterans Affairs					APPLICATION FOR RESIDENTS											
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YES	STATUS OR VOLUNTA													(If "VES	S" evolain		
YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY    YES		on separate she	eet)											on sepa	arate sheet)		
YES   NO   (If "YES" complete     YES   NO   (If "YES" explain on separate sheet)    III - THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE    CERTIFICATION:   I certify that I have verified licensure and registration with State boards, and sighted visa or evidence of citizenship. Board certification has been verified (if appropriate).  19. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO:   FULL LICENSURE / REGISTRATION   OR     NATURALIZED CITIZENSHIP   ECFMG CERTIFICATION     VISA   CLERKSHIPS TAKEN IN THE U.S.   RESIDENT CREDENTIAL VERIFICATION LETTER	YOU EVER HAD CLINIC	CAL PRIVILEGES	AT AN'		ME AN JTION,	ND ADDRES AGENCY O	S OF CUR OR ORGAN	RENT C ZATION	R MOST I WHERE	RECEN	NT   18   EV   RE   VC	C. HAVE ANY /ER BEEN DEI EDUCED, LIMI )LUNTARILY F	OF YOUF NIED, RE' TED, NOT RELINQUI	R CLINIO VOKED I RENEV ISHED	CAL PRIVILEGES , SUSPENDED, WED, OR		
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		- CHILLINGIAN							J.S.	RESIDENT CREDENTIAL VERIFICATION LETTER							
		ACILITY DIRECT	OR OR	DESIGNE													

IV - PROFESSIONAL LIABILITY INSURANCE													
21A. PRESENT PROF		21B. DATE	21C. NAME OF PRIC	R CARRIERS	21D. D	ATES OF	COVER	AGE			CARRIER EVI DENIED OR F		
LIABILITY INSURANC	E CARRIER	COVERAGE BEGAN			FRO	MC	TO				OUR INSURA		
		1			1.				_		/IE ID/E		
		1			2. 3.				YE	s $ abla$		ES" explain parate sheet)	
		V - M	  EDICAL/DENTA	SCHOOL		-NDFD							
23A. NAME O	E SCHOO!		23B. ADDRESS (City, State and ZIP Code)							23E. GI	RADUATED	23F.	
23A. NAIVIL O	- GCHOOL	23B. ADI	ONESS (City, State and	LIF Code)		MA	JOR	ATT	ENDED	MONT	H YEAR	DEGREE	
04 JEVOU ABENOT			IOAL (DENITAL COLLO	0. 00.00			20505		0011015		IE DECLUDE	1451470.05	
A MEDICAL/DENTAL certificate number, plus	24. IF YOU ARE NOT A UNITED STATES OR CANADIAN MEDICAL/DENTAL SCHOOL GRADUATE, HAVE YOU SUCCESSFULLY COMPLETED THE REQUIREMENTS OF A MEDICAL/DENTAL EDUCATION EQUIVALENCY PROGRAM (e.g., examination or "Fifth Pathway"). (If "YES", indicate name of program, date completed, and if applicable, certificate number, plus whether permanent or interim.)  YES NO										f applicable,		
(name and address)	, inclusive dates of	s or Canadian medica f service, program type	e, and program contac	t for each clerl	kship.							nstitution	
NOTE: For items 25	through 28, specify	when service was as	a paid Federal employe					the P	ublic Hea	Ith Serv	rice.		
25A. NAME OF	HOSPITAI		5B. ADDRESS (City, S			DENCI		SC DA	TF COM	IPI FTF	D 25D NO	OF MONTHS	
20/1.10/10/2 01	1100111712	1	05.715511200 (Oily, e	tato ana zir o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			25C. DATE COMPLETED			7 23D. NO. OF WIGHTIS		
		VII - S	PECIALTY/SUBS	PECIALTY	RESID	ENCIE	s						
26A. NAME OF H		26B.	26C. SF		D. TRAIN	MONTHS SEF		NO. OF		26F. NT OF TIME			
INSTITU (or military assign		(City, State	SUBSPECIALTY		/ <del>  '</del>			NTH YE	S SERV	/ED APPR	ROVED BY LTY BOARD		
				IVIO			12/11			SPECIALIT B			
27A. HAVE YOU EVE	R SERVED AS AN	ADMINISTRATIVE CH	IIEF RESIDENT	27B. DAT	ES OF S	ERVICE							
YES N	10												
	VIII - PROFE	SSIONAL EXPE	RIENCE (IN OTH	ER THAN N	/IEDIC	AL/DEN	TAL T	RAIN	IEE ST	ATUS	5)		
		000 45		28C. PO			- 28D.	285	E. PART-	TIME	28F DATES	EMPLOYED	
28A. EMP	LOYER	28B. AD (City, State a	General Practitioner or			FULL			ours		1		
				Sı	pecialist)		IIIVIE		pei weei	N)	FROM	ТО	
IX - THIS SECTION TO BE COMPLETED BY APPROPRIATE COMMITTEE OR DESIGNATED OFFICIAL													
31A. REMARKS 31B. CHAIRPERSON'S APPROVAL OF GENERAL QUALIFICATIONS 31C. DATE													
HOUSE STAFF REVIEW COMMITTEE													
	32A. RECOMMEN	NDED FOR 32B. POS	I T GRADUATE LEVEL	RECOMMEND		C. LEVEL					NT/APPOINT	EE MEETS	
		OUDENE	VD		AF	PROVAL	REQUIF	RED	REGUL	ATIONS	MENTS AND S FOR APPO AFF	INTMENT	
DEANS COMMITTEE	CHIEF RE		YR. 2ND YR.	_ LEVEL _			LE	OF HOUSE STAFF LEVEL YES N			_ NO		
OR MEDICAL	RESIDEN	CY IN: 3RD YR. 4TH YR. 5TH YR.					6 7 YES NO						
ADVISORY COMMITTEE	32E. REMARKS		32F.	SIGNATURE	OF CHAI	RPERSO	N OR DE	ESIGN	EE	32G. [	DATE		
CONNINTTEE													

