



# APPLICATION FOR PHYSICIANS, DENTISTS, PODIATRISTS AND OPTOMETRISTS

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.

**INSTRUCTIONS:** Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs to determine your eligibility for appointment in Veterans Health Administration. Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. NAME (Last, First, Middle)		2. APPLICATION FOR (Check one) <input type="checkbox"/> GENERAL PRACTICE <input type="checkbox"/> SPECIALTY (Identify below)	
3. PRESENT ADDRESS (Include ZIP Code)		4. TELEPHONE NUMBER (Include Area Code)	
		4A. RESIDENCE	4B. BUSINESS
5. DATE OF BIRTH	6. PLACE OF BIRTH	7. SOCIAL SECURITY NUMBER	
8A. CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 8B)		8B. COUNTRY OF WHICH YOU ARE A CITIZEN	
9A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" complete items 9B and 9C)		9B. NAME OF OFFICE WHERE FILED	9C. DATE FILED
10. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER		11. DATE AVAILABLE FOR EMPLOYMENT	

### I - ACTIVE MILITARY DUTY

12A. DATE FROM	12B. DATE TO	12C. SERIAL OR SERVICE NO.	12D. BRANCH OF SERVICE	12E. TYPE OF DISCHARGE <input type="checkbox"/> HONORABLE <input type="checkbox"/> OTHER (Explain on separate sheet)
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### II - LICENSURE, DEA CERTIFICATION, SPECIALTY BOARDS AND CLINICAL PRIVILEGES

13A. LIST ALL STATES/TERRITORIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED (If not held now, explain on separate sheet)	13B. LICENSE NO.	13C. CURRENT REGISTRATION (If "NO" explain on separate sheet)			13D. EXPIRATION DATE
		YES	NO	NOT REQUIRED	

14. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED OR ISSUED/PLACED IN A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED  <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" explain on separate sheet)	15A. NUMBER OF CURRENT OR MOST RECENT DEA (DRUG ENFORCEMENT ADMINISTRATION) CERTIFICATE AND/OR STATE LICENSE/PERMIT TO PRESCRIBE CONTROLLED SUBSTANCES	15B. DATE OF EXPIRATION	15C. HAVE YOU EVER HAD A DEA CERTIFICATE OR LICENSE/PERMIT REVOKED, SUSPENDED, LIMITED, RESTRICTED IN ANY WAY, OR VOLUNTARILY RELINQUISHED  <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" explain on separate sheet)
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16A. ARE YOU CERTIFIED BY AN AMERICAN SPECIALTY BOARD (General Certification)  <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" provide names of boards below)	16B. DATE	16C. SPECIAL CERTIFICATIONS (Recognized by American Board after exam)  <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" provide name of boards below)	16D. DATE
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16E. LIST AND PROVIDE DETAILS OF ALL CERTIFICATIONS BY OTHER THAN AN AMERICAN SPECIALTY BOARD (Use separate sheet if more space is necessary)

17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY  <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" complete Item 17B)	17B. NAME AND ADDRESS OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD	17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, NOT RENEWED, OR VOLUNTARILY RELINQUISHED  <input type="checkbox"/> YES <input type="checkbox"/> NO    (If "YES" explain on separate sheet)
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### III - THIS SECTION TO BE COMPLETED BY THE CHIEF OF STAFF

**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).

18. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO  <input type="checkbox"/> FULL LICENSURE <input type="checkbox"/> CURRENT REGISTRATION (All States) <input type="checkbox"/> NATURALIZED CITIZENSHIP <input type="checkbox"/> BOARD CERTIFICATION <input type="checkbox"/> VISA	19A. SIGNATURE OF CHIEF OF STAFF	19B. DATE
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