

December 22, 2006

CREDENTIALING OF HEALTH CARE PROFESSIONALS

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policy on the credentialing of health care professionals within VHA who are appointed or designated under certain Title 38 United States Code (U.S.C.) and 5 U.S.C. authorities, who claim licensure, registration, or certification, as applicable to the position, and are not currently credentialed in accordance with VHA Handbook 1100.19.

2. BACKGROUND

a. In March 2003, the Chairman of the Oversight and Investigation Subcommittee of the House Veterans Affairs Committee asked the Government Accountability Office (GAO) to examine the Department of Veterans Affairs' (VA) policies and practices intended to ensure that health care practitioners at its facilities have appropriate professional credentials and personal backgrounds to provide care to veterans. GAO reviewed 43 occupations in which practitioners have direct patient care access or have an impact on patient care and found adequate screening requirements for certain practitioners, such as physicians, but less stringent screening requirements for other practitioners.

b. In Hearings before the Oversight and Investigation Subcommittee of the House Veterans Affairs Committee (HVAC) on March 31, 2004, VHA committed to the primary source verification of all licenses, registrations, and certifications of all applicants and employees. VHA established a task force to work within the Department to evaluate the credentialing procedures.

c. The intent of this Directive is to implement the credentialing requirements for VHA resulting from the GAO review, HVAC hearings, and the Credentialing and Suitability Task Force. Although VHA exceeds many public and private sector health care systems in its credentialing procedures, this policy is to create a systematic process to ensure overall exemplary performance.

d. All procedures described in this Directive are applicable to medical center managers who are involved in patient care and claim licensure, certification, or registration. *NOTE: This Directive does not apply to health professions trainees. Information on the credentials verification requirements of health professions trainees is found in VA Handbook 5005, Part II, Chapter 3.*

e. Definitions

(1) **Credentialing.** The term credentialing refers to the systematic process of screening and evaluating qualifications and other credentials, including licensure, registration, certification, required education, relevant training and experience, and current competence. *NOTE: Practitioners who are not directly involved in patient care (i.e., researchers or administrative*

THIS VHA DIRECTIVE EXPIRES DECEMBER 31, 2011

VHA DIRECTIVE 2006-067

December 22, 2006

personnel), but, by the nature of their position, have the potential to assume patient care-related duties, or oversee the quality or safety of the patient care delivered, must be credentialed.

(2) **Licensure.** The term licensure refers to the official or legal permission to practice in an occupation, as evidenced by documentation issued by a State, Territory, Commonwealth, or the District of Columbia in the form of a license or registration.

(3) **Registration or Certification.** The terms registration or certification refer to the official attestation by a professional organization that one has fulfilled the requirements or met a standard or skill to practice the profession.

(4) **Authenticated Copy.** The term authenticated copy means that each and every page of the document in question is a true copy of the original document and each page is stamped “authenticated copy of original,” dated and signed by the person doing the authentication.

(5) **Primary Source Verification.** 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, secure electronic communication with the original source, or when required by VA policy, it may be a transcript received directly from the issuing institution.

(6) **VetPro.** VetPro is an Internet enabled data bank for the credentialing of VHA personnel that facilitates completion of a uniform, accurate, complete credentials file.

(7) **Current.** The term Current applies to the timeliness of the verification and use for the credentialing process. No credential is current if verification is performed prior to submission of a complete application by the individual, including submission of VetPro. At the time of initial appointment all credentials must be current within 180 days of submission of a complete application.

3. POLICY: It is VHA policy that all health care professionals who claim licensure, certification, or registration, as applicable to the position (this applies to all who are appointed or utilized on a full-time, part-time, intermittent, consultant, without compensation (WOC), on-station fee-basis, on-station contract, or on-station sharing agreement basis), and who are not currently credentialed in accordance with VHA Handbook 1100.19, must to be credentialed in accordance with this Directive. **NOTE:** *The credentialing requirements are found in Attachment A of this Directive; specific occupational codes that must be credentialed in accordance with this Directive can be found in Attachment B.*

4. ACTION

a. **Medical Center Director.** Each facility Director is responsible for ensuring:

(1) Documentation of the requirements in this Directive, which may be maintained in a paper or electronic medium. VetPro is VHA’s electronic credentialing system and must be used

for credentialing all providers. One component of VHA's Patient Safety Program is quality credentialing, and the use of VetPro is necessary to reduce the potential for human error in the credentialing process. The requirements of this policy are the same whether carried out on paper or electronically. For example, if a signature is required and the mechanism in use is electronic, then that modality must provide for an electronic signature. Primary source verification obtained in a paper format must be scanned in VetPro before filing in the credentialing and privileging folder.

