

**CORRECTED**

**STAFFING**

**1. REASON FOR ISSUE:** To revise Department of Veterans Affairs (VA) procedures regarding appointments in the Veterans Health Administration.

**2. SUMMARY OF CONTENTS/MAJOR CHANGES:** This handbook contains mandatory procedures on staffing and recruitment. The pages in this handbook replace the corresponding page numbers in VA Handbook 5005. Revised text is contained in [brackets]. These changes will be incorporated into the electronic version of VA Handbook 5005 that is maintained on the [Office of Human Resources Management](#) Web site. Significant changes include:

- a. Defines and clarifies use of primary source verification and documentation of licensure, certification and/or registration.
- b. Allows the facility Director to delegate authority to the Nurse Executive to approve the appointment of nurses up to and including Nurse III.
- c. Allows the facility Director to delegate authority to the Chief of Staff to approve the appointment of Chiropractors, Pharmacists and Expanded Function Dental Auxiliaries.
- d. Clarifies the selection order of candidates that are determined to be approximately equal.
- e. Requires facilities to establish and maintain documentation to demonstrate that qualified preference eligible and other Veteran applicants received appropriate consideration for positions being filled, and to address the relative qualifications of preference eligible and other Veteran applicants.
- f. Specifies that under the title 38 “rank-in-person” system, candidates are to be appointed at the highest grade or level within the grade for which they are fully qualified up to the full performance level. For positions above the full-performance (journey level), the complexity of the assignment and scope of responsibility are considered in determining grades.
- g. Requires documentation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) to serve as primary source verification of education for graduates of foreign schools of professional nursing.
- h. Modifies the requirement for education transcripts.
- i. Clarifies requirements for references.
- j. Clarifies the impact of impaired licensure on continuing licensure, registration, and/or certification requirements for employees.

k. Adds requirement for National Provider Identifier (NPI) and Taxonomy Codes (NPI).

l. Clarifies Professional Standards Boards (PSB) requirements and updates PSB locations.

**3. RESPONSIBLE OFFICE:** The Recruitment and Placement Policy Service (059), Office of the Deputy Assistant Secretary for Human Resources Management.

**4. RELATED DIRECTIVE:** VA Directive 5005, Staffing.

**5. RESCISSIONS:** None.

**CERTIFIED BY:**

**BY DIRECTION OF THE SECRETARY  
OF VETERANS AFFAIRS:**

/s/Roger W. Baker  
Assistant Secretary for  
Information and Technology

/s/John U. Sepúlveda  
Assistant Secretary for  
Human Resources and Administration

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\*Use in conjunction with the OPM Standard.



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**NOTE:** Any questions on employing noncitizens, e.g., nationals of those countries allied with the United States in the current defense effort, may be referred by telephone, e-mail or letter to the DAS for OHRM (05).

**i. Age Limits**

(1) **General.** Age limits for both competitive and excepted service positions will be consistent with the requirements contained in 5 CFR 338.601 unless specified otherwise in a qualification standard. In addition, field facility directors will conform to any State or local laws relating to employment of minors and women.

(2) **Firefighters.** Maximum entry age for firefighters is established as provided for in section 3307(d) of title 5, United States Code.

(a) For initial appointments, applicants can not have reached their 37th birthday by the day of appointment.

(b) Applicants who have passed the designated entry age limit noted, but who have previously served in a covered position may be eligible to re-enter the fire service provided that they:

1. Meet all applicable qualifications for the position; and

2. Will be able to complete a total of 20 years of covered and creditable Federal firefighter service by the time the Federal firefighter reaches the age of 57. Prior service in covered positions and creditable towards retirement may be subtracted from the applicant's age to determine if the Federal firefighter meets the maximum entry age.

**j. Licensure, Registration, or Bar Membership**

(1) The qualification standards for certain occupations require that applicants have current State licenses, registration or certification to be considered for employment. Likewise, attorneys must have bar membership. It follows that these employees must maintain their licensure, registration, certification, or bar membership on a current basis to continue their employment in such positions.

(2) Appointing officers will [verify] Licensure, Registration, Certification, or Bar Membership [by primary source verification from State Licensing Boards (SLB). Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact, or appropriate web verification. Documentation of verification will be filed on the right side of the employee's personnel folder. For VHA health care professionals, the documentation will also be maintained in the VHA credentialing file.] Thereafter, an expiration date follow-up will be coded as provided for on page App C - 8 of VA Manual MP-6, part V, supplement No. 1.5 (PAID). The facility Director will designate the official(s) who will be responsible for the follow-up verification of the employee's current license, registration, [certification] or bar membership. [ ]

**PART II. APPOINTMENTS****CHAPTER 3. TITLE 38 APPOINTMENTS****SECTION A. GENERAL****1. SCOPE**

a. **General.** This chapter contains administrative requirements and procedures relating to the appointment of individuals to occupations identified in 38 U.S.C. 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. 7405. This section also applies to medical support personnel appointed under authority of 38 U.S.C., chapter 73 or 74.

**NOTE:** *All references throughout this handbook to occupations identified in 38 U.S.C. 7401(3) includes those occupations not specifically listed in Section 7401(3) but approved for hybrid status by the Assistant Secretary for Human Resources and Administration in accordance with the provisions of paragraph 2 below. See appendix III-O for a complete list of hybrid occupations.*

b. **Central Office Appointments.** Provisions of this section apply to Central Office employees in the occupations indicated in subparagraph a. who are appointed under 38 U.S.C. 7306, 7401(1), 7401(3), or 7405. The terms “medical center officials” and “facility Director or designee” refer in Central Office to the Under Secretary for Health or designee.

c. **Residents.** Medical and dental residents appointed under 38 U.S.C. 7406, and podiatry, optometry, and chiropractic residents and trainees appointed under 38 U.S.C. 7405 are included within the scope of this section. The term resident as used in this chapter includes interns.

d. **Exception from the Competitive Service and the Provisions of 5 U.S.C. Chapter 51.** The appointments of persons under the authority of sections 7306, 7401(1), and 7401(3), and under sections 7405 and 7406 to occupations identified in those sections, are excepted from the competitive service and from 5 U.S.C. chapter 51.

**2. AUTHORITY AND RESPONSIBILITY****a. Designation of Title 38 Hybrid Status for Health Care Occupations**

(1) The Assistant Secretary for Human Resources and Administration, subject to the concurrence of the Under Secretary for Health, is delegated the authority to approve health care occupations for conversion to title 38 hybrid status under 38 U.S.C. 7401(3) provided such health care occupations:

(a) are not occupations relating to administrative, clerical, or physical plant maintenance and protective services;

(b) would otherwise receive basic pay in accordance with the General Schedule under section 5332 of title 5;

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- (c) provide direct patient care services or services incident to direct patient care services; and
- (d) would not otherwise be available to provide medical care or treatment for Veterans.

(2) Not later than 45 days before the effective date of an appointment or conversion to a hybrid occupation established under subparagraph (1) above, the Secretary must submit notice of the new hybrid occupation to Congress under the provisions of 38 U.S.C. 7401(3)(B). The Recruitment and Placement Policy Service (059) is responsible for preparing this notice for approval of the Secretary.

(3) Prior to submitting notice under subparagraph (2) above, comments shall be solicited from applicable labor organizations and such comments will be included in the notice.

**b. Effecting Appointments.** Appointments will be effected only by appointing officers (responsible Human Resources Management Officer). These appointing officers will effect appointments after the approval of the qualifications and the selection for appointment has been made by the approving official designated below.

**c. Approval of Qualification and Selection for Appointment.** The approving authorities for appointment of certain research personnel, residents, and associated health trainees are contained in M-3 and M-8. The approving officials for appointment to positions in VHA under 38 U.S.C., chapter 73 or 74, will be as follows:

**(1) The Secretary**

(a) On advice of the Under Secretary for Health, the approval of the qualifications and selection of all persons to be appointed under the authority of section 7306.

(b) The approval of all [network and] facility directors appointed under the authority of 38 U.S.C., section 7401(1).

(c) The approval of network directors appointed under 38 U.S.C., section 7306 (for network directors appointed in the Senior Executive Service, see 5 U.S.C. 3393 and VA Handbook 5027, Senior Executive Service).

(d) The approval of VISN Chief Medical Officers appointed under the authority of 38 U.S.C., section 7401(1).

**(2) The Under Secretary for Health or Designee in Central Office.** Except as limited by subparagraph (1), the Under Secretary for Health or designee is the approving official for the appointment of all individuals who are appointed in Central Office under 38 U.S.C., chapter 74, irrespective of the type of appointment, title, or grade.

**(3) Network Directors.** Network directors have the authority to appoint chiefs of staff. However, facility officials will continue to forward chief of staff nominations to the VHA Workforce Management and Consulting Office (10A2B). The Workforce Management and Consulting Office will provide a technical review of the nomination, arrange for appropriate approvals and/or reviews with VHA Central Office officials as necessary, and forward the completed nomination to the Network Director for approval.

(4) **Facility Directors.** Except as limited by subparagraphs (2) and (3), the facility Director is the approval authority for the following appointment and assignments.

(a) **Physicians.** The approval of the qualifications and selection of physicians appointed under the authority of sections 7401(1) and 7405, including Associate Chiefs of Staff and physicians in service chief or comparable positions. See appendices II-G2 and II-H1 for procedures for qualifying and appointing physicians to service chief and comparable positions.

(b) **Dentists.** The approval of the qualifications and selection of dentists appointed under the authority of sections 7401(1) and 7405, including chiefs of dental service or comparable positions and staff dentists. See appendices II-G3 and II-H2 for procedures for qualifying and appointing dentists.

(c) **Nurses.** The approval of the qualifications and selection of nurses appointed under the authority of sections 7401(1) and 7405. See appendices II-G6 and II-H5 for procedures for qualifying and appointing registered nurses. [In addition, the Director may delegate authority to the Nurse Executive to approve the appointment of nurses up to and including Nurse III.]

(d) **Podiatrists.** The approval of the qualifications and selection of all podiatrists appointed under authority of sections 7401(1) and 7405. Refer to appendices II-G4 and II-H3 for procedures for qualifying and appointing podiatrists.

(e) **Optometrists.** The approval of the qualifications and selection of all optometrists appointed under authority of sections 7401(1) and 7405. Refer to appendices II-G5 and II-H4 for procedures for qualifying and appointing optometrists.

(f) **Nurse Anesthetists.** The approval of the qualifications and selection of nurse anesthetists, including Chiefs of Nurse Anesthesiology under authority of sections 7401(1) and 7405. Refer to appendices II-G7 and II-H6 for procedures for qualifying and making appointments to Chief, Nurse Anesthesiology positions.

(g) **PAs.** The approval of the qualifications and selection of all PAs, including those in Chief Grade under authority of sections 7401(1) and 7405. Refer to appendices II-G8 and II-H7 for procedures for qualifying and making appointments of PAs to Chief Grade.

(h) **EFDAs.** The approval of the qualifications and selection of all EFDAs appointed under the authorities of 7401(1) or 7405. Refer to appendices II-G9 and II-H2 for procedures for qualifying and appointing EFDAs. [The Director may delegate approval authority for appointments of EFDAs to the Chief of Staff.]

(i) **Pharmacists.** The approval of the qualifications and selection of all pharmacists, including Chiefs of Pharmacy Service (all grades), clinical pharmacists/pharmacy specialists and program specialists in grades GS-13 appointed under the authorities of 7401(3) and 7405. Refer to appendices II-G15 and II-H8 for procedures for qualifying and appointing chiefs of pharmacy service, clinical pharmacy/pharmacy specialists, and program specialists at grades GS-13 and above. In addition, the Director may delegate authority to the [Chief of Staff or to the] Chief, Pharmacy Service, to approve the appointment of pharmacists at GS-12 and below, and of Assistant Chiefs, Pharmacy Service at GS-13.

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(j) **PTs and OTs.** The approval of the qualifications and selection of PTs and OTs for section chief positions and positions at GS-12 appointed under the authorities of 7401(3) and 7405. The Director may delegate approval authority for appointments of other PTs and OTs to the Chief of Staff. Refer to appendices II-G12, II-G14 and II-H9 for procedures for qualifying and making appointments to section chief positions.

(k) **Respiratory Therapists.** The approval of the qualifications and selection of all RTs. The Director may delegate approval authority for appointments of RTs to the Chief of Staff appointed under the authorities of 7401(3) and 7405. Refer to appendix II-G11 for qualifying RTs.

(l) **LPNs/LVNs.** The approval of the qualifications and selection of all LPNs/LVNs appointed under the authorities of 7401(3) or 7405. The Director may delegate approval authority for appointments of LPNs to the [Nurse Executive]. Refer to appendix II-G13 for qualifications.

(m) **Chiropractors.** The approval of the qualifications and selection of all chiropractors appointed under authority of sections 7401(1) and 7405. [The Director may delegate approval authority for appointments of Chiropractors to the Chief of Staff.] Refer to appendices II-G16 and II-H10 for procedures for qualifying and appointing chiropractors.

(n) **Other occupations appointed under the authority of 38 U.S.C 7401(3) or 7405.** The approval of the qualifications and selection of all individuals appointed in occupations listed in 38 U.S.C. 7401(3) or approved for 38 U.S.C. 7401(3) hybrid status by the Assistant Secretary for Human Resources and Administration in accordance with the provisions in paragraph 2a of this section. The facility Director may delegate approval authority for appointment of employees in the hybrid occupations (see chapter 3, section A, this part).

d. **Professional Standards Boards.** See section C of this chapter for provisions relating to the establishment, membership, and functions of Professional Standards Boards.

e. **Human Resources Management Officer Responsibilities.** The Human Resources Management Officer will be responsible for:

- (1) Adherence to administrative and regulatory requirements;
- (2) Review of each case for completeness before forwarding to Central Office;
- (3) Advising boards on administrative and regulatory requirements pertaining to appointments, advancements and probationary reviews;
- (4) Notifying prospective appointees of their selection.

### 3. APPOINTMENT REQUIREMENTS AND DETERMINATIONS

#### a. Preference to Veterans

(1) The primary consideration in making appointments of physicians, dentists, podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, PAs and EFDAs under 38 U.S.C., chapter 73 or 74 will be the professional needs of VHA. Consistent with this policy, however, Veterans will be given preference when qualifications of candidates are approximately equal. This includes qualified disabled Veterans and preference eligibles as defined in 5 U.S.C. 2108.

