

**TRAINEE QUALIFICATIONS AND CREDENTIALS VERIFICATION LETTER
(TQCVL)
FOR TRAINEES SPONSORED BY
DIVISION OF ?, SCHOOL (open header and insert school/program info)**

Academic 2017-18 (6/23/2017-6/30/2018)

INSTRUCTIONS FOR COMPLETING THIS FORM:

Training, Qualifications, Credentialing and Verifications Letters (TQCVL's) are required for all WOC students & trainees. Please copy the attached template to your Department letterhead without changing the wording, font, etc. The majority of the annual UC Denver clinical trainee TQCVL's are in place before the beginning of each academic year. Additional students and trainees need to be listed on addendum TQCVL's, before HR will grant WOC appointments.

ALL NEW WOC applicants/externs, who are additions to Denver VAMC programs; please check with your UC Denver, or home school's Program Coordinators, to see if you are already listed on a Denver VAMC TQCVL, before initiating a new TQCVL. Your school may already have a TQCVL started, with your name on it.

Use "insert" to open the header to edit program information (Program & school & academic year info). The 1st page school program address, and 2nd page school program representative information (for 1st signature block), needs to be corrected on form, before emailing to school for signature, before form can be submitted to the VAMC program, 6 weeks before your arrival. The school's Program Coordinator can also edit the TQCVL to correct the information as needed. (Remove highlighting before printing.)

Students and trainees only need to be listed on 1 TQCVL per year, per VA. Multiple applicants, who are in the same program, can be listed on the same TQCVL. In the body of the letter, where you list them, it is a legal requirement that the last names, first names be listed; last 4SSN is given, name of program, degree level or training year and when the student is expected to complete the program. Highlight and insert or delete, additional lines as needed, to allow all trainees or students for a program to be listed.

If you have any questions about filling out the form, please contact your school's Program Coordinator, for assistance. They can help you with completing the form correctly.

ADDITIONAL PROCESSING NOTES:

The TQCVL and the 10 form WOC application packets are to both be sent by the schools' Program Coordinator, to the VAMC Service that they will be working in, 4-6 weeks before the student or trainee is expected to arrive. The CARF form, from the Application Forms link needs to be completely filled out, so that the VA Service's admin staff (ADPAC) can request local IT accounts/codes and set up a VA NON-PIV ID for each student's/trainee's use.

NEW VAMC ID needed: Applicants are required to come in to the VAMC Badge Office to get their fingerprints done preferably, at least 4-5 days, before they come in for WOC intakes. That can be done, before the VAMC Service completes the application review and gets the WOC application packet & signed TQCVL, over to HR. For those outside the metro-Denver area, the Courtesy Fingerprint form can be completed and taken to any VAMC Badge Office, so that the adjudication results will be sent to the correct Badge Office. Take WOC Appointment Letter to Badge Office for ID processing to be completed, so you can pick up ID and get IT codes in IRMS/OI&T.

Have a VA ID: Bring it with you! Externs are to use home domains, to log into VA network. Local IT codes will be set up so that you can access CPRS here. You will need to take WOC Appointment Letter to Badge Office for door access activation. Take your ID to the IRMS/OI&T office on 1st floor to pick up local IT codes.

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Until the Service's Training Office or Chief signs off on VA FORM 10-2850D, section IV, 1st page of 4 page application, HR will not accept the application packet, or issue the individual a WOC Appointment Letter.

Division of XXX
School
Street Address
City, State ZIP

Director (00)
Denver VAMC, ECHCS
1055 Clermont St
Denver, CO 80220-3808

Dear Mr. Kilmer;

1. I certify that the information below has been verified for the trainees listed below¹ who are scheduled to receive clinical training at a Department of Veterans Affairs (VA) facility.

Trainee Name(s)	Last 4 SSN	Discipline of Study or Specialty	Training Level or PGY-Year	Anticipated Graduation
	?	?	?	?
	?	?	?	?

2. In addition, I certify that these trainees:

- a. Are enrolled in the designated training program and have met criteria for the specified level of training;
- b. Have satisfactory health to perform the duties of the clinical training program;
- c. Have had tuberculin testing as required by the Center for Disease Control (CDC) or VA standards;
- d. Have had hepatitis B vaccination or have signed declination waivers;
- e. Have had primary source verification of educational credentials as required by the admission criteria of the training program;
- f. Have had primary source verification of current license(s), registration(s) including DEA registration, or certification(s) through the state licensing board(s) and/or national and state certification bodies as required by the training program;

¹ **NOTE:** Any trainee who does not meet all of the criteria or upon whom all primary source verification has not been completed should be processed on a separate TQCVL. For these trainees, deficiencies or discrepancies should be stated explicitly and an explanation provided.

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g. Have had primary source verification of the ECFMG (Educational Council for Foreign Medical Graduates) certificates as appropriate;

h. Have provided letters of reference as required by the training program;

i. Have been screened against the Health and Human Services' Health Integrity and Protection Data Bank (HIPDB) as appropriate for licensed trainees;

j. Have been screened against the Health and Human Services' List of Excluded Individuals and Entities (LEIE) for all trainees.

3. I will notify the VA Designated Educational Officer within 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.

4. I certify that all documents pertaining to the listed trainees are maintained on file and available to VA officials for review.

Name of Program Head or Chief, MD
Division of ?

(Date)

Genet D'Arcy, M.D.
Assistant Chief of Staff-Education (ACOS-E)
Eastern Colorado Health Care System (ECHCS)

(Date)

Michael T. Kilmer
Director, Eastern Colorado HCS

(Date)

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