(2) Credentialing is completed prior to initial appointment, and before transfer from another medical facility. If the primary source verification(s) of the individual's credentials are on file (paper or electronic), those credentials that were verified at the time of initial appointment (and are not time-limited or specifically required by this policy to be updated or reverified) can be considered verified. *NOTE: An expedited credentialing process can be found in Attachment D.*

(3) Compliance with the requirements for complete credentialing as described in Attachment A prior to appointment, and the continued maintenance of accurate, complete, and timely credentials of all individuals who claim licensure, certification, or registration, and are permitted by the facility to provide patient care services or oversee the delivery of these services.

(4) The establishment of a mechanism for ensuring that multiple licenses, registrations, and/or certifications are consistently held in good standing, or, if allowed to lapse, are relinquished in good standing.

(5) That labor-management obligations are met prior to implementing a Credentialing Program that involves Title 38, Hybrid Title 38, and Title 5 practitioners who are represented by an exclusive union representative.

(6) That there is a local written facility policy consistent with this Directive.

b. **Clinical Executives.** Clinical Executives (Chiefs of Staff and Chief Nursing Officers) are responsible for ensuring that all clinical staff (Title 38, Hybrid Title 38, and, where appropriate, Title 5) are fully-credentialed prior to appointment and maintain accurate, complete, and timely credentials as applicable to the position while appointed.

c. **Service Chiefs.** Service chiefs are responsible for:

(1) Reviewing all credentials and for making recommendations regarding appointment or related action, and

(2) Continuous surveillance of the professional performance of those who provide patient care services.

NOTE: The title Service Chief applies to Service Line Directors, Product Line Chiefs, and any other equivalent titles.

VHA DIRECTIVE 2006-067

December 22, 2006

d. **Medical Center Chief Human Resources Management (HRM) Officers.** HRM Officers are responsible for ensuring:

(1) The implementation of this Directive for complete credentialing is used by selecting officials in accordance with HRM policies and procedures, and

(2) Technical advice and assistance is provided to managers, line officials, and employees, when indicated.

e. **Applicants and Practitioners.** Applicants and practitioners (appointed individuals) are responsible for:

(1) Providing evidence of licensure, registration, certification, and/or other relevant credentials, for verification prior to appointment and throughout the appointment process, as requested.

(2) Agreeing to accept the professional obligations, as defined, in the applicable position description or functional statement presented to them.

(3) Keeping 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.

(4) Maintaining multiple licenses, registrations, and/or certifications in good standing and informing the Director, or designee, of any changes in the status of these credentials.

NOTE: Failure to keep VA fully informed on these matters may result in administrative or disciplinary action.

5. REFERENCES

a. Title 38 Code of Federal Regulations (CFR) Part 46.

b. Title 38 U.S.C. Sections 7402(b) and (f).

c. Public Law (Pub. L.) 106-117, Veterans Millennium Health Care and Benefits Act (November 30, 1999), Section 209.

d. Pub. L. 105-33, the Balanced Budget Act of 1997 (August 5, 1997), Section 4331(c).

e. Pub. L. 104-191, Health Insurance Portability and Accountability Act (HIPPA) of 1996 (August 21, 1996), section 221.

f. VA Handbook 5005, Staffing.

6. FOLLOW-UP RESPONSIBILITY: The Office of Quality and Performance (10Q) is responsible for the contents of this Directive. General questions concerning credentialing or VetPro needs to be referred to the Office of Quality and Performance, 202-273-8936.

7. RESCISSIONS: None. This Directive expires December 31, 2011.

Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 12/26/06
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 12/26/06

ATTACHMENT A

CREDENTIALING PROCESS

1. Provisions. Individuals must be fully credentialed prior to initial appointment, except as identified in Attachment D entitled “Expedited and Disaster Appointments.”

NOTE: For new appointments after a break in service, all time-limited credentials that were current at the time of separation need to be primary source verified for any change in status. Non-time limited credentials (e.g. education and training) do not need to be primary source verified if there is evidence of previous verification.

2. Procedures. Credentialing is required to ensure an applicant has the required education, training, experience, and skills to fulfill the requirements of the position.

a. The credentialing process includes verification, through the appropriate primary sources, of the individual's professional education; training; licensure; certification; registration; previous experience, including documentation of any gaps (greater than 30 days) in training and employment; professional references; adverse actions; or criminal violations, as appropriate. Employment commitments must not be made until the credentialing process is completed, including screening through the appropriate State Licensing Board (SLB); certification; or registration organization; and any other screenings required by Department of Veterans Affairs (VA) policy. All information obtained through the credentialing process must be carefully considered before appointment decisions are made.

b. The applicable service chief must review the credentialing folder and make recommendations regarding appointment.

c. The Federal employment process is more than credentialing. The applicant has the burden of obtaining and producing all needed information for a proper evaluation of professional competence, as well as character, ethics, and other qualifications as requested by the selecting official or Human Resources Officer. The information must be complete and verifiable.