(2) When candidates for positions identified in 38 U.S.C. 7401(3) are determined to be approximately equally qualified for a particular opening, hiring preference will be given to Veterans and preference eligibles as defined in 5 U.S.C. 2108. Selection(s) from [ ] candidates [determined to be approximately equal] will be made in the following order:

(a) Disabled Veterans who have a service-connected disability of 10 percent or more.

(b) Preference eligibles under 5 U.S.C. 2108(3) (C) through (G) other than those above (e.g. disabled Veteran; unmarried widow or widower of a Veteran who served on active duty in wartime or other designated service period; spouse of a service-connected disabled Veteran not qualified for civil service employment; mother of a Veteran who lost his/her life in wartime or other designated service period; mother of a service-connected permanently and totally disabled Veteran.)

(c) Preference eligibles under 5 U.S.C. 2108(3)(A) and (B) (i.e., Veterans who served on active duty in wartime or other designated service period.)

(d) All other candidates.

[ (3) When qualified Veterans apply for appropriate vacancies, it is important that VA health care facilities establish and maintain documentation within HR files to demonstrate that qualified preference eligible and other Veteran applicants received appropriate consideration for positions being filled, and to address the relative qualifications of preference eligible and other Veteran applicants. At a minimum, facilities must be able to demonstrate from the written record why the qualifications of non-selected preference eligibles and other Veterans are not approximately equal to those of selected candidates who either lack preference or are non-Veterans, respectively.]

#### b. Dual Employment and Dual Compensation Restrictions

(1) Except as provided in the subparagraphs below, no full-time employee appointed under authority of 38 U.S.C., chapter 73 or 74, will concurrently hold any other type of **paid** appointment in VA.

(2) The following personnel may hold more than one appointment provided it is not contrary to 5 U.S.C. 5533 and VA Directive and Handbook 5007, Appendix F, Paragraph 3, Pay Administration: full-time personnel appointed under 38 U.S.C. 7401(3), personnel in occupations listed in 38 U.S.C. 7401(3) who are appointed on a full-time or part-time basis under 38 U.S.C. 7405(a)(1)(B), and medical support personnel appointed on a full-time or part-time basis under 38 U.S.C. 7405(a)(1)(D). A medical

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resident may serve as an admitting physician on a fee basis in accordance with the criteria in VA Handbook 5007, Pay Administration. Paid trainees in medical support programs funded through the Office of the Chief Academic Affiliations may simultaneously hold part-time, intermittent, or fee basis appointments provided there is no violation of dual compensation restrictions, the trainee is determined to be the best qualified applicant, and the utilization as a trainee is consistent with the provisions of VHA Manual M-8, Academic Affairs. All other personnel appointed under authority of 38 U.S.C., chapter 73 or 74 are covered by the provisions of subparagraph b(2) through b(4). Pharmacy residents appointed under 38 U.S.C. 7405(a)(1)(D) may be appointed to another position under 38 U.S.C. 7405 without regard to the restrictions in 5 U.S.C. 5533.

(3) Facility directors may appoint, on a lump-sum fee basis, full-time employees from other VA facilities employed in occupations listed under 38 U.S.C. 7401(1), provided the criteria in paragraph b(4) are met and such an appointment would not be contrary to Department conflict of interest regulations (38 CFR, part 0). Such appointments permit the use of full-time employees on a fee basis at a second VA facility, provided management officials at both facilities agree that the arrangement permits them to meet staffing needs; fees are paid on other than a time basis; and the arrangement results in an employer-employee relationship (5 CFR, part 304). Facilities wishing to use this authority should identify the particular task they need accomplished and compensate the employee on a fee basis for the completion of that task. Appointment of full-time employees covered by 38 U.S.C. 7401(1) on a fee basis at the same VA facility is not permitted. No consultant, attending, fee-basis, part-time, or intermittent employee will simultaneously hold more than one compensable appointment in VHA unless the outlined criteria are met. The restriction in the preceding sentence applies to appointment at the same facility or at more than one facility.

(4) For individuals identified in subparagraph b(2), dual appointments may be approved by the facility Director, subject to the following conditions and restrictions:

- (a) Services are essential to the health care needs of patients.
- (b) No other equally qualified individual in the specific specialty is available in the locality.
- (c) There is no violation of dual compensation statutes or VA policies.

(5) For individuals identified in subparagraph b(2), the following dual appointments will be approved by the facility Director only in exceptional circumstances and if requirements in subparagraph b(4) are met. Officials will ensure that these appointments will not present or lead to a conflict of interest or the appearance thereof. Questions concerning conflict of interest matters may be directed to the Regional Counsel.

(a) Utilization as a consultant or attending in combination with employment on a part-time or intermittent basis at the same facility;

(b) On-facility fee-basis appointment under the schedule of fees in combination with utilization as a consultant or attending at the same facility. (This subparagraph does not apply to outpatient services of off-facility fee-basis personnel in a private office or private clinic, even though consultant or attending services may be performed on the same day.)

(c) Part-time or intermittent employees, or currently employed consultants and attendings, in combination with an on-facility fee-basis appointment to perform an operation, give treatment, or perform special duty nursing.

(6) Recommendations to approving officials should include sufficient information to indicate that dual employment is justified.

c. **Equal Opportunity for Employment.** Employment actions will be taken on the basis of merit and without discrimination for such reasons as age, race, color, religion, national origin, sex, lawful partisan political affiliation, marital status, physical or mental disability (when the individual is qualified to do the work), or membership or non-membership in a labor organization.

d. **Member of Family Restrictions.** Employment actions will conform to the restrictions governing the employment of family members as provided in 5 CFR, part 310. (For further guidance, refer to chapter 2, this part).

e. **Restrictions Regarding Political Activity.** Employees appointed under authority of 38 U.S.C., chapter 73 or 74, are subject to the political activity restrictions in 5 U.S.C., chapter 73 and VA Handbook 5025, Legal.

f. **Qualification Standards**

(1) **General.** The basic qualification requirements for individuals appointed under 38 U.S.C., chapters 73 and 74, in occupations identified in sections 7401(1) and 7401(3), are contained in VA Qualification Standards approved by the Secretary of Veterans Affairs upon recommendation of the Under Secretary for Health. These standards apply to all appointments in these occupations under authority of 38 U.S.C., chapter 73 or 74, regardless of the nature or tenure of the appointment.

(2) **Qualification Standards for Occupations.** The qualification standards for individual occupations are contained in appendix II-G of this chapter.

(3) **Education**

(a) Approved schools and satisfactory internships or their equivalents for the purpose of 38 U.S.C. 7402, will be those designated in the appropriate qualification standards. The accrediting agency or body for verifying education of applicants is also identified in the qualification standards.

(b) Provisions of 38 U.S.C., chapter 73 or 74, require that individuals have education and licensure, registration or certification as specified in the appropriate qualification standard in order to qualify for assignment of patient care responsibility. Unless otherwise indicated in the qualification standard, an unlicensed candidate may not use professional education as a substitute for the accredited education and/or training required by the qualification standards of another occupation. For example, an unlicensed physician may not be appointed as a PA by using graduation from medical school as a substitute for completion of an approved PA training program. Likewise, an unlicensed dentist may not be appointed as an EFDA by using graduation from dental school as a substitute for completion of approved dental assistant or hygienist training.

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(4) **Grade Level Determinations.** The grade to which an applicant is appointed will be determined by the individual's qualifications and [ ] assignment. [Under the Title 38 "rank-in-person" system, candidates are to be appointed at the highest grade or level within the grade for which they are fully qualified up to the full performance level. For positions above the full-performance (journey level) the complexity of the assignment and scope of responsibility are considered in determining grades.]

g. **Citizenship**

(1) To be eligible for appointment in VHA, an applicant must be a citizen of the United States (U.S.), except as provided in 38 U.S.C. 7407(a) and subparagraph (2). The acquisition of "first papers" or the "owing of allegiance to the United States" does not satisfy the basic requirement of citizenship. Naturalized citizens must furnish evidence of citizenship.

(2) After a determination is made that it is not possible to recruit qualified citizens, necessary personnel may be appointed on a temporary basis under authority of 38 U.S.C. 7405 without regard to the citizenship requirements of 38 U.S.C. 7402 or any other law prohibiting the employment of or payment of compensation to a person who is not a citizen of the United States. Candidates must meet all other requirements for the grade and position concerned.

(3) Requests to petition the U.S. Department of State (DOS) for waiver of the 2-year home residence requirement under 22 CFR, part 514 must be approved by [VHA Workforce Management and Consulting Office (10A2A)]. Requests to petition DOS will be submitted in accordance with instructions contained in appendix II-J of this chapter [and [VHA Handbook 5005.1](#), "Requests to Petition the United States Department of State for a Waiver of the Two-Year Home Residency Requirement on Behalf of an Exchange Visitor".] No appointment may be effected or commitment made until the required approval is received from the U.S. Citizenship and Immigration Service's (USCIS), formerly the Immigration and Naturalization Service.

(4) Officials of VHA will not commit positions to noncitizens not legally entitled to reside in this country.

(5) Consistent with provisions in this paragraph, the appointment of noncitizens may be approved by the following officials:

(a) The facility Director is the approval authority for appointment of:

1. All noncitizens as residents (see M-8, Pt. II);

2. Immigrants (aliens who have been admitted for permanent residence.) As of September 20, 1994, all immigrants are required to have an Alien Registration Receipt Card, Form I-551. Form I-551 has the lawful holder's photograph, fingerprint and signature on a white background; it is commonly known as the "green card."

**NOTE:** *The Form I-151 and all previous forms are no longer valid after September 19, 1994.*

3. All nonimmigrants (e.g., exchange visitors, alien students, visiting professors), provided employment is authorized by the USCIS. This includes authority to sponsor an individual for a nonimmigrant visa or an extension of such visa. The authorization for employment may be cited on the nonimmigrant's visa, or the nonimmigrant may possess an Employment Authorization Form (I-688B). In cases where the authority to accept compensated or non-compensated employment by the nonimmigrant is not clearly evident, a report of contact with USCIS officials verifying the employment authorization must be made. A copy of the document used to verify the employment authorization of the nonimmigrant is to be filed in the appointee's personnel folder.

(b) The Under Secretary for Health or designee is the approval authority for the appointment of noncitizens to centralized positions.

(c) The paid appointment of noncitizen associated health trainees is not generally permitted. Any exception requires the approval of the Under Secretary for Health, or designee. (See section G, paragraph 6, this chapter.)

**h. Credentialing Requirements (Including License Registration or Certification).** See section B of this chapter.

i. **[LEIE and HIPDB] Sanction List.** See chapter 1, section B, paragraph 2 of this part.

j. **English Language Proficiency.** No person will be appointed under authority of 38 U.S.C., chapter 73 or 74, to serve in a direct patient-care capacity in VHA who is not proficient in written and spoken English. (See appendix II-I of this chapter).

**k. Physical Requirements**

**(1) General**

(a) Guidelines for physical and mental fitness for appointment and retention in VHA shall be established by the Under Secretary for Health. (See VA Directive and Handbook 5019, Part II, Occupational Health.)

(b) Only those persons who are physically and mentally capable of satisfactorily performing the duties of their assignments are to be employed and retained in VHA.

(c) Determinations of physical and mental fitness will be made without discrimination for such reasons as age, race, color, religion, national origin, sex, lawful partisan political affiliation, marital status, physical or mental disability (when the individual is qualified to do the work), or membership or non-membership in a labor organization.

**(2) Preemployment Physical Examinations**

(a) **General.** A preemployment physical examination is required of all full-time, part-time and intermittent employees. *It is not required of residents and interns who furnish evidence of satisfactory*

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physical condition based on a physical examination within the past 12 months. An examination is required in any conversion action from a status not requiring a physical examination to one requiring such procedures.

(b) **Scope and Conduct of Examination.** See VA Directive and Handbook 5019, Part II, Occupational Handbook.

**1. Oath, Affidavit, and Declaration of Appointee**

(1) All employees of VHA appointed under authority of 38 U.S.C., chapter 73 or 74 (except those utilized on a fee basis) are required to take the oath of office and execute the affidavit (subversive activity), affidavit (striking against the Federal Government), and the declaration of appointee. Noncitizens shall be required to execute only those affidavits on Standard Form (SF) 61, Appointment Affidavit, outlined in the OPM Guide to Processing Personnel Actions. The SF 61 shall be executed in accordance with the requirements set forth in chapter 2, section A, paragraph 5e of this part.

(2) The services of those employees to whom authority to administer oaths has been delegated will be used for administering oaths necessary for effecting appointments in VHA.

m. **Security Requirements for Employment.** See VA Directive and Handbook 0710, Personnel Suitability and Security Program for VA instructions concerning security requirements.

n. **Effective Date of Appointment.** Appointments will be effective on the entrance-on-duty day, except as follows:

(1) **Full-Time Physicians, Dentists, Podiatrists, Optometrists, Chiropractors, and Other Personnel Appointed Under 38 U.S.C. 7306.** When an appointee is to enter on duty on Monday, the appointment will be effective on the preceding Sunday provided the employee is available for duty on that day. Sunday will be considered an administrative non-duty day. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(2) **Nurses, Nurse Anesthetists, PAs, EFDAs, and Hybrid Title 38 occupations.** When the appointee is to enter on duty on the first Monday in a pay period, the appointment will be effective on the first Sunday of the pay period. If Monday is a holiday, the appointment will be effective on the entrance-on-duty-day.

(3) **Restoration After Military Service or Compensable Injury.** An exception to these effective dates may be made if required to satisfy statutory or regulatory provisions such as restoration after military service or compensable injury.

o. **Overseas Employment.** See chapter 1, section C of this part.

p. **Grade and/or Step Adjustments.** If, on review of board actions by the appropriate Professional Standards Board, it is determined that an employee has been appointed at a grade and step rate within the grade which is not commensurate with qualifications, the approving authority for initial appointment may approve an adjustment in the grade and/or step rate within the grade. (See section E, paragraph 2,

this chapter, for limitations on adjusting step rates within the grade for this purpose.) These adjustments in grade and/or step rate will be effected as of the beginning of the next pay period following approval. The nature of action on SF 50-B will be “Promotion” or “Change to Lower Grade,” as appropriate. In the case of step rate adjustments, the nature of action on SF 50-B will be “Administrative Pay Increase” or “Administrative Pay Decrease,” as appropriate. The authority for such actions will be “38 U.S.C. 7403.” The following statement will be placed in “Remarks” on SF 50B for such actions: “Adjustment for consistency with standardized qualification requirements.”

