OMB Number: 2900-0621
Est. Burden: 1 hour

Department of Veterans Affairs

CREDENTIALS TRANSFER BRIEF

Privacy Act and Paperwork Reduction Act Information

The information requested is solicited under Title 38, United States Code, Chapters 73 and 74. This 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 published notices of systems of records. Information may be released without your prior consent where authorized by Title 38, U.S.C., and the Privacy Act of 1974 (5 U.S.C. 552a) or where required by other statute 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, the American Medical Association, Federation of State Medical 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, the Federation of State Medical 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.

The Paperwork Reduction Act of 1995 requires us to notify you that this information is collected in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. Submission of this information is voluntary and failure to respond will have no adverse effect on any benefits to which you otherwise may be entitled.

NOTE: Any item not verified at the primary source is listed with notation of information substituted.

1. IDENTIFYING DATA

NAME *(Last, First, Middle Initial)*	SOCIAL SECURITY NUMBER
TYPE OF APPOINTMENT	SPECIALTY

2. EDUCATION AND TRAINING

	Degree or Specialty	Institution	Location	Completion Date	Primary Source Verified
Education					☐ Y ☐ N
Internship					☐ Y ☐ N
Residency					☐ Y ☐ N
					☐ Y ☐ N
Fellowship					☐ Y ☐ N

3. ECFMG

CERTIFICATE NUMBER	ISSUE DATE	VERIFIED
		☐ Y ☐ N

4. STATE MEDICAL LICENSE

State	License Type	License Number	Expiration Date	Primary Source Verified
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

CERTIFICATIONS

5.	STATE DANGEROUS CONTROLLED SUBSTANCE (CDS)	CERTIFICATION NUMBER	EXPIRATION DATE
6.	SPECIALTY BOARD CERTIFICATION	SPECIALTY	EXPIRATION DATE

CERTIFICATIONS CONTINUED			
	SUBSPECIALTY BOARD CERTIFICATION	CERTIFICATION NUMBER	EXPIRATION DATE
7.	BASIC CARDIAC LIFE SUPPORT (BCLS) & ADVANCED CARDIAC LIFE SUPPORT (ACLS) CERTIFICATION	TYPE OF CERTIFICATION	EXPIRATION DATE
8.	CLINICAL PRIVILEGES GRANTED IN *(Product Service Line)* *(Attach Copy)*		EXPIRATION DATE

9. NATIONAL PRACTITIONER DATA BASE QUERY(S) DATE: _____

10. CLINICAL SUMMARY

a. _____ attested to not having a physical
(Provider's Name)

or mental health condition that would adversely affect the ability to carry out the clinical duties requested from

_____ ; is known to be clinically
(Name of the VA Medical Center or Health Care System where currently appointed)

competent to practice the full scope of privileges granted at this facility, to satisfactorily discharge professional and ethical obligations, as attested to by _____ , and is known to be providing
(Name and telephone number of Service Chief)

telehealth services. _____ ☐ has or ☐ does not have additional information relating to
(Name of Service Chief)

_____ competence to perform granted privileges.
(Provider's Name)

b. _____ credentialing file and the documents contained therein have
(Provider's Name)

been reviewed and verified as indicated above. The information conveyed in this memorandum reflects credential status as of _____ . The credentialing file contains no additional information relevant to the privileging of
(Date)

_____ at your Medical Center.
(Provider's Name)

REMARKS (Attach an additional sheet if necessary.)

11. TYPED NAME OF MEDICAL STAFF COORDINATOR		12. SIGNATURE OF MEDICAL STAFF COORDINATOR
13. TELEPHONE NUMBER	14. FAX NUMBER	15. PROVIDING FACILITY NAME