3. Application Forms. Candidates seeking appointment must complete appropriate forms for the position for which they are applying.

a. All candidates requiring credentialing in accordance with this policy must complete VetPro. A portion of the electronic submission includes a form with questions to supplement the VA credentialing process.

b. The Sign and Submit screen in VetPro addresses the applicant's agreement to provide continuous care and attestation to the completeness and accuracy of the information.

c. Applicants are required to provide information on all educational, training, and employment experiences, including all gaps greater than 30 days in the candidate's history.

December 22, 2006

4. Documentation Requirements

a. Information obtained in the credentialing process must be primary source verified, unless otherwise noted, and documented in writing, either by letter or report of contact, or web verification. Facilities are expected to secure all credentialing documents. Facsimile copy must be followed up with an original document.

b. When using an Internet source for verification, specific criteria must be considered in determining appropriateness as primary source verification, including:

(1) A disclaimer attesting to the accuracy and timeliness of the information. If there is no disclaimer, the Web site must provide other indicators of the validity of the information provided as verification.

(2) Evidence that the site is maintained by the Board, and that the verification data can not be modified by outside sources. If not maintained by the Board, the site must include an endorsement by the Board that the site is primary source verification, or the transmission is in an encrypted format.

(3) Information on the status of license and adverse action information.

(4) A printed disclaimer with the printed verification. Since sites are constantly changing, this measure is to assist with issues arising with surveyors.

(a) If the search for documents is unsuccessful or primary source documents are not received, after a minimum of two requests, full written documentation of these efforts, in the form of a report of contact, is to be placed in the folder in lieu of the document sought. It is suggested that no more than 30 days elapse before the attempt is deemed unsuccessful. It is further recommended that the individual be notified and involved in the attempt to obtain the necessary documentation, or assisting with gaining verification through a secondary source.

(b) There must be follow-up of any discrepancy found in information obtained during the verification process. The practitioner has the right to correct any information that is factually incorrect, by documenting the new information with a comment that previously provided information was not correct. Follow-up with the verifying entity is necessary to determine the reason for the discrepancy if the practitioner says the information provided is factually incorrect.

(c) Individuals with multiple licenses, registrations, and/or certifications as applicable to the position 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. 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 individual must be asked to provide a written explanation of the reason(s). Qualification requirements specific to State licensure, registration and certification identified by Title 38 United States Code (U.S.C.) Section 7402(f)

are found in subparagraph 2h(4). The verifying official must contact the State board(s) or issuing organization(s) to verify the reason(s) for any change.

NOTE: There are circumstances when verification from a foreign country is not possible or could prove harmful to the practitioner and/or family. In these instances, full documentation of efforts and circumstances, including a statement of justification, need to be made in the form of a report of contact and filed in the Credentialing file in lieu of the document sought.

5. Verification of Educational Credentials

a. 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, advancement, or is otherwise related to an individual's employment. 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.

b. When practical, applicants need to be asked to have a transcript sent to the facility of their qualifying education for evaluation. If an individual has a degree in a related field, consideration needs to be given to obtaining a transcript of this program as well. A Registered Nurse (RN), Licensed Practical Nurse (LPN), or Licensed Vocational Nurse (LVN) must have an official transcript of their nursing education program sent to the facility prior to appointment. Unless required by other VA policy, transcripts may be requested for other applicants, including Expanded Functional Dental Auxiliaries (EFDAs), and candidates selected for appointment to an occupation identified in 38 U.S.C. 7401(3). Transcripts need to be evaluated to consider the specific course work completed, grades received, and overall level of difficulty of the program.

c. An organization from which you may seek primary source verification may designate to another agency the role of communicating credentials information. The designated agency then becomes the acceptable source for the primary source verification. Specifically, a number of schools have designated electronic sources such as Student Clearing House (<http://www.studentclearinghouse.com>) or other web-based entities as their designee. For a fee, you can verify degrees from participating institutions. Other schools may have their own Web sites for verifying education which can be determined by contacting the school.

d. Any fees charged by institutions or delegated agencies to verify education credentials must be paid by the facility.

e. 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 must be documented. In any case, facility officials must verify that candidates meet appropriate VA qualification standard educational requirements prior to appointment. *NOTE: If education cannot be verified, facility officials need to document the*

VHA DIRECTIVE 2006-067

December 22, 2006

“good faith effort” as described in preceding subparagraph 2e(1)(b), as well as what secondary source is used to verify the candidate meets the educational requirements as applicable to the position. The practitioner is to be notified and assist in obtaining the necessary documentation through a secondary source.

f. For all individuals, at a minimum, the facility needs to verify the level of education that is the entry level for the profession or permits licensure, as well as all other advanced education used to support the appointment (i.e., for registered nurse with a Masters in Nursing Administration, the qualifying degree for the registered nurse need to be verified as well as advanced education).

g. Primary source verification of other advanced educational and clinical practice program is required if the applicant offers this credential(s) as a primary support for requested specialized position.