**NOTE:** [ ] *Service in a lower step rate prior to adjustment of step(s) within the grade will not be credited toward meeting the required waiting period for periodic step increase.*

**4. APPOINTMENT/ASSIGNMENT OF NON-PATIENT CARE DUTIES.** For VHA policy on the appointment/assignment of non-patient care duties to Title 38 employees, see appendix III-N.



**SECTION B. CREDENTIALING AND LICENSURE****1. GENERAL****a. Scope**

(1) This section contains administrative requirements and procedures relating to the credentialing and licensure of applicants and employees appointed to occupations identified in 38 U.S.C. 7306, 7401(1), and 7401(3); and employees in those occupations who are appointed under 38 U.S.C. 7405, including individuals utilized on an on-facility fee basis, on-facility contract or on-facility sharing agreement basis. This includes such employees as physicians, dentists, podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, physician assistants (PAs), expanded-function dental auxiliaries (EFDAs), and Hybrid Title 38 occupations. Provisions of this section apply to Central Office employees who are employed in the occupations indicated above under 38 U.S.C. 7306, 7401(1), 7401(3), or 7405. Individuals appointed under 38 U.S.C. 7405, whether paid or without compensation, on an intermittent or fee basis, including consultants and attendings, must be fully credentialed in accordance with provisions of this section, although they are considered employees only during periods when actually engaged in VA service.

(2) The provisions of this section should be used in conjunction with VHA Handbook 1100.19, “Credentialing and Privileging” [for licensed independent practitioners and VHA Directive 2006-067, “Credentialing of Health Care Professionals” for dependent practitioners].

**b. Residents.** Medical, dental, podiatry, chiropractic, and optometry residents and trainees appointed under 38 U.S.C. 7405 or 7406 are included within the scope of this section. As indicated in paragraph 21 of this section, the appropriate program director is responsible for certifying that the credentials and licensure of residents and trainees have been verified prior to their appointment. Specific procedures described in paragraph 3 through 14 are not applicable to residents functioning within the scope of their training program, but program directors, where possible, should use verification procedures which are generally consistent with those described.

**c. Definitions**

(1) The terms “medical center officials” and “facility Director or designee” refer in Central Office to the Under Secretary for Health or designee.

(2) The term “credentialing” refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, required education, relevant training and experience, current competence and health status.

(3) The term “licensure” refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State, in the form of a license and/or registration.

**NOTE:** *The term “state” means any of the states, territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.*

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(4) [The terms “registration” or “certification” refer to the official attestation by a professional organization that one has fulfilled the requirements or met a standard skill to practice the profession.

(5) The term “primary source verification” is documentation from the original source of a specific credential that verifies the accuracy of a qualification reported by an individual health care practitioner. This can be documented in the form of a letter, telephone contact, or secure electronic communication with the original source.

(6) An active, current, full and unrestricted license or registration in a State is one which authorizes the licensee to practice outside VA without any change being needed in the status of the license. An employee is responsible for paying any fees necessary to maintain a full and active license in a State. If a State waives fees for any reason, such as for an out-of-state practice or for employment in a Federal facility, the employee may not accept the waiver if this will place the license in an inactive or other restricted status.

[(7) VetPro is VHA’s electronic credentialing system which must be used for credentialing all providers. The system is used by applicants and practitioners to provide evidence of licensure, registration, certification, and/or other relevant credentials for verification prior to appointment, throughout the appointment process and upon transfer from another medical facility. The system provides an electronic file for continued maintenance of accurate, complete and timely credentials for all VHA health care providers who claim licensure, certification, or registration, and are permitted by the facility to provide patient care services or oversee the delivery of those services.]

#### d. Responsibilities of VA Officials

(1) The Under Secretary for Health or designee will establish additional credentialing, licensure and/or registration requirements and procedures to assure that only fully qualified and suitable candidates are appointed and retained in VHA. Procedures will be established to thoroughly evaluate applicant credentials, licensure and/or registration status, and to monitor these on a continuing basis for health care employees appointed under 38 U.S.C., chapter 73 or 74.

(2) Facility Directors are responsible for implementing policy and procedures outlined in this section and for providing necessary resources to ensure that the verification of credentials and licensure is effectively and efficiently managed. So that only fully qualified and suitable individuals are appointed and retained under 38 U.S.C., chapter 73 or 74, [Clinical Executives (Chiefs of Staff, Chiefs of Patient Care Services, Nurse Executives), Service Chiefs,] selecting officials, PSBs and HRM officials will ensure that the qualifications of candidates for appointment are thoroughly screened and evaluated. The credentialing process includes verifying the individual’s licensure and/or registration, relevant training and/or experience, current competence and physical and mental fitness. (See appendix II-L of this chapter for a credentialing checklist.) Officials described in this paragraph will ensure that all applicants and employees covered by this policy are made aware of their responsibilities with respect to credentialing and licensure.

(3) The credentialing and licensure verification process is a shared responsibility, requiring extensive interchange and continuing communication between the Chief of Staff and HRMO. Facility Directors will establish local policies and procedures delineating functions to be accomplished by each of these officials to assure that responsibilities are clearly understood and can be effectively carried out.

(4) Compliance with credentialing and licensure provisions of this section does not obviate the responsibility to determine suitability for employment following guidelines in 5 CFR, part 731 or to initiate background investigations of employees using procedures specified in 5 CFR, part 736.

e. **Documentation.** Information obtained through the verification process must be documented in writing, either by letter, [memo], report of contact or [secure electronic verification], as appropriate. [Documentation will be filed permanently in the in the VHA credentialing file, VetPro. Facsimile copy may be used with appropriate authentication of the source providing the information via facsimile. This needs to be independently authenticated and the authentication needs to be documented, e.g. entry into comments section of VetPro. A coversheet by itself is not considered independent authentication, but may be scanned as the last page of the document, not the first, as well as documentation of the independent verification of the sender's source. If independent authentication of the source cannot be made, the facsimile copy must be followed up with an original document.

**NOTE:** *Authentication of the source of the facsimile requires the recipient to document knowledge that the appropriate source that owned the verification information transmitted the facsimile. For example, if the recipient of the facsimile confirmed with the verifying entity that the facsimile was indeed transmitted by the verifying entity then this confirmation should be documented on the facsimile coversheet, signed and dated by the individual completing the independent authentication, to include name and title of both transmitting and confirming individuals and date of confirmation.]*

f. **Action Prior to Credentialing**

(1) No appointment action will be taken, nor will an employment commitment be made, in any case where officials have reason to question a candidate's suitability for VA employment. All information obtained through the credentialing process will be carefully considered before an employment decision is made. An RN, nurse anesthetist, PA, EFDA, or candidate for appointment to an occupation identified in 38 U.S.C. 7401(3), may be appointed under 38 U.S.C. 7405(a)(1) pending [completion of the full credentialing process referenced in VHA Directive 2006-067] and action by a board. However, a physician, dentist, podiatrist optometrist, or chiropractor will be appointed only after credentialing information is received and action has been taken by a Professional Standards Board (PSB) [except as noted in paragraph 2 below].

(2) In exceptional circumstances and where required to meet an emergent patient care situation, the facility Director may approve the temporary appointment of a physician, dentist, podiatrist, optometrist, or chiropractor under 38 U.S.C. 7405 without prior action by a PSB[, following the procedures in VHA Handbook 1100.19]. The Director will document for the record the specific circumstances and patient care situation which warranted such an appointment. The appointment will be made only after evidence of current, full and unrestricted licensure has been obtained and a judgment has been made that the individual is fully qualified for the assignment.

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**g. Applicant and Employee Responsibilities.** Applicants and employees will provide evidence of licensure, registration, certification, and/or other relevant credentials, for verification prior to appointment and throughout VA employment as requested. They are responsible for keeping VA apprised of anything that would adversely affect or limit the credentials discussed in this section, and for advising VA of anything that would adversely affect or otherwise limit their clinical privileges. Failure to keep VA fully informed on these matters may result in administrative or disciplinary action.

**h. Verification of Credentials After Short Breaks in Service.** An applicant who has had a break in VA service of no more than 15 workdays may be reappointed in the same occupation without the full credentialing process required for initial appointment (i.e., verification of education background, licensure status, certifications by professional organizations, references, etc.). The applicant must complete a new employment application form and be recommended by the appropriate board, if action by a board is normally required for the type of appointment being considered. Facility officials will verify any licensure or qualification information that has not previously been documented in the personnel folder or the Credentialing and Privileging Folder, as appropriate. The official designated by the facility Director will note [in the appropriate folder] the reason that credentials were not reverified. Typically, the reason will be that the break in service was for less than 15 workdays. Reverification of credentials is not required for residents or trainees who rotate for training during the academic year between a VA facility and its affiliate(s). (See paragraph [22] for resident credentialing procedures.)

**NOTE:** *For those subject to the credentialing and privileging provisions of VHA Handbook 1100.19, any break in service requires the verification of those credentials (time limited) which could have changed since last verified (State licensure, Drug Enforcement Administration (DEA) certification, board certification, etc.).*

## **2. APPLICATION**

**a. Application Forms.** Candidates seeking employment under 38 U.S.C., chapter 73 or 74, must complete one of the following application forms:

(1) VA Form 10-2850, Application for Physicians, Dentists, Podiatrists, Optometrists, and Chiropractors;

(2) VA Form 10-2850a, Application for Nurses and Nurse Anesthetists[, nurse practitioners, and graduate nurse technicians];

(3) VA Form 10-2850b, Application for Residency;

(4) VA Form 10-2850c, Application for Associated Health Occupations;

(5) [ ] Optional Form 612, Optional Application for Federal Employment, and Optional Form 306, Declaration for Federal Employment[, ] are to be used by applicants for whom none of the above forms is appropriate; primarily, this includes applicants for medical support[, students, trainees,] or nonmedical consultant appointments.

b. **Application Review.** The HRM Officer or designee will thoroughly review each employment application to assure that all questions are answered and that additional information is provided where required. Applicants are to be asked to account for any gaps in their work history. This information shall be documented on the employment application and, along with reference checks and other information obtained in the credentialing process, considered in the selection process. Incomplete applications are to be returned and applicants notified that they will not be considered for employment until their application has been fully completed. The HRMO or designee will review applications for compliance with administrative and regulatory requirements. Applicants who do not meet appointment requirements should be so notified.

### 3. EDUCATIONAL CREDENTIALS

#### a. Verification of Educational Credentials

(1) [For independent practitioners,] educational credentials relating to qualifications for employment are to be verified through primary source(s) whenever feasible. This includes education used to qualify for appointment, advancement or which is otherwise related to an individual's employment. This verification should also include a comparison of the educational institution(s) cited on the application against [existing lists of accredited institutions on the Department of Education web site to guard against] institutions or "diploma mills" which sell fictitious college degrees and other professional credentials. The accrediting agency or body for verifying the accreditation status of schools is identified in the appropriate VA qualification standard.

(2) [For dependent practitioners, educational credentials relating to qualifications for employment are to be verified as follows:

(a) If most recent licensure for the occupation was issued in 1990 or later: Only education used to qualify for an appointment (i.e. first nursing degree) is required to be verified and this verification may be accomplished by a secondary source (i.e. copy of diploma or transcript is acceptable). Advanced education credentials above the initial qualifying degree are to be primary source verified. This verification also needs to include a comparison of the educational institution(s) cited on the application against existing lists of institutions or "diploma mills" which sell fictitious college degrees and other professional credentials. The accrediting agency or body for verifying the accreditation status of schools is identified in the appropriate VA qualification standard.

(b) If most recent licensure for the occupation was issued prior to 1990: Educational credentials relating to qualifications for employment are to be verified through the primary source(s), whenever feasible. This includes education used to qualify for appointment or advancement. This verification also needs to include a comparison of the educational institution(s) cited on the application against existing lists of institutions or "diploma mills" which sell fictitious college degrees and other professional credentials. The accrediting agency or body for verifying the accreditation status of schools is identified in the appropriate VA qualification standard. The appropriate document from the primary source must be used for the actual verification of the credential but could include a transcript.

(3) For individuals who will have clinical privileges, written verification of internships, residencies, fellowships, advanced education, clinical practice programs, etc., from the appropriate program director or school is required. For foreign medical graduates, facility officials must verify with the Educational

Commission for Foreign Medical Graduates (ECFMG) that the applicant has met requirements for certification, and must obtain a copy of the ECFMG certificate, if claimed by the applicant.

[(4) In cases of graduates of foreign schools of professional nursing, possession of current, full, active, and unrestricted registration will meet the requirement of graduation from an approved school of professional nursing. Documentation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) will serve as primary source verification of education, if applicable.

(5) For Physical Therapists, documentation from the Foreign Credentialing Commission on Physical Therapists (FCCPT) will meet the requirement of graduation from an approved school.

(6) For Occupational Therapists, documentation from the National Board for Certification in Occupational Therapy (NBCOT) will meet the requirement of graduation from an approved school.

(7) If education cannot be verified because the school has been closed, because a school is in a foreign country and no response can be obtained, or for other similar reasons, all efforts to verify the applicant's education will be documented. In any case, facility officials must verify that candidates meet appropriate VA qualification standard educational requirements prior to appointment.

**b. Transcript of Higher Education**

(1) [ ] Applicants [may] be asked to provide a transcript of their qualifying education for evaluation by the appropriate PSB prior to appointment. If an individual has a degree in a related field, consideration should be given to obtaining a transcript of this program as well. [ ] Transcripts may be requested from other applicants, including nurse anesthetists, PAs, EFDAs, and candidates selected for appointment to an occupation identified in 38 U.S.C. 7401(3).

(2) Transcripts should be evaluated to consider the specific course work completed, grades received, and overall level of difficulty of the program. [ ]

**c. Educational Profile for Physicians.** Facilities may obtain, from the American Medical Association, a profile listing all medical education a physician candidate has received in this country and available licensure information for follow-up as necessary. It should be noted, however, that this is a secondary source and, by itself, is not considered sufficient for verification purposes.

**4. EMPLOYMENT [RECORD] AND PREEMPLOYMENT REFERENCES**

**a. References.** [Due diligence should be exercised in checking references before making an offer of employment. Facilities at the local level have the discretion to decide how many references are required prior to appointment. VA will still require a total of three, but only one reference (preferably from the applicant's current or most recent employer(s)) is required prior to appointment and the remaining 2 within 90 days after appointment. The references should be obtained] from employer(s) or other individuals who are knowledgeable about the applicant's work [record (i.e., performance, aptitude, conduct, etc.)].

