



**IV - PROFESSIONAL LIABILITY INSURANCE**

21A. PRESENT PROFESSIONAL LIABILITY INSURANCE CARRIER	21B. DATE COVERAGE BEGAN	21C. NAME OF PRIOR CARRRIERS	21D. DATES OF COVERAGE		22. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" explain on separate sheet)
			FROM	TO	

**V - MEDICAL/DENTAL SCHOOLS ATTENDED**

23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP code)	23C. SUBJECT/ MAJOR	23D. YEARS ATTENDED	23E. GRADUATED		23F. DEGREE
				MONTH	YEAR	

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, certificate number, plus whether permanent or interim.)

YES  NO

NOTE: If you are not a United states or Canadian medical/dental school graduate, list on a separate sheet all clinical clerkships you have served, with institution (name and address), inclusive dates of service, program type, and program contact for each clerkship.

NOTE: For items 25 through 28, specify when service was as a paid Federal employee, including the VA, the U.S. Military, and the Public Health Service.

**VI - DENTAL GENERAL PRACTICE RESIDENCIES**

25A. NAME OF HOSPITAL	25B. ADDRESS (City, State and ZIP code)	25C. DATE COMPLETED	25D. NO. OF MONTHS

**VII - SPECIALTY/SUBSPECIALTY RESIDENCIES**

26A. NAME OF HOSPITAL OR INSTITUTION (or military assignment and rank)	26B. ADDRESS (City, State and ZIP code)	26C. SPECIALITY/ SUBSPECIALITY	26D. TRAINING COMPLETED		26E. NO. OF MONTHS SERVED	26F. AMOUNT OF TIME APPROVED BY SPECIALITY BOARD
			MONTH	YEAR		

27A. HAVE YOU EVER SERVED AS AN ADMINISTRATIVE CHIEF RESIDENT

YES  NO

27B. DATES OF SERVICE

**VIII - PROFESSIONAL EXPERIENCE (IN OTHER THAN MEDICAL/DENTAL TRAINEE STATUS)**

28A. EMPLOYER	28B. ADDRESS (City, State and ZIP Code)	28C. POSITION (Where applicable also specify whether General Practitioner or Specialist)	28D. FULL TIME  <input type="checkbox"/>	28E. PART-TIME (average hours per week)	28F. DATES EMPLOYED	
					From	To

**IX - GENERAL INFORMATION**

29. NAMES UNDER WHICH YOU WERE EMPLOYED, IF DIFFERENT FROM NAME GIVEN IN ITEM 1

30. LIST ALL PROFESSIONAL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESERCH GRANTS AND FELLOWSHIPS (If additional space is required, attach separate sheet.)

**X – THIS SECTION TO BE COMPLETED BY APPROPRIATE COMMITTEE OR DESGNATED OFFICIAL**

HOUSE STAFF REVIEW COMMITTEE	31A. REMARKS	31B. CHAIRPERSON'S APPROVAL OF GENERAL QUALIFICATIONS	31C. DATE



**AUTHORIZATION FOR RELEASE OF INFORMATION**

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- ? Authorize the VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, American medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom the 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 the VA in good faith and without malice in response to such inquiries; and
- ? Authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable the VA to make such inquiries.

SIGNATURE	DATE
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**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE**

Public reporting burden for this collection of information is estimated to average 30 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to VA Clearance Officer, 810 Vermont Avenue NW, Washington, DC 20420; and to the Office of Information and Regulatory Affairs (2900-0205) Office of Management and Budget, Washington, DC 20503. Do not send applications to this address.

**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 determination and, as necessary, in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

**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, 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.

**EFFECTS OF NON-DISCLOSURE:** See statement below concerning disclosure of your social security number. 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, education 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.