

**\*\*PLEASE USE PROGRAM/INSTITUTION LETTERHEAD\*\***  
**\*\* Modify formatting as necessary \*\* Do not modify wording \*\***

[DATE]

<http://www.sandiego.va.gov/about/leadership.asp> (look up current Director, Associate Director)

TITLE

VA San Diego Healthcare System  
3350 La Jolla Village Drive  
San Diego, CA 92161

Dear \_\_\_\_\_:

1. I certify that the information has been verified for the trainees on the enclosed list who are scheduled to receive clinical training at the Department of Veterans Affairs, San Diego Healthcare System (VASDHS)
2. In addition, I certify that the trainees in the attached list:
  - a) Are enrolled in the designated training program and have met the 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;
  - g) Physician residents 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' National Practitioner Data Bank - Health Integrity and Protection Databank (NPDB-HIPDB) as appropriate for licensed trainees;
  - j) Have been screened against the Health and Human Services' Office of Inspector General List of Excluded Individuals and Entities (LEIE) for all trainees.
3. I will notify the VASDHS Education Service as soon as possible but no later than 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 by contacting \_\_\_\_\_.

\_\_\_\_\_ Date \_\_\_\_\_  
[Name and Title of Sponsoring Entity  
Program Director – MODIFY]

Accept / Do Not Accept On behalf of the VASDHS Chief of Staff and Director per Signing Authority granted February 25, 2015

\_\_\_\_\_ Date \_\_\_\_\_  
Elaine A. Muchmore, M.D.  
Associate Chief of Staff/Education  
Designated Education Officer (DEO)