(1) For any candidate whose most recent employment has been private practice, facility officials will contact institution(s) where clinical privileges are and/or were held, professional organizations, references listed on the application form, and/or other agencies, institutions or persons who would have reason to know the individual's professional qualifications.

(2) The VA Form Letter 10-341a, Appraisal of Applicant, may be used to obtain references on applicants. However, supplemental information may be required to fully evaluate the educational background and/or prior experiences of an applicant (see subparagraph (3)). Initial and/or follow-up telephone or personal contact with those having knowledge of an applicant's qualifications and suitability are encouraged as a means of obtaining a complete understanding of the composite employment record. All references must be documented in writing. Written records of telephone or personal contacts must report who was spoken to, that person's position, the date of the contact, a summary of the information provided, and the reason why a telephone or personal contact was made in lieu of a written communication. Reports of contact are to be filed with other references in the personnel folder and, as appropriate, in the Credentialing and Privileging Folder.

(3) Ideally, references should be from authoritative sources, which may require that facility officials obtain information from sources other than the references listed by the applicant. As appropriate to the occupation for which the applicant is being considered, references should contain specific information about the individual's scope of practice and level of performance. For example, information on:

(a) The number and types of procedures performed, range of cases managed, appropriateness of care offered, outcomes of care provided, etc.

(b) The applicant's clinical judgment and technical skills as reflected in results of quality assurance activities and peer review, where appropriate.

(c) The applicant's health status in relation to proposed duties of the position and, if applicable, to areas where clinical privileges are being sought.

b. **Former Federal Employees.** For an applicant with prior Federal service, the personnel folder should be obtained before the individual is given a probationary or permanent appointment. If an applicant has prior VA service, [ ] a reference [must be obtained from the last two assignments or all VA assignments in the last 5 years, whichever is longer].

**5. PREEMPLOYMENT INTERVIEW.** A personal interview is recommended prior to the appointment of any candidate under 38 U.S.C., chapter 73 or 74. The interview should normally be conducted at the VA facility where the individual is to be employed. Arrangements may be made for the interview to be conducted at another VA facility convenient to the applicant. The interview will be conducted by the appropriate official(s) designated by the facility Director. An interview report will be completed and filed with the application. Travel expenses for preemployment interviews may be paid only under provisions of 5 CFR, part 572. The appropriate chief consultant in Central Office may require that a personal interview be conducted for individuals in any occupation included within the scope of this section. All RNs and LPNs will be interviewed prior to appointment.

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**6. VERIFYING LICENSURE, REGISTRATION AND CERTIFICATION.** As part of the credentialing process, the status of the applicant's licensure and/or registration and that of any required or claimed certifications will be thoroughly reviewed and verified. Specific requirements for these verifications are contained in paragraphs 13 through 17 [for independent practitioners and VHA policy for the credentialing of health care professionals].

**7. VERIFYING SPECIALTY CERTIFICATION**

a. **Definition.** For the purposes of this paragraph, specialty certification means having fully completed the requirements of a recognized specialty board or other certifying organization, including the successful passing of the board or certifying examination, as appropriate.

b. **Applicants.** Prior to appointment, [specialty certification will be verified from the primary source. T]he Chief of Staff will [confirm] evidence of specialty certification claimed by a physician, dentist, podiatrist, or chiropractor, and [certify] that verification is [in the VHA credentialing folder, VetPro]. At the request of the Chief of Staff, the facility Director may delegate responsibility for obtaining information about a candidate's board certification. However, the Chief of Staff must personally [certify in the VHA credentialing file that] the documentation [is of record]. For other applicants, the official designated by the facility Director will document verification of specialty certification where required [in the VHA credentialing file]. See paragraph d for procedures on documenting specialty [certification].

c. **On-Duty Employees.** On-duty employees attaining specialty certification will have their certification verified under paragraph d.

d. **Verification Procedures.** If listings of specialists are used to verify specialty certification, these [listings] must be [maintained by the primary source with a disclaimer regarding authenticity and be] from current or recently issued copies of the publications as follows:

(1) **Physicians.** Board certification may be verified through the Compendium of Medical Specialists, published by the American Board of Medical Specialists, or the Directory of American Medical Specialists, published by Marquis' Who's Who, or by direct communication with officials of the appropriate board. A letter from the board is acceptable for those recently certified. (The address and telephone number of the board may be obtained from the latest Directory of Approved Residency Programs published by the Accreditation Council for Graduate Medical Education.) Copies of documents used to verify certification are to be filed in the [VHA credentialing file].

(2) **Dentists.** Board certification may be verified by the listings in the American Dental Directory published annually by the American Dental Association or by contacting the appropriate Dental Specialty Board. Addresses of these boards may be obtained from the American Dental Association, 211 East Chicago Avenue, Chicago, Illinois 60611.

(3) **Podiatrists.** Three specialties are currently recognized by the House of Delegates, American Podiatric Medical Association and VA: the American Board of Podiatric Surgery, American Board of Podiatric Orthopedics, and American Board of Podiatric Public Health. Addresses of these boards may be obtained from the latest American Podiatric Directory.

(4) **Other Occupations.** Board certification and other specialty certificates will be verified by contacting the appropriate specialty board or certifying organization.

e. **Evidence of Continuing Certification.** For professions or occupations in which current certification is required, employees must present evidence of such certification upon request throughout VA employment.

## 8. DRUG ENFORCEMENT ADMINISTRATION CERTIFICATION

a. **Background.** Physicians, dentists, podiatrists and certain other professional persons may apply for and be granted renewable certification by the Drug Enforcement Administration (DEA)/Controlled Dangerous Substance (CDS), Federal and/or State] to prescribe controlled substances as a part of their practice. Certification by DEA[/CDS] is not required for VA employment, since employees may use the facility's institutional DEA[/CDS] certificate. However, certification will be verified as indicated below for individuals who claim on the employment application form to currently hold or to have held DEA[/CDS] certification in the past.

b. **Application Form.** Each applicant in these occupations must provide, on the appropriate VA employment application form, information about his or her current or most recent DEA[/CDS] certificate, if applicable. Any applicant whose DEA[/CDS] certificate has ever been revoked, suspended, limited, restricted in any way, or voluntarily relinquished shall be required to provide a detailed explanation of such action at the time of application for employment.

c. **Restricted Certificates.** A State licensing board may obtain a voluntary agreement from an individual not to apply for renewal of certification or may decide not to approve the individual's application for renewal as a part of a disciplinary action taken in connection with the individual's professional practice. While there are a number of reasons a license may be restricted which are unrelated to DEA[/CDS] certification, an individual's State license is considered restricted or impaired for purposes of VA employment if a State licensing board has suspended the person's authority to prescribe controlled substances or other drugs; selectively limited the individual's authority to prescribe a particular type or schedule of drugs; or accepted an individual's offer or voluntary agreement to limit authority to prescribe. (See paragraphs 13 and 17.)

d. **Verification.** Current DEA[/CDS] certification will be [verified] prior to appointment, and [documented in the VHA credentialing file. Automatic verification of Federal DEA/CDS certification can be performed in VetPro when a match can be made against the current Federal DEA certification information maintained and electronically updated monthly. If verification cannot be made automatically, an authenticated copy of the DEA/CDS certificate must be entered into VetPro.] Current DEA certification will also be sighted during VA employment at the same time as State licensure. (See paragraphs 13 and 17.) The employee will be asked to fully explain in writing if DEA certification has been revoked, suspended, limited, restricted, or voluntarily relinquished since last verified. Upon receipt of such explanation, the Chief of Staff will initiate a review of the employee's clinical privileges, if appropriate.

**e. Required Action by VA Officials**

(1) If action taken on an employee's DEA[/CDS] certificate has the effect of restricting the individual's only State license, immediate action will be initiated to separate the employee under provision of VA Directive and Handbook 5021, Part VI, Employee/Management Relations.

(2) If, as a result of the review of clinical privileges, a decision is made to propose revocation of an employee's clinical privileges, separation action will be initiated using procedures in VA Directive and Handbook 5021, Part II, Employee/Management Relations.

**9. CLINICAL PRIVILEGES**

**a. Review of Clinical Privileges.** Applicants completing VA application forms will be required to respond to questions concerning clinical privileges at VA and non-VA facilities. If possible, copies of clinical privileges will be obtained for review from the applicant or from the institutions where privileges are or were most recently held.

**b. Evaluation of Privileges.** As part of the credentialing process, information on clinical privileges will be evaluated by appropriate facility officials. Details concerning any limitation(s) on privileges will be carefully considered prior to appointment.

**c. On-Going Review.** Clinical privileges will be established and reviewed throughout the individual's employment following standards and guidelines issued by VHA and established in the VA facility's medical staff bylaws. The clinical privileging process must be completed prior to initial appointment.

**NOTE:** *Additional VHA policy concerning clinical privileges is contained in VHA Handbook 1100.19, Credentialing and Privileging.*

**10. MALPRACTICE CONSIDERATIONS**

**a. Applicants.** VA employment applications forms require applicants to give detailed written explanations of any involvement in administrative, professional or judicial proceedings, including Federal torts claims proceedings, in which malpractice is or was alleged. If an applicant has been involved in such proceedings, a full evaluation of the circumstances will be made by officials participating in the credentialing, selection and approval processes prior to making any recommendation or decision on the candidate's suitability for VA employment.

**b. Employees.** Each employee will be asked to indicate at the time of licensure verification any involvement in proceedings described in subparagraph a, and to provide a written explanation of the circumstances, if appropriate. A review of clinical privileges, as appropriate, will be initiated if clinical competence issues are involved.

**c. Evaluation of Circumstances.** Facility evaluating officials will consider VA's obligation as a health care provider to exercise reasonable care in determining that individuals are properly qualified, recognizing that many allegations of malpractice are proved groundless. Facility officials will evaluate the individual's explanation of specific circumstances in each case, and may require the applicant or employee to provide copies of documents pertaining to the case. Reasonable efforts will be made to

assure that only individuals who are well-qualified to provide patient care are permitted to do so. Questions concerning legal aspects of a particular case should be directed to the Regional Counsel.

**11. DEANS COMMITTEE, MEDICAL ADVISORY COMMITTEES, AND OTHER ADVISORY BODIES.** At health care facilities having teaching programs, the Under Secretary for Health will approve the establishment of a Deans Committee, Medical Advisory Committees, and other advisory bodies. (See M-8, pt. I, ch. 3) The Deans Committee may nominate, for consideration by the Director, physicians and dentists for appointment to the professional staff of the facility, including chiefs of service. This applies to individuals appointed on a paid or without compensation basis to full-time, part-time or intermittent assignments; to those appointed on an on-facility fee-basis; and to consultants and attendings. The Director should consider the recommendations of the Deans Committee, but the final decision on the appointment of a physician or dentist resides with the facility Director.

## 12. SUITABILITY

a. **General.** If adverse information is obtained during the credentialing process, facility officials will review this against suitability criteria and make a determination in accordance with 5 CFR, part 731. Questions concerning the use of adverse information in making suitability determinations or the legality of adverse determinations and personal liability involvement should be referred to the Regional Counsel.

b. **Applicants.** If there is any question about an applicant's suitability, no appointment action will be taken, nor will an employment commitment be made, until the matter has been resolved.

c. **Employees.** Conclusive evidence of preemployment unsuitability (character traits, past work performance, etc.) may arise after an individual's appointment under 38 U.S.C., chapter 73 or 74. If continued employment is not in the best interest of the service, the employee's appointment will be terminated under VA Directive and Handbook 5021, Part VI, Employee/Management Relations.

## 13. GENERAL LICENSURE AND REGISTRATION REQUIREMENTS

a. **General.** Specific licensure, registration and certification requirements for individuals appointed under 38 U.S.C., chapter 73 or 74 are included in paragraphs which follow and in the appropriate qualification standard for the occupation. This paragraph contains definitions and general provisions which apply to all occupations for which licensure and/or registration are required. Applicants must possess at least one active, current, full and unrestricted license, registration or certification [which must be verified by primary source verification from the State Licensing Boards (SLB),] to be eligible for appointment, if required for the occupation in the appropriate qualification standard. If all licenses, registrations or certifications are impaired, the individual is ineligible for appointment in VA. Additionally, if the applicant's sole license is considered to be inactive by the State issuing the license (e.g., the State considers the license to be "inactive" because the individual is not practicing in the State where the license is held), the individual is ineligible for appointment in VA.

b. **State.** The term "State" means any of the several States, Territories, and possessions of the United States, the District of Columbia, and the Commonwealth of Puerto Rico.

c. **Active Licensure.** An active, current, full and unrestricted license or registration in a State is one which authorizes the licensee to practice outside VA without any change being needed in the status of the license. An employee is responsible for paying any fees necessary to maintain a full and active license in a State. If a State waives fees for any reason, such as for an out-of-state practice or for employment in a Federal facility, the employee may not accept the waiver if this will place the license in an inactive or other restricted status.

d. [**Qualification Requirements of 38 U.S.C. Section 7402(f).** Covered licensure actions are based on the date the credential was required by statute or the position's VA qualification standard.

(1) Applicants and individuals appointed on or after November 30, 1999, who have been licensed, registered, or certified (as applicable to such position) in more than one State and are being credentialed for a position identified in 38 U.S.C. Section 7402(b) (other than a Director) are subject to revocation for professional misconduct, professional incompetence, or substandard care by any of those States, or voluntarily relinquishment of a license, registration or certification in any of those States, after being notified in writing by that State of potential termination for professional misconduct, professional incompetence, or substandard care. These individuals are not eligible for appointment, unless the revoked or surrendered license, registration or certification is restored to a full and unrestricted status.

(2) Individuals who were appointed before November 30, 1999, to a position identified in 38 U.S.C. Section 7402(b) (other than a Director) who have maintained continuous appointment since that date and who are identified as having been licensed, registered, or certified (as applicable to such position) in more than one State and, on or after November 30, 1999, who have had such revoked for professional misconduct, professional incompetence, or substandard care by any of those States, or voluntarily relinquished a license, registration, or certification in any of those States after being notified in writing by that State of potential termination for professional misconduct, professional incompetence, or substandard care, are not eligible for continued employment in such position, unless the revoked or surrendered license, registration, or certification is restored to a full and unrestricted status.

(3) Individuals who were appointed prior to November 30, 1999, and have been on continuous appointment since that date are not disqualified for employment by any license, registration, or certification revocations or voluntary surrenders that predate November 30, 1999, provided they possess one full and unrestricted license applicable to the position.