VA FORM MAR 2009

33A. VA FACILITY				33B. NAME OF AFFILIATED MEDICAL OR DENTAL SCHOOL	33C. DATE OF APPOINTMENT					
	NAL	33D. REMARKS		33E. SIGNATURE OF FACILITY DIRECTOR	33F. DATE					
APPF	ROVAL									
				NERAL INFORMATION	•					
29. NAME	S UNDER V	VHICH YOU WERE	E EMPLOYED, IF DIFFERENT FROI	M NAME GIVEN IN ITEM 1						
1.				2.						
29A. OTHER NAMES USED FOR EDUCATION										
1. 2.										
30. LIST ALL PROFESSIONAL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS AND FELLOWSHIPS (If additional space is required, attach separate sheet).										
ITEM NO.	Р	LACE AN "X" I	N APPROPRIATE SPACE. IF "	YES" EXPLAIN DETAILS ON SEPARATE SHEET OF PA	PER	YES	NO			
34.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service?									
35.	5. Does the Department of Veterans Affairs employ any relative of yours (by blood or marriage)? If "YES" give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.									
36.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.)									
	(As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.)									
NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 39, 40 or 41 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 39 or 40, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.										
37.	Within the last five years have you been discharged from any position for any reason?									
38.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?									
39.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)									
40.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 39 above?									
41.	While in the military service were you ever convicted by a general court-martial?									
42.	If you were in the military service as a physician, dentist, podiatrist or optometrist, did you ever receive a non-judicial punishment (Article 15)?									
43.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.)  43.									
	If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.									
				NATURE OF APPLICANT		1	i			
			part of your application may be onment (U.S. Code, Title 18, Se	grounds for not hiring you, or for terminating you after y ection 1001).	ou begin work	. Also,	you			
•	CERTI	FICATION:		BEST OF MY KNOWLEDGE AND BELIEF, ALL O OMPLETE, AND MADE IN GOOD FAITH.	F MY STATE	MENT	S			
44A. SIGN	NATURE OF	APPLICANT (Sign	n in dark ink)		44B. DATE (Mo	nth, Day	Year)			

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	AUTHORIZATION FOR RELEASE OF INFORMATION								
	In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications a suitability for employment, I:								
	Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educationa institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medica Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations of institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;								
	Authorize release of such information and copies of related records and/or documents to VA officials;								
	Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and								
	Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.								
SIGN	ATURE	DATE							

## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and the published notice of the system of records "Applicants for Employment under Title 38, U.S.C.-VA" (02VA135)

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Your obligation to respond and disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

## INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

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