**NOTE:** *Covered licensure actions are based on the date the credential was required by statute or the position's qualification standards. Attachment C contains a listing of covered occupations and the date that State licensure, registration, or certification was first required. For example, if VA first required the credential in 1972, the individual lost the credential in 1983, and the individual applies, or was appointed, to VA after November 30, 1999, the individual is not eligible for VA employment in the covered position unless the lost or surrendered credential is restored to a full and unrestricted status. However, if the individual lost the credential in 1970, before it was a VA requirement, eligibility for VA employment would not be affected.*

(4) Where a license, registration, or certification (as applicable to the position) has been surrendered, confirmation must be obtained from the primary source that the individual was notified in writing of the potential for termination for professional misconduct, professional incompetence, or

substandard care. If the entity does verify written notification was provided, the individual is not eligible for employment unless the surrendered credential is fully restored.

(5) Where the State licensing, registration, or certifying entity fully restores the revoked or surrendered credential, the eligibility of the provider for employment is restored. These individuals would be subject to the same employment process that applies to all individuals in the same job category who are entering the VA employment process. In addition to the credentialing requirements for the position, there must be a complete review of the facts and circumstances concerning the action taken against the State license, registration, or certification and the impact of the action on the professional conduct of the applicant. This review must be documented in the licensure section of the credentials file.

(6) This policy applies to licensure, registration, or certification required as applicable to the position subsequent to the publication of this policy and required by statute or VA qualification standards, effective with the date the credential is required.

e. **Primary Source Verification.** Documentation from the original source of a specific credential that verifies the accuracy of a qualification. Information obtained through the verification must be documented in writing, either by letter, memo, report of contact, or secure electronic verification (e.g. web site) in the VHA credentialing file. Licensure must be verified from a primary source at the time of initial appointment, reappointment, and expiration in accordance with VHA policy.

f.] **Failure to Maintain Licensure.** See paragraph 17.

[g.] **Changes in Authority to Prescribe.** A State licensing board may restrict an individual's license for a variety of reasons. In addition to other reasons, for VA purposes, the license of an individual in an occupation authorized to prescribe is considered to be restricted or impaired if the State licensing board has suspended the individual's authority to independently prescribe controlled substances or other drugs; selectively limited the individual's authority to prescribe a particular type or schedule of drugs; or accepted an individual's offer or voluntary agreement to limit the authority to prescribe. The State's action may be taken in connection with the individual's DEA/CDS certification and/or with a separately issued State authorization to prescribe. (See paragraph 8.) This is only one example of a situation in which an individual's license may be restricted or impaired.

[h.] **Changes in State Licensure Requirements.** An employee is responsible for complying with any changes in licensure and/or registration requirements which may be imposed by the State(s) of licensure. If an employee can show he or she was not notified of the new requirement and preceded in good faith under the assumption that the license remained full and unrestricted, this will be accepted as prima facie evidence of licensure up until discovery of the change in requirements. When the employee is notified through any source of a change in requirements, the employee is to act immediately to make the license whole at the earliest possible date, normally no more than 15 workdays after notification. If the employee is unable to make the license whole and, as a result, holds no full unrestricted license in a State, action to separate for failure to meet qualification requirements will be taken under VA Directive and Handbook 5021.

[i.] **Administrative Delay by State Licensing Board**

(1) Facility officials who learn that a State licensing board [(SLB) has declared a system-wide delay] in processing renewal applications [of] licensure or registration [prior to the] expiration date[, and has granted a special grace period as a result of the delay,] should notify OHRM's Recruitment and Placement Policy Service (059), so that a general notice to all VHA facilities can be issued. [The delay must be general rather than personal in scope and impact.] If no such notice has been issued [by OHRM], facility officials should verify with the State board that VA employees are considered to be fully licensed or registered during the delay period. Verification of current licensure or registration may be obtained through telephone contact with the State board pending receipt of the renewal. [Typically, this will involve a large amount of license renewals and would not pertain to the individual renewal license.]

(2) [Under these unique circumstances, i]f an employee is unable to present evidence of current licensure or registration prior to the expiration date, facility officials should verify through written or telephone contact with the [SLB] that the employee's application for renewal has been received and that the employee is considered to be fully licensed or registered. If officials are unable to verify this with the [SLB] prior to the expiration date of licensure, the employee [will be required to provide evidence that the application for renewal was made in a timely manner (e.g., 30 days) in order to be] permitted to continue in a work status. [Where possible, evidence of the employee's application for licensure or registration renewal is to be sighted by a facility official, and appropriately documented in the VHA credentialing file until primary source verification of renewal is received. Employees are to be notified in writing] that separation action may be initiated under provisions of VA Directive and Handbook 5021, Part VI, Employee/Management Relations, if evidence of renewal is not received within 30 workdays of the expiration date. [Some states authorize a "grace period" after the licensure and/or registration expiration date, during which an individual is considered to be fully licensed and/or registered whether or not the individual has applied for renewal on a timely basis. Facility officials are not to initiate separation procedures for failure to maintain licensure or registration on a practitioner whose only license and/or registration has expired if the State has such a grace period and considers the practitioner to be fully and currently licensed or registered.]

j.] **Questionable Licensure Status.** Circumstances may cause the status of an employee's license or registration to be questioned. If facility officials are uncertain whether an employee's license or registration meets statutory or regulatory requirements, a decision by the Regional Counsel will be requested [(refer to paragraph 17c)].

k.] **Payment of Licensure or Registration Renewal Fees.** VA employees are responsible for the payment of any required fees on a timely basis to assure that their licensure or registration is maintained on a current, active basis. If an affiliated institution normally pays such fees for VA employees who work part-time or have teaching agreements at that institution, this does not relieve the employee of the responsibility for assuring that licensure or registration is maintained in an active, current status.

#### **14. LICENSURE FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS, AND CHIROPRACTORS**

a. **General.** Any physician, dentist, podiatrist, optometrist, or chiropractor appointed under 38 U.S.C., chapter 73 or 74 is required to possess an active, current, full and unrestricted license to practice medicine, surgery, osteopathy, dentistry, podiatry or optometry, as appropriate, in a State, and must

furnish evidence of this prior to appointment. Current registration will be maintained in accordance with the requirements of the State of licensure and evidence of such licensure and registration must be presented by the employee for verification periodically as requested throughout VA employment. A limited license or any other license less than a full, unrestricted State license, however denominated (e.g., temporary, limited, or institutional), will not meet the licensure requirement for appointment under 38 U.S.C., chapter 73 or 74.

b. **Exceptions.** The only exceptions to the licensure requirements are as follows:

(1) An individual who has met all the professional requirements for admission to the State licensure examination and has passed the examination, but who has been issued a State license which is limited on the basis of noncitizenship or not meeting the residence requirements of the State.

(2) An individual who has been granted an institutional license by the State which permits faculty appointment and full, unrestricted clinical practice at a specified educational institution and its affiliates, including the VA health care facility; or, an institutional license which permits full, unrestricted clinical practice at the VA health care facility. This exception will be used only to appoint an individual who is a well-qualified, recognized expert in the individual's field, such as a visiting scholar, clinician, and/or research scientist, and only under authority of 38 U.S.C. 7405. It may not be used to appoint an individual whose institutional license is based on action taken by a State licensing board as described in subparagraph d.

(3) An individual who has met all the professional requirements for admission to the State licensure examination and has passed the examination, but who has been issued a time-limited or temporary State license or permit pending a meeting of the State licensure board to give final approval to the candidate's request for licensure. The license must be active, current and permit a full, unrestricted practice. Appointments of individuals with such licenses must be made under authority of 38 U.S.C. 7405 and will be time-limited not to exceed the expiration date of licensure.

(4) A resident who holds a license which geographically limits the area in which practice is permitted or which limits a resident to practice only in specific health care facilities, but which authorizes the individual to independently exercise all the professional and therapeutic prerogatives of the occupation. In some States, such a license may be issued to residents in order to permit them to engage in outside professional employment during the period of residency training. The exception does not permit the employment of a resident who holds a license which is issued solely to allow the individual to participate in residency training.

c. **Verification.** The Chief of Staff will ensure that the licensure and registration of physicians, dentists, podiatrists, optometrists, and chiropractors are verified prior to their appointment under 38 U.S.C. 7306, 7401, or 7405. This includes all individuals serving on a full-time, part-time, intermittent or on-facility fee basis (including consultants and attendings), whether paid or without compensation.

(1) **Licensure Verification With State Boards.** The Chief of Staff will [confirm in the VHA credentialing file, VetPro, that the status of all licenses claimed by [p]hysicians, [d]entists, [p]odiatrists, [o]ptom-  
etrists, and chiropractors, [ ] has been verified with the appropriate State licensing board for all States in which the applicant lists having ever held a license. This includes licenses which the applicant lists as

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active, current, full and unrestricted as well as licenses the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason. Although PSBs for initial appointments of dentists, podiatrists, optometrists, and chiropractors are normally held in Central Office or at a designated field facility, the Chief of Staff or designee is responsible for sighting verification of the licensure of these individuals.

(2) **Review of Employment Application.** For candidates with recent employment in a State in which no licensure is indicated on the application form, the State board should be contacted to assure that no restriction or revocation action has occurred.

(3) **Physician Screening with FSMB (Federation of State Medical Boards).** A query is [ ] a mandatory requirement of the credentialing process. [Screening of FSMB must be documented in the VHA credentialing file, VetPro.]

d. **Licensure History.** An individual who has current, unrestricted license in one State, but who has, or has ever had, any license to practice revoked, suspended, denied, restricted, limited, issued/placed on a probationary basis, or who has entered into any other type of voluntary or involuntary agreement with a State licensing board regarding the individual's practice, will not be hired without prior consideration of all relevant facts surrounding the action by the appointing official. A lesser level of scrutiny is required for an individual who has allowed license(s) to lapse because the individual has not paid a registration fee, no longer practices in a State, or does not meet a residency requirement.

e. **Waiver of Licensure Requirement**

(1) The Appointing Official may waive the licensure requirement if a physician, dentist, podiatrist, optometrist, or chiropractor is to be used in a research, academic, or administrative position where there is no direct responsibility for patient care.

(2) The facility Director may waive the licensure requirement if the individual is to serve in a country other than the United States and the licensure is in that country (i.e., Philippines).

## **15. REGISTRATION FOR NURSES AND NURSE ANESTHETISTS**

a. **General.** Any nurse or nurse anesthetist appointed under 38 U.S.C., chapter 73 or 74 is required to possess active, current, full and unrestricted registration as a graduate professional nurse in a State, [which must be verified by primary source verification from the State Licensing Boards (SLB)] prior to appointment. [Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact, or secure electronic verification. Documentation will be filed permanently in the official personnel folder.] A limited registration or any other registration less than a full, unrestricted State registration will not meet the registration requirement for appointment.

b. **Verification.** The HRMO or [Nurse Executive] or designee, as appropriate, must [obtain primary source verification from the State Licensing Board (SLB) of] the registration of all nurses and nurse anesthetists prior to their appointment under 38 U.S.C., chapter 73 or 74. This includes full-time, part-time, intermittent and on-facility fee basis nurses and nurse anesthetists (including consultants), whether

they are paid or serving without compensation. Nurses utilized on an on-facility contract or on-facility sharing agreement basis are also covered by provisions of this paragraph.

(1) Except as provided in subparagraph d, every VHA nurse and nurse anesthetist must have at least one active, current, full and unrestricted registration as a graduate professional nurse in a State.

(2) The appropriate official will [certify in the VHA credentialing file, Vet Pro system] that the status of all registration(s) has been verified with the appropriate State board(s) for all State(s) in which the applicant lists having ever held registration. This includes registration(s) which the applicant lists as active, current, full and unrestricted as well as registration(s) the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason.

(3) For nurses and nurse anesthetists with recent employment in a State in which no registration is indicated on the application form, the State board will be contacted to assure that no restriction or revocation action has occurred.

c. **Impaired Registration.** Appointing officials may approve the appointment or reappointment of a registered nurse or nurse anesthetist who has previously had impaired registration, provided the candidate currently has full and unrestricted registration [(refer to paragraph 17c)].

d. **Waiver of Registration Requirement.** The facility Director may waive the registration requirement of a nurse or nurse anesthetist if the individual is to serve in a country other than the United States and the registration is in that country (i.e., Philippines).

## 16. LICENSURE, REGISTRATION AND/OR CERTIFICATION FOR TITLE 38 ASSOCIATED HEALTH PERSONNEL

a. **General.** Any PA or EFDA appointed under 38 U.S.C. 7401(1) or 7405(a)(1)(A) must meet licensure or certification requirements as specified in the appropriate qualification standard. Individuals appointed under 38 U.S.C. 7401(3) or under 38 U.S.C. 7405(a)(1)(B) or 7306 to occupations listed in 7401 must meet licensure, registration and/or certification requirements in the appropriate qualification standard for the occupation. [Applicants will provide evidence of current licensure, registration and/or certification and other relevant credentials for verification prior to appointment and throughout the appointment process as requested. Such credentials will be verified from a primary source prior to appointment through the VHA credentialing process. Once appointed, employees will maintain multiple licenses, registrations, and/or certifications in good standing and keep VA apprised of anything that would adversely affect or otherwise limit their appointment, e.g. health issues, proposed and final actions against a claimed credential, etc.] A limited license, registration or certification or any status of these which is less than full and unrestricted will not meet the qualification standard requirement for the occupation.

b. **Verification.** Prior to appointment, each applicant's credentials will be checked as follows [and verified in accordance with VHA Directive 2006-067 for dependent practitioners and documented in the VHA credentialing folder VetPro by officials designated by the facility Director] as follows:

(1) The facility Director will designate the official(s) who will be responsible for documenting on VA Form 10-2850c, "Application for Associated Health Occupations," that the status of all license(s) or registration(s) has been verified with the appropriate State board(s) for all State(s) in which the applicant lists having ever had licensure or registration. This includes licenses or registration(s) which the applicant lists as active, current, full and unrestricted as well as license(s) or registration(s) the applicant lists which were held at any time in the past and which have been allowed to lapse or which are no longer current for any reason.

(2) [Candidates for appointment under 38 U.S.C. 7401(3) or 38 U.S.C. 7405 (a)(1)(B) and EFDAs appointed under 38 U.S.C. 7401(1) or 7405 (a)(1)(A)] must present evidence of registration or certification by the appropriate national certifying body prior to appointment for verification by the official(s) designated by the facility Director [in the VHA credentialing file].

(3) PAs must present evidence of certification by the appropriate national certifying body prior to appointment for verification by the official(s) designated by the facility Director [in the VHA credentialing file, VetPro.] Licensure is required for PAs to practice outside VA in some States, although it is not required for VHA employment. If a PA claims licensure in any State(s), the official(s) designated by the facility Director will verify licensure status with the State licensing board(s) as a part of the credentials review [and document the verification in the VHA credentialing file].

(4) For candidates with recent employment in a State in which no licensure or registration is indicated on the application form, the State board should be contacted to assure that no restriction or revocation has occurred. [Such verification must be documented in the VHA credentialing file.]

c. **Impaired Licensure.** Appointing officials may approve the appointment or reappointment of an individual covered by this paragraph who has previously had an impaired license, registration or certification, provided the candidate currently has full/unrestricted license/registration [(refer to paragraph 17c)].

## **17. CONTINUING LICENSURE, REGISTRATION, AND/OR CERTIFICATION REQUIREMENTS FOR EMPLOYEES**

### **a. Verification of Primary License**

(1) The expiration date of an appointee's primary license, registration and/or certification, as appropriate, will be coded for follow-up purposes as provided in VA Manual MP-6, part V, supplement No. 1.5 (PAID). [For coding purposes, t]he appointee will specify the State in which primary licensure is claimed. The facility Director will designate the official(s) who will be responsible for the follow-up verification of these credentials. [Facilities will] verify licensure, certification, and registration by [primary source verification from State Licensing Boards (SLB). Information obtained through the verification process must be documented in writing, either by letter, memo, report of contact, or secure electronic verification (e.g. web site)]. Documentation [ ] will be filed [permanently in] the employee's [VHA credentialing file].

(2) Only the initial and latest verification are required to be on file. No follow-up expiration date need be coded for employees whose registration or certification is issued on a one-time basis for whom there is no continuing requirement to maintain currency (See paragraphs 13 to 16 for licensure verification requirements on initial appointment).

b. **Other Verification.** Individuals with multiple licenses, registrations, and/or certifications are responsible for maintaining these credentials in good standing and of informing the Director or designee of any changes in the status of these credentials. [Confirmation must be provided for any active license that is not renewed at the time of expiration or at the time of reappraisal that such license expired in good standing.] The Director is responsible for establishing a mechanism for assuring that such multiple licenses, registrations and/or certifications are consistently held in good standing or, if allowed to lapse, are relinquished in good standing. For any such credentials which were held previously, but which are no longer held or no longer full and unrestricted, the employee will be asked to provide a written explanation of the reason(s). The verifying official will contact the State board(s) or issuing organization(s) to verify the reason(s) for any change.

c. **Impaired Licensure.** If it is learned that an employee has an active, current, full and unrestricted license or registration in a State, but has had any other license or registration to practice revoked, suspended, denied, restricted, limited, issued/placed on a probationary basis, or has entered into any other type of voluntary or involuntary agreement with a State licensing board regarding the employee's practice, facility officials will take steps to ascertain the full circumstances and, if appropriate, will initiate a review of clinical privileges, disciplinary action and/or termination procedures. [Depending upon the findings, the employee may be retained at the facility's discretion. In general, only serious suitability or gross patient care issues would possibly lead to the employee's removal or reduction or loss of clinical privileges as long as they continue to maintain at least one full and unrestricted license/certification/registration and are not prohibited from employment by the provisions of 38. U.S.C. 7402(f).]

d. **Failure to Maintain Current Licensure, Registration or Certification**

(1) An employee who does not maintain active, current, licensure, registration and/or certification (if required), or who fails to show evidence of such when requested to do so, must be separated under appropriate procedures in VA Directive and Handbook 5021, Part VI, Employee/Management Relations. Questions about whether to separate an employee based on failure to maintain current licensure or registration, should be referred to Regional Counsel.

(2) Some states authorize a grace period after the licensure and/or registration expiration date, during which an individual is considered to be fully licensed and/or registered whether or not the individual has applied for renewal on a timely basis. Facility officials will not initiate separation procedures for failure to maintain licensure or registration on an employee whose only license and/or registration has expired if the State has such a grace period and considers the employee to be fully and currently licensed/registered.

**18. REPORTING TO STATE LICENSING BOARDS.** Licensed and/or registered employees and former employees will be reported to State licensing or registration boards and/or to other monitoring bodies in accordance with provisions VHA Handbook 1100.18, Reporting and Responding to State

Licensing Board. This requirement applies to all licensed and/or registered employees included within the scope of this chapter, including residents.

## 19. HEALTH STATUS OF APPLICANTS AND EMPLOYEES

a. **General.** The credentialing process includes an evaluation of the health status of applicants as well as employees. Policies and procedures related to physical requirements for applicants and employees are contained in VA Directive and Handbook 5019, Part II, Appendix A, Occupational Health Services.

b. **Preemployment Physical Examination.** All full-time, part-time and intermittent employees are required to satisfactorily complete a preemployment physical examination prior to appointment [as required for positions with positive physical and mental requirements outlined in VA Handbook 5019].

c. **Certification of Physical and Mental Fitness.** All applicants and employees, whether paid or appointed on a without compensation basis, who request clinical privileges, including those utilized on a full-time, part-time or intermittent basis, as consultants or attendings, or on a fee-basis, and including those utilized on an on-facility contract or on-facility sharing agreement basis, will be required to certify that they are physically and mentally capable of performing the requested privileges. Service chiefs will be required to certify that, to the best of their knowledge, the applicant or employee is physically and mentally capable of satisfactorily performing the requested clinical privileges. In cases where the service chief is a nonphysician, certification of satisfactory health status must also be obtained from a physician who is familiar with the duties the individual is privileged to perform. (For Residents, see paragraph 22.)

**20. NATIONAL PRACTITIONER DATA BANK SCREENING.** See VHA Handbook 1100.19, Credentialing and Privileging.

**[21. NATIONAL PROVIDER IDENTIFIER (NPI) AND TAXONOMY CODES.** NPI is a requirement for VHA under the Health Insurance Portability and Accountability Act of 1996 (HIPPA). All individual health care practitioners who provide billable health care services must obtain a NPI, designate their taxonomy code(s) (specialties and subspecialties) on their NPI application, and provide this information to the designated NPI Maintenance Team Leader for their facility at the time of appointment. For additional information refer to VHA Directive 2008-030, Requirement for National Provider Identifier (NPI) and Taxonomy Code(s), and VHA Chief Business Office NPI web site at: <http://vaww1.va.gov/cbo/npi.asp>.]

## 22.] CREDENTIALS OF RESIDENTS AND TRAINEES

a. **General.** Medical, dental, podiatry optometry, and chiropractic residents and trainees appointed under 38 U.S.C. 7405 or 7406 must meet the licensure requirements for residents and trainees specified in the appropriate qualification standard for the occupation. If licensure is required, evidence of licensure must be furnished prior to appointment and periodically throughout VHA employment as requested.

**NOTE:** See M-8, part II, for residency and trainee program requirements. See VHA Handbook 1400.1, Resident Supervision, for clinical practice and privileging requirements.

**b. Verification**

(1) Before the Director approves the appointment of any resident or trainee in an integrated program, whether paid or without compensation, a Resident/Trainee Credentials Verification Letter (RCVL) signed by the program director of the affiliate, for the occupation or specialty involved, must be submitted through the Chief of Staff for approval by the Director. If the residency or training program is not integrated with an affiliate, the VA facility program director must verify all credentials of residents or trainees and sign the RCVL. A new RCVL is required for each academic year that the resident or trainee is appointed to a VA facility.

(2) The RCVL must certify that all the documents needed for the appointment of that particular individual into the program are in order. For medical residents, these documents must be in compliance with the requirements of the Accreditation Council for Graduate Medical Education (ACGME), and must also meet all requirements of the program. The program director must verify all credentials (diplomas, letters of reference, certificates of advanced training, and, where applicable, Educational Council for Foreign Medical Graduates (ECFMG) certification, DEA certification, and all State professional licenses held prior to entry into the program or obtained during residency training), and affirm that the resident or trainee is physically and mentally fit to take care of patients. (See appendix II-I of this chapter for sample RCVL letter.)

(3) The program director will notify the facility Director if a resident or trainee has had any problems concerning credentials. Specifically, this will include any problems relating to diplomas, references, previous residency or other training, licensure, clinical privileges, DEA certification, and/or professional liability insurance as indicated on the employment applications. (VA Form 10-2850b for medical and dental residents, and VA Form 10-2850c [ ] or OF-612 and OF-306 for other residents and trainees.)

(4) Residents functioning within the scope of their training program must meet clinical practice requirements as specified in VHA Handbook 1400.1, Resident Supervision. The RCVL must certify that ACGME-established criteria for the essentials and special requirements for residency training programs have been followed by the program director, or in certain cases, by the appropriate VA service chief. Such residents are generally excluded from clinical privileging requirements required for VHA staff physicians, except as provided for in subparagraph d.

(5) A sample format for the RCVL is contained in appendix II-I of this chapter. It must include a list of all the paid or without compensation residents or trainees to be rotated at any time during the academic year to the VA facility.

(6) The original RCVL from each program director for the academic year must be retained for 5 years by the Chief of Staff, or designee, in a Resident/Trainee Credentials Verification File.

(7) Until the facility Director countersigns the program director's RCVL, a resident or trainee cannot be allowed to participate in any of the patient care activities at the VA facility. There will be no exceptions to this policy.

c. **Application Form.** Prior to the appointment of any resident or trainee, the Chief of Staff or the facility Director's designee will document [in the VHA credentialing file], as appropriate, that evidence of current, full and unrestricted licensure and registration (if required) [has been verified by primary source from the State Licensing Boards (SLB)] in which the applicant claims to have ever been licensed. The RCVL may be cited as evidence of licensure verification and as evidence of verification of other required credentials. If the RCVL is sighted as evidence of credentials verification, this will be noted on the VA Form 10-2850b or 10-2850c, or on VA Form 4682 (licensure or registration verification only).

d. **Employment of Residents as Admitting Physicians.** A medical resident functioning outside the scope of his or her training program who is appointed as an admitting physician must meet VA physician qualification standard requirements, including licensure in a State, be fully credentialed in accordance with provisions of this section, and be privileged in accordance with provisions applicable to VHA staff physicians.

**SECTION C. PROFESSIONAL STANDARDS BOARDS****1. ESTABLISHMENT**

a. Professional Standards Boards [(PSBs)] for occupations listed in 38 U.S.C. 7401(1) act for, are responsible to, and are agents of the Under Secretary for Health in [the following] matters[:]

[(1) **Podiatrists, Optometrists, Chiropractors, Nurses (RNs), Nurse Anesthetists, PAs and EFDAs.** In matters concerning appointments, advancements, and probationary reviews for these occupations, PSBs will determine eligibility and recommend the appropriate grade and step for appointment, recommend candidates for advancement, and conduct probationary reviews.

(2) **Physicians and Dentists.** In matters concerning appointments and probationary reviews, PSBs will determine eligibility for appointment and conduct probationary reviews. See VA Handbook 5007, Part IX, Physician and Dentist Pay regarding the role and responsibilities of compensation panels in determining physician and dentist pay for appointments.]

b. Professional Standards Boards for occupations listed in 38 U.S.C. 7401(3) act for, are responsible to, and are agents of the Under Secretary for Health in matters concerning appointments and advancements of individuals in all hybrid occupations. Boards will determine eligibility and recommend the appropriate grade [and step] for appointment [at all grade levels] under authority of 38 U.S.C. 7401(3) and 7405(a)(1)(B), and will recommend candidates for [ ] special advancements for achievement and promotions to grades above the full performance level. (See [VA Handbook 5005, Part III,] Appendix III-O, [Full Performance Levels for Hybrid Title 38 Positions.]

c. Members of boards serve in a dual capacity. They deal with matters in which they must divest themselves of their identity with the particular facility at which they are employed and must become representatives of and primarily concerned with the needs and problems of the entire VHA.

d. VHA management officials are responsible for ensuring the effective functioning of boards under their jurisdiction.

e. See Appendix III-P, part III, this handbook, Procedures for Reporting Questionable Behavior and Judgment Exhibited by Hybrid Title 38 Professional Standards Boards Members.

f. The Organizational [Structure] of Hybrid Title 38 Professional Standards Boards is located in Appendix O, this part.

**2. APPROVING AUTHORITIES FOR BOARD MEMBERSHIP.** The following officials may approve or terminate board membership. A second Chair, or Co-Chair, may be appointed to a Board when the approving authority determines it is necessary and appropriate to do so. (For composition of boards, see paragraph 4.)

a. **National Boards.** The Under Secretary for Health, or designee, may approve or terminate membership on National boards, including appointment of the board Chair.

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b. [**Regional Boards.** The Under Secretary for Health, or designee, may approve or terminate membership on Regional boards, including appointment of the board Chair].

[c.] **VISN Boards.** Except as provided in paragraph 3a, the Network Director will establish VISN boards. The Network Director or designee may approve or terminate membership on VISN boards, including appointment of the board Chair.

[d.] **Facility Boards.** The facility Director may approve or terminate membership on facility boards, including appointment of the board Chair. The appropriate service chief or equivalent position will nominate board members and recommend a board Chair.

[e.] **Termination of Board Membership.** Appointments to the board under paragraphs 2a through 2d above may be terminated whenever an individual's performance, conduct, or position is incompatible with board membership. Examples include receipt of performance rating of below the fully successful level (or equivalent), breach of confidentiality, failure to attend meetings or to complete assignments in a timely manner, expiration of term as Board member, and election or appointment as a union official.

[ ]

**[3.] BOARD MEMBERSHIP.** (See Appendix P, this part, Procedures for Selecting Title 38 Hybrid Professional Standards Boards Members.)

a. Persons selected to serve on boards will be chosen from the most capable, experienced and responsible personnel. Board members must be at a grade and level that is equal to or higher than that of the candidate being considered. Board membership should also be sufficiently broad to cover the range of practice within an occupation and where possible include all grades and levels within an occupation.

b. Recommending officials will not serve on boards considering their recommendations. Employees will not serve on boards for which they serve as the approving official.

c. Boards may be composed of three or five voting members who were appointed under 38 U.S.C. chapters 73 or 74. However, when necessary, the Under Secretary for Health or designee may appoint other qualified individuals to National boards. One of the members will be appointed as chairperson of the board. Board membership will also include a Secretary, who may or may not be one of the voting members. The role of the Secretary is to record, prepare and submit notes of the Board proceedings and relevant discussion to the PSB Chair. The Secretary is also responsible for completing page two of VA Form 10-2543 and obtaining Board members' signatures. [The signatures of the board members may be original, facsimile, or digital; however the signature of the approving official must be original.]

d. The Human Resources Management Officer or designee will serve as technical advisor on all board actions. Attendance at Board meetings by the Human Resources technical advisor is recommended but not required.

e. Upon initial and all subsequent appointments to a Board, whether a facility, VISN, or national Board, all appointees, including the Chair, members, and the Secretary, must take the Professional Standards Board training.

**[4.] COMPOSITION OF BOARDS.** Whenever possible, PSBs will be composed of three or five employees from the same occupation as the individual being considered. [When three or five members from the same occupation are not available,] appropriately qualified individuals from other occupations may be appointed, provided the board is composed of a majority of the employees from the occupation involved [(see note below).] When the appropriate minimum number of employees in the occupation is not available or the number of employees is too small to provide for an independent review, an alternate board must be used.

*[NOTE: For example, a 3-member RRT standards board could be comprised of 2 RRTs and a health care professional from that specialty area, e.g., a pulmonologist, registered nurse, physician assistant, etc. Board members must still be at a grade and level that is equal to or higher than that of the candidate being considered and may not be a recommending official.]*

**[5.] BOARD FUNCTIONS.** The primary functions of boards are to:

- a. Review and act on employment applications and determine whether the applicant meets the requirements set forth in VA qualification standards. Sound professional and administrative judgment will be exercised in reviewing applications to ensure that VA obtains the best qualified personnel.
- b. Review completely an individual's qualifications for advancement by an examination of the personnel folder, proficiency reports or performance appraisals, supervisory evaluations, and other pertinent records; and to make recommendations based on their findings.
- c. Conduct probationary reviews for individuals appointed under 38 U.S.C. 7401(1).
- d. Execute VA Form 10-2543, Board Action.
- e. National boards make recommendations to the Under Secretary for Health or designee on appointments and advancements, and on probationary reviews of individuals appointed under 38 U.S.C. 7401(1), which require approval in Central Office. This includes recommendations on requests for promotion reconsideration by registered nurses.

**[6.] EXCEPTIONS.** The Under Secretary for Health or designee may establish procedures for appointing employees without action by a Professional Standards Board in instances such as:

- a. Temporary appointment under 38 U.S.C. 7405 pending processing by a Professional Standards Board for an appointment under 38 U.S.C. 7401(1) or 7401(3).
- b. Conversion of an employee appointed under 38 U.S.C. 7401(1) or 7401(3) to an appointment under 38 U.S.C. 7405(a)(1) or 7405(a)(2).

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c. Conversion of an employee from an appointment under 38 U.S.C. 7405(a)(1)[(A)] to an appointment under 38 U.S.C. 7401(1) [ ] provided the employee had previously [completed a probationary period under] 38 U.S.C. 7401(1) [in the same occupation] and has had continuous service under 38 U.S.C., chapter 73 or 74 since acquiring such status.

d. [Conversion of an employee from an appointment under 38 USC 7405 (a)(1)(B) without time limitation to an appointment under 38 USC 7401(3) in the same occupation.]

[e.] Appointment of graduate technicians pending licensure, certification, or registration, student technicians pending graduation, and other individuals appointed under 38 U.S.C. 7405(a)(1) pending completion of requirements for appointment.

**[7. APPROVING OFFICIAL'S] DECISIONS.** [The approving official's] decision is final. This does not preclude employees from requesting promotion reconsideration under the provisions of part III, chapter 4, Sections A or B (whichever is appropriate), of this handbook.

**[8. ORGANIZATIONAL STRUCTURE] OF BOARDS.** See Appendix O, this part, Organizational [Structure] of Hybrid Title 38 Professional Standards Boards.

a. **National Boards.** National boards are established to act on appointments, advancements, and probationary reviews for Central Office [ ] employees, [Regional and VISN PSB members, and for VISN and facility employees where those boards] do not exist. National boards also act on promotion reconsideration requests submitted under part III, chapter 4, sections A and B, of this handbook.

(1) The National Physician and Dentist Professional Standards Boards also act on appointments [ ] and probationary reviews [ ].

(2) The National Nurse PSB acts on all promotion reconsideration requests from registered nurses and licensed practical/vocational nurses [ ], all appointments, advancements, probationary reviews, and reassignments involving Nurse Executive and Nurse V positions [ ].

[(3) The National Research Board will consider all appointments and advancements for research employees in accordance with VHA Handbook 1200.03.

(4)] Other National Boards may be constituted as needed by the Under Secretary for Health.

[b. **Regional Boards.** Whenever necessary, the Under Secretary for Health, or designee, may designate a Regional Board to serve one or more VISNs for designated occupations.

c.] **VISN Boards.** [For employees assigned at the VISN level, VISN boards shall consider appointments, advancements, probationary reviews, and reassignments where there are additional basic qualification requirements for the new assignment. For nurses and hybrids, see below.]

(1) **Nurses.** Except as provided in paragraph 9a(2), the VISN NPSB shall consider the appointment, advancement, [ ] and reassignment [where there are additional basic qualification requirements for the new assignment] for Nurse IV. The appropriate VISN NPSB is identified in appendix II-H5.

(2) **Hybrids.** A VISN PSB [shall consider advancements of facility PSB members and requests for reconsideration of promotions initially considered by a facility PSB.] The VISN Board will act on appointments and advancements when a facility board cannot be properly constituted [and as delineated in Appendix O, this part.

d.) **Facility Boards.** Facility boards will be established to act on all appointments [and] advancements [and as delineated in Appendix O, this part. For employees occupying positions identified in 38 U.S.C. 7401(1), facility PSBs will conduct probationary reviews. For physicians and dentists, PSBs will determine eligibility for appointment and conduct probationary reviews].



**SECTION D. CENTRAL OFFICE AND OTHER APPOINTMENTS  
AND DESIGNATIONS UNDER 38 U.S.C. 7306**

**1. STATUTORY DESIGNATIONS.** 38 U.S.C. 7306 provides for the appointment by the Secretary of a limited number of employees to fill specifically designated positions in VHA. These positions include:

a. Deputy Under Secretary for Health

b. Associate Deputy Under Secretary for Health

c. Eight Assistant Under Secretaries for Health (AUSH), including one dentist responsible for the operations of Dental Service. Not more than two AUSHs may be individuals qualified in administering health services who are not physicians or dentists. One AUSH must be a physician trained in or with extensive experience in geriatrics responsible to the Under Secretary for Health for evaluating all research, educational and clinical health care programs in VHA in geriatrics and who serves as the principal advisor to the Under Secretary for Health in this area.

d. Medical Directors

e. Chief Officers for the Office of Nursing Services and the Pharmacy Benefits Management [Services].

f. Directors of Chaplain Service, Nutrition and Food Service, Podiatry Service, and Optometry Service.

g. Directors of professional or auxiliary services.

**2. GENERAL APPOINTMENT REQUIREMENTS.** Persons appointed under authority of 38 U.S.C. 7306 will be required to meet the basic qualifications set forth in 38 U.S.C., chapter 73 or 74 and VA qualifications standards. Recommendations for appointment will be made by the Under Secretary for Health and forwarded with appropriate documentation through the Assistant Secretary for Human Resources and Administration to the Secretary for approval. An application form is required for candidates who are not VA employees.

**3. TERMS OF APPOINTMENT**

a. **Length of Appointments and Reappointments.** Except for the Director, Chaplain Service, appointments made by the Secretary under authority of 38 U.S.C. 7306 will be for a period of four years.

(1) Individuals may be reappointed for successive four-year periods.

(2) Upon expiration, initial appointments or reappointments may be *extended* by the Secretary for any period not to exceed three years. Appointments may be extended any number of times, but the combined period of continuous service on such extensions may not exceed three years.

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(3) Individuals serving on 38 U.S.C. 7306 appointments may be reassigned at the same grade level during a period of initial appointment, reappointment, or extension of the appointment. However, if a reassignment involves a change in grade, the employee must be given a new four-year appointment.

(4) Individuals serving on initial 38 U.S.C. 7306 appointments, reappointments or extensions are subject to termination or suspension actions for cause by the Secretary per the provisions of VA Handbook 5021, Employee/Management Relations.

b. **Senior Medical Investigators.** See M-3.

c. **Director, Chaplain Service.** Under the provisions of 38 U.S.C. 7306(e)(1), the Secretary may designate a member of the Chaplain Service of VA as Director, Chaplain Service, for a period of two years. Redesignation may be made for any period not exceeding two years.

d. **Reemployment After Appointment Under 38 U.S.C. 7306**

(1) The Under Secretary for Health may recommend to the Secretary reappointment of individuals appointed under 38 U.S.C. 7306.

(2) An employee initially appointed under authority of 38 U.S.C. 7306 may be reemployed under authority of 38 U.S.C. 7401(1), except for individuals ineligible for such an appointment.

(3) An employee who relinquished an appointment under 38 U.S.C. 7401(1) in order to accept an appointment under 38 U.S.C. 7306 shall be entitled to reemployment under authority of 38 U.S.C. 7401(1) upon termination of the appointment under 38 U.S.C. 7306 for any reason other than cause.

(4) An employee who relinquished a permanent appointment under 38 U.S.C. 7401(3) in order to accept an appointment under 38 U.S.C. 7306 shall be entitled to reemployment under authority of 38 U.S.C. 7401(3) upon termination of the appointment under 38 U.S.C. 7306 for any other reason than cause.

(5) An employee who relinquished a permanent title 5 appointment in the competitive service in order to accept an appointment under 38 U.S.C. 7306 shall be entitled to reemployment in the competitive service under authority of title 5 upon termination of the appointment under 38 U.S.C. 7306 for any reason other than cause.

(6) An employee who relinquished a permanent title 5 appointment in the excepted service in order to accept an appointment under 38 U.S.C. 7306 shall be ineligible for noncompetitive reemployment in the competitive service under the authority of title 5 upon termination of the appointment under 38 U.S.C. 7306, unless the employee had otherwise previously gained eligibility for reemployment in the competitive service under the authority of title 5.

e. **After Designation as Director, Chaplain Service Under 38 U.S.C. 7306(e)(1).** An employee designated as Director, Chaplain Service, shall be entitled to return to the position, grade, and status held immediately prior to this designation upon completion of the period of service. All service as Director, Chaplain Service, shall be creditable as service in the position held prior to the designation.

**SECTION E. GENERAL APPOINTMENT PROVISIONS UNDER 38 U.S.C. CHAPTER 74****1. APPOINTMENT PROCESSING REQUIREMENTS**

a. **Applications Received by Facilities.** Applications received by facilities will be referred promptly to Human Resources Management Service. The Human Resources Management Officer will review applications for compliance with administrative and regulatory requirements. Candidates who fail to meet these requirements and thus fail to qualify for appointment will be notified by the Human Resources Management Officer. Applications from selectees who meet VHA requirements for appointment will be referred to the appropriate Professional Standards Board (PSB) for necessary action as follows:

**(1) Selection and Appointment Action**

(a) The PSB will evaluate qualifications and recommend a grade level [and step] based on VA qualification standard requirements. [With the exception of physicians and dentists, t]he board will also recommend a rate of pay with due consideration being given to prior service and professional achievement. (See VA Directive and Handbook 5007, Part II, Pay Administration.) The board will complete the VA Form 10-2543, Board Action, and forward all documents through the approving authority to the Human Resources Management Officer, who will effect the appointment action. For actions which require the approval of the Under Secretary for Health or designee, the facility board will enter its recommendations on VA Form 10-2543, and forward all documents through channels for approval. On approval, the originals will be returned to the facility [or VISN as appropriate].

(b) For physician service chiefs and comparable positions, see appendix II-H1.

(c) For podiatrists, see appendix II-H3.

(d) For optometrists, see appendix II-H4.

(e) For chiefs of nurse anesthesiology sections, see appendix II-H6.

(f) For physician assistants (PAs) at Chief Grade, see appendix II-H7.

(g) For chiefs of pharmacy service (all grades), clinical pharmacy/pharmacy specialists, and program specialists at Grades GS-13 and above, see appendix II-H8.

(h) For occupational and physical therapists as section chief, see appendix II-H9.

(i) For registered nurses at grades IV and V, see appendices II-H5.

(j) For Dentists and EFDAs, see appendix II-H2.

(k) For doctors of chiropractic, see appendix II-H10.

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**NOTE:** See section B, paragraph 11 of this chapter for provisions relating to Deans Committee recommendations. See M-3 for selection of Medical Investigators and Clinical Investigators appointed under this authority.

(2) **Action When No Facility Vacancy Exists.** When a facility receives an application and no appropriate vacancy exists at that facility, and the applicant wishes employment elsewhere, the HRM Officer will advise the applicant to consult the VHA vacancy database at [www.vacareers.va.gov](http://www.vacareers.va.gov) for the location of current vacancies. At the applicant's request, the application will be referred for employment consideration to the VA facility of the applicant's choice which has a suitable vacancy.

b. **Applications Received by Central Office.** If the applicant is to be considered for facility assignment, the application will be referred to the facility of the applicant's choice and processed as provided in subparagraph (1). If the applicant is to be considered for Central Office assignment, an interview may be conducted in Central Office or at a VA facility determined to be more convenient. The appropriate National Central Office PSB will consider the applicant's professional qualifications, enter its recommendations on VA Form 10-2543, and forward all forms to the appropriate approving authority. The Central Office Human Resources Service (05HR3) in Central Office will take the necessary appointment action.

c. **Applicants Not Recommended for Appointment.** When an applicant is not recommended for appointment, the standards board shall record its findings on VA Form 10-2543, Board Action, and send this form to the approving official. After approval of the Board Action, the applicant will be notified [ ] in a letter over the signature of the Chief of Staff or appropriate approving authority that the individual's appointment has not been recommended. The letter will briefly state the basis for the action. The letter should be reviewed by the Human Resources Management Officer for adherence to technical requirements.

**2. APPOINTMENT ABOVE THE MINIMUM FOR SUPERIOR QUALIFICATIONS**

a. Full-time, part-time, or intermittent [ ] podiatrists, optometrists, chiropractors, nurses, nurse anesthetists, PAs and EFDAs, who meet the qualification requirements for appointment, may have their initial rate of pay fixed at a step rate above the minimum of the appropriate grade in recognition of superior qualifications, experience, and/or achievement exceeding the expected standards for the grade. The initial rate of pay may be set at any step rate within the grade (See VA Directive and Handbook 5007, Part II, Pay Administration.)

[**NOTE:** Physicians and dentists are not eligible for appointment above the minimum rate of the grade. The step rate for a physician or dentist is determined by the number of total years of service the individual has worked in the VHA as reflected by his/her VA service date. However, superior qualifications for physicians and dentists can be addressed through the use of market pay. See part IX of VA Handbook 5007.]

b. Individuals appointed under authority of 38 U.S.C. 7401(3), or under authority of 38 U.S.C. 7405 to occupations identified in section 7401(3), may be appointed above the minimum step of the grade under provision of VA Directive and Handbook 5007. This includes Hybrid Title 38 occupations.

c. Appointment at a step rate above the minimum shall be based on conclusive evidence of superior qualifications which equates to the step rate assigned. Qualifications used to meet minimum grade level requirements in the qualification standard will not be used to also justify appointment at a step rate above the minimum of the grade. The following are examples of appropriate criteria:

- (1) Significant and distinguished contribution in some phase of the appropriate occupation as evidenced by difficult and original research, writing and publications in professional media of stature, or special recognition in teaching or professional practice.
- (2) Special competence in the occupation as evidenced by service with professionally recognized committees, groups or responsible offices in professional societies above the local level, or consultative services within the occupation. The competence attained must be supported by achievement of renown on a regional or wider basis.
- (3) Educational preparation that clearly exceeds requirements for the grade, expertise in specialized treatment modalities, outstanding competence as a clinical practitioner, or significant contributions concerning some aspect of the occupation.
- (4) Eligibility for certification or certification by an American Specialty Board.
- (5) Certification by the appropriate national certifying body to formally recognize a level of excellence based on demonstrated superior performance in clinical practice, assessment of knowledge, and colleague endorsement.
- (6) Other appropriate evidence of professional stature.

**NOTE:** *Prior to recommending approval or approving actions based on certification, Professional Standards Boards will verify the possession of such recognition by the individual.*

d. **Processing.** The approval of step rates above the minimum is subject to the following requirements:

[ ]

[(1)] **Nurses.** The facility Director [(or Nurse Executive if so delegated)], on recommendation, justification, and documentation by the appropriate PSB, may approve the appointment of nurses at any step above the minimum of the grade.

[(2)] **Nurse Anesthetists.** The facility Director, on recommendation, justification, and documentation by the facility PSB, may approve the appointment of nurse anesthetists to any step above the minimum of the grade. Nurse anesthetists appointed on or after May 4, 1993, may not be appointed at a step rate above the minimum for the grade based on certification by the Council on Certification of Nurse Anesthetists. Certification is a condition of employment and may not be used as a basis for appointment above the minimum step of the grade on initial appointment or reappointment.

[(3)] **PAs.** The facility Director, on recommendation, justification, and documentation by the facility PSB, may approve the appointment of PAs to any step above the minimum of Chief grade or below.

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[(4)] **Other Occupations.** For all other employees, approval of the facility Director on recommendation of the appropriate PSB, is required.

**NOTE:** *Action by a Professional Standards Board is not required for the appointment of a nurse, nurse anesthetist, PA or EFDA above the minimum step of the grade under authority of 38 U.S.C. 7405(a)(1) pending processing for probational appointment as provided in section G, paragraph 1a(2) of this chapter.*

[]

b. **Special Provisions for Part-Time Physicians on Adjustable Work Hours.** Part-time physicians on adjustable work hours must sign a memorandum related to service level expectations as outlined in VA Handbook 5011, Hours of Duty and Leave. Physicians may decide to discontinue complying with the Memorandum of Service Level Expectations at any time. However, this must be done in writing as a current, signed memorandum related to service level expectations is required to participate in adjustable work hours. In addition, a memorandum related to service level expectations does not alter the applicability of VHA regulations and procedures concerning terms, conditions, and duration of employment, nor does this memorandum constitute an employment contract.

c. **Processing Appointments**

(1) Part-time and intermittent appointments made under authority of 38 U.S.C. 7405(a)(1) will be processed (including board action) in the same manner as regular full-time appointments. Appointees must meet the basic requirements for appointment in VHA.

(2) For part-time employees, the expected number of hours to be performed during the service year will be determined before an appointment is effected. The expected number of hours will also be recorded on SF 50-B and will not be exceeded unless the facility Director authorizes the excess. The appointment will be effected in accordance with MP-6, part V, supplement No. 1.5.

(3) A part-time or intermittent employee may not be scheduled for employment which will exceed [1820 hours or seven-eighths] of full-time employment during a service year. [ ] Generally, for employees who hold more than one type of appointment (i.e., fee basis and part-time or intermittent), the combination of basic pay and fees may not exceed the basic salary of a seven-eighths part-time employee in the same grade and step in a fiscal year. (See VA Directive and Handbook 5007, Pay Administration.)

### 3. UTILIZATION OF CONSULTANTS AND ATTENDINGS

a. **General.** This paragraph contains procedures for the employment of consultants and attendings on an individual basis under the authority of 38 U.S.C. 7405(a)(1) or (2).

b. **Definitions**

(1) **Consultant.** A well-qualified specialist in an occupation identified in 38 U.S.C. 7401(1) or (3) who is capable of giving authoritative views and opinions on subjects in the consultant's particular field. A consultant's expertness may consist of broad administrative or professional experience enabling the consultant to give advice of distinctive value.

(2) **Attending.** An individual in an occupation identified in 38 U.S.C. 7401(1) or (3) of demonstrated ability in the field who is employed to perform or supervise the performance of duties related to various professional activities such as teaching, patient treatment, etc.

(3) **Nonmedical Consultant.** An individual, not in one of the occupations indicated in subparagraphs (1) and (2), who has excellent qualifications and a high degree of attainment in the

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(c) A graduate PA or other Hybrid Title 38 employees who fails to qualify for licensure, registration or certification when required will be permitted to remain on VA rolls pending results of reexamination provided reexamination occurs prior to the expiration date of the temporary appointment.

(d) Graduate technician experience can be credited as successful nursing practice or as successful experience which may be used in meeting grade level requirements as indicated in the appropriate qualification standard.

b. **Approved Training or Educational Programs.** Approved programs must be in schools or educational institutions approved by the Secretary as indicated in the appropriate qualification standard.

c. **Approval Authority.** On recommendation of the appropriate service chief or equivalent, the facility Director may approve technician appointments. The Director may delegate approval authority for Hybrid Title 38 employees as indicated in paragraph 2 of section A, this chapter.

d. **Processing**

(1) Student technicians will submit OF 612 and OF 306 [ ]. Nurse technicians pending graduation and graduate nurse technicians will submit VA Form 10-2850a. Other graduate technicians will submit VA Form 10-2850c.

(2) After determining that the applicant meets qualification requirements, the appropriate service chief or equivalent will forward SF 52, Request for Personnel Action, to the HRM Officer. Following approval by the Director, the HRM Officer will effect the appointment. Action by a board is not required.

e. **Pay.** See VA Directive and Handbook 5007, Pay Administration.

f. **Conversions.** Processing technicians for conversion should be initiated prior to their eligibility dates whenever possible, including consideration by a board. Conversions will be effected the first day of the pay period following administrative approval.

(1) **Student Technicians.** A student technician who graduates from an approved school and is pending licensure or registration in a State, or certification by the appropriate national certifying organization, may be converted to a graduate technician appointment. Action by a board is not required.

(2) **Nurse Technicians Pending Graduation.** Following graduation from an approved nursing school, a nurse technician selected for continued VA employment will be converted to a registered nurse appointment under 38 U.S.C. 7401(1) or 7405(a)(1)(A) at the grade and step rate for which qualified, without regard to [ ] any other restrictions. A board action is required, unless a temporary appointment is made pending further processing under provisions of section C, paragraph 7a of this chapter.

**APPENDIX O. ORGANIZATIONAL [STRUCTURE] OF HYBRID TITLE 38  
 PROFESSIONAL STANDARDS BOARDS**

OCCUPATION	BOARD LOCATION
0180 Psychologist	VISN & Facility PSB through GS-13 National PSB for GS-14 [& 15] Regional PSB for Readjustment Counseling Service (RCS) Psychologists GS-13 & below National PSB for RCS Psychologists GS-14 & [15]
0185 Social Worker	VISN & Facility PSB through GS-12 National PSB for GS-13 [&14] Regional PSB for Readjustment Counseling Service (RCS) Social Workers GS-12 & below National PSB for RCS SWs GS-13 & [14]
[0601 Blind Rehabilitation Specialist/Blind Rehabilitation Outpatient Specialist	National Board –regional board members and GS-13 and above  Five Regional Boards – through GS-12 Southeast – VISNs 7, 8, 9 Northeast – VISNs 1, 2, 3, 4, 5, 6 Central – VISNs 10, 11, 12, 15, 23 Southwest – VISNs 16, 17, 18, 19 Northwest – VISNs 20, 21, 22]
[0601 Nuclear Medicine Technologist]	[VISN & Facility PSB through GS-12] National PSB [for all reconsideration actions]
0601 Registered Respiratory Therapist	VISN [& Facility] PSB through GS-[9] National PSB GS-[11]
0620 LPN/LVN	VISN & Facility PSB through GS-6 VISN PSB GS-7 National PSB for all reconsideration actions

**PART II  
APPENDIX O**

OCCUPATION	BOARD LOCATION
0630 Dietitian	VISN & Facility PSB through GS-12 National PSB for GS-13 [& 14]
0631 Occupational Therapist	[VISN & Facility PSB for appointment through GS-11]  Regional PSB through GS-12 Northeast Region: VISNs 1-6 & 10 Southeast Region: VISNs 7-9, 16 & 17 Midwest Region: VISN's 11-15 & 23 West Region: VISN's 18-22 National PSB GS-13 [&14]
0633 Physical Therapist	[VISN & Facility PSB for appointment through GS-11]  Regional PSB through GS-12 Northeast Region: VISNs 1-6 & 10 Southeast Region: VISNs 7-9, 16 & 17 Midwest Region: VISNs 11- 15 & 23 West Region: VISNs 18-22 National PSB GS-13 [&14]
0635 Kinesiotherapist (Corrective Therapist)	[VISN & Facility PSB for appointment through GS-10]  Regional PSB [appointment & advancement] through GS-12 Northeast Region: VISNs 1-6, 10 Southeast Region: VISNs 7-9, 16 & 17 Midwest Region: 11-15 & 23 West Region: VISNs 18-22 National PSB for [GS-13 and above and all reconsideration actions]
[0636 Occupational Therapy Assistant	National PSB through GS-8]

OCCUPATION	BOARD LOCATION
0636 Physical Therapy Assistant	[VISN & Facility PSB for appointment through GS-7] Regional PSB for appointment & advancement through GS-7 Northeast Region: VISNs 1-6, 10 Southeast Region: VISNs 7-9, 16 & 17 Midwest Region: VISNs 11-15 & 23 West Region: VISNs 18-22 National PSB for GS-8 [ ]
0640 Certified Respiratory Therapist	VISN [& Facility] PSB through GS-7 National PSB GS-8 [ ]
0644 Medical Technologist	VISN & Facility PSB through GS-[12] [ ] National PSB for GS-13 [ ]
0647 Diagnostic Radiologic Technologist [ ]	VISN & Facility through GS-12 [ ] National PSB for GS-[13]
0648 Therapeutic Radiologic Technologist [ ]	[VISN & Facility through GS-11] [National PSB for GS-12]
0649 Medical Instrument Technician [Anesthesia, GS-6-10 Cardiac Cath, GS-6-10 Diagnostic Ultrasound, GS-6-10 Echocardiography (ECG), GS-6-10 Electrocardiograph (EKG), GS-6-9 Electroencephalograph (EEG), GS-6-9 GI/Endo, TBD Hemodialysis, GS 6-10 Perfusion, GS 9-11 Polysomnography, GS 6-10 Pulmonary Function, GS 6-10 Vascular, GS 6-10 Trainee, GS 4-5]	[VISN & Facility for all grades] [ ] National Board for all reconsideration actions [ ]

**PART II  
APPENDIX O**

OCCUPATION	BOARD LOCATION
0660 Pharmacist	[Facility and local CMOP PSB for GS 11–12 appointments VISN PSB and National CMOP for GS-13 and GS-14 (non-chiefs) appointments, promotions and all SAA’s National PSB for Pharmacy Chief positions GS-14 and GS-15 and all other GS-15 appointments]
0661 Pharmacy Technician	[VISN PSB and National CMOP for GS 6-8 appointments, promotions, and all SAA’s National PSB if the VISN PSB does not have enough members at the GS-7 or GS-8 level actions and all reconsideration actions Facility and local CMOP PSB for GS 2-5 appointments]
0665 Audiologist, Speech Pathologist & Audiologist/Speech Pathologist	[VISN & Facility for appointment through GS-12] Regional PSB [for appointment & advancement through] GS-[13] Atlantic Region: VISNs 1-6 Southern Region: VISNs 7,8, 16, 17 Midwest Region: 9-12, 15, & 23 Western Region: 18-22 National PSB for GS-[14] and all Research positions
0667 Orthotist/Prosthetist	Regional[, VISN & Facility PSB for GS 5-11] [ ] East Region: VISNs 1-6 & 9 South/West Region: VISNs 7, 8, 18-22 Central Region: VISNs 10-12, 15-17, & 23 National PSB for GS-12 [-14]
0669 Medical Records Administrator/Specialist	VISN & Facility PSB for GS-5 to GS-12 National PSB for GS-13 [&14]

OCCUPATION	BOARD LOCATION
0672 Prosthetic Representative	Regional[, VISN & Facility PSB for GS 5-11] Regional PSBs through GS-13 East Region: VISNs 1-6, & 9 South/West Region: VISNs 7, 8, 18-22 Central Region: VISNs 10-12, 15-17, & 23 National PSB for GS-14 [ ]
0675 Medical Records Technician [Medical Record Technician, Tumor Registry, Medical Coder]	[Regional, VISN & Facility PSB through GS-8] Eastern Region: VISNs 1-11 Western Region: VISNs 12-23 National PSB for MRT (Tumor/Cancer Registry) for grades GS-4-8 National PSB for MRT GS-9 [ ]
0681 Dental Assistant	[VISN & Facility PSB through GS-7 National PSB for all reconsideration requests]
0682 Dental Hygienist	[VISN & Facility PSB through GS-9 National PSB for all reconsideration requests]
0858 Biomedical Engineer	National PSB for all grades

**NOTE:** *Regional Boards are alternate boards that are used when VISN boards cannot be constituted.*