6. Verifying Certification and Registration by National or Professional Organizations

a. Verification must be from the primary source by direct contact or other means of communication with the primary source, such as by the use of a public listing of certificants or registrants in a book or Web site, or other electronic medium as long as the listing is maintained by the primary source and there is a disclaimer regarding authenticity. If listings are used to verify certification and registration, they must be from recently issued copies of the publication(s), with an authenticated copy of the cover page indicating publication date and an authenticated copy of the page listing the individual. Information that must be in the individual's folder (electronic or paper) includes certifications and registrations which are time-limited or carry an expiration date. These must be reviewed and the renewal documented prior to expiration.

(1) For current employees, primary source verification must be obtained.

(2) For new appointments after a break in service, any certification or registration active at the time of separation must be verified, and any change in status documented.

***NOTE:** Applicants who have been registered or certified in a profession other than is applicable to the position, and for whom termination for substandard care, professional misconduct, or professional incompetence is documented (i.e. a dietician who is applying to be an RN), a complete review of the actions and the impact of the action on the professional conduct of the applicant must be documented in the registration and certification section of the credentials file.*

b. **Drug Enforcement Administration (DEA) Certification.** Certain professional practitioners may apply for and be granted renewable certification by the DEA, Federal and/or State, to prescribe controlled substances as part of their practice. Certification must be verified for individuals who claim on the application form to currently hold, or to have held, DEA certification. Certification by DEA generally is not required for VA practice, since practitioners may use the facility's institutional DEA certificate with a suffix.

NOTE: Where a practitioner's State of licensure requires individual DEA certification in order to be authorized to prescribe controlled substances, the practitioner may not prescribe controlled substances without such individual DEA certification. Questions regarding whether the facility's institutional DEA certificate with a suffix meets the State's requirement for individual certification are to be directed to Regional Counsel.

(1) Application. Each applicant possessing a DEA certificate must document on the appropriate VA application form, information about the current or most recent DEA certificate. Any applicant whose DEA certification (Federal and/or State) has ever been revoked, suspended, limited, restricted in any way, or voluntarily or involuntarily relinquished, or not renewed, is required to furnish a written explanation at the time of filing the application, and at the time of reappraisal.

(2) Restricted Certificates. A State agency may obtain a voluntary agreement from an individual not to apply for renewal of certification, or may decide to disapprove the individual's application for renewal as a part of the 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 certification, an individual's State license is considered restricted or impaired for purposes of VA practice if a SLB has:

- (a) Suspended the person's authority to prescribe controlled substances or other drugs;
- (b) Selectively limited the individual's authority to prescribe a particular type or schedule of drugs; or
- (c) Accepted an individual's offer for voluntary agreement to limit authority to prescribe.

(3) Verification. Automatic verification of Federal DEA certification can be performed in VetPro when a match can be made against the current Federal DEA certification information maintained in VetPro and electronically updated monthly. If verification cannot be made automatically, an authenticated copy of the DEA certificate must be entered into VetPro. Verification of a state DEA or Controlled Dangerous Substance (CDS) certificate can be made through a letter or by telephone and documented on a report of contact. Electronic means of verification are also acceptable as long as the site meets previously described requirements.

NOTE: For new appointments after a break in service, any certification or registration active at the time of separation must be verified, and any change in status documented.

7. Licensure

a. **Requirement for Full, Active, Current, and Unrestricted Licensure - Possession of Full, Active, Current, and Unrestricted License.** Applicants being credentialed for whom possession of a license is required must possess at least one full, active, current, and unrestricted license to be eligible for appointment except as provided in VA Handbook 5005, Part II.

VHA DIRECTIVE 2006-067

December 22, 2006

NOTE: The term licensure refers to the official or legal permission by a State, Territory, Commonwealth, or the District of Columbia (hereinafter "State") to practice in an occupation, as evidenced by documentation issued by the State in the form of a license, registration, or certification.

b. **Primary Source Verification.** For all applicants and current employees, all licenses including not only current licenses, but all previously held, must be verified through primary source verification.

NOTE: For new appointments after a break in service, all licenses active at the time of separation need to be primary source verified for any change in status.

c. **Verification with SLB(s).** Verification must be completed at the time of initial application, and expiration and can be made through a letter or by telephone and documented on a report of contact. Electronic means of verification are also acceptable as long as the site is maintained by the primary source and there is a disclaimer regarding authenticity. If the State is unwilling to provide primary source verification of licensure, the facility must document the State's refusal and secure an authenticated copy of the license from the applicant. If the reason for the SLB's refusal is payment of a fee, the facility is to pay the fee.

d. **Qualification Requirements of 38 U.S.C. Section 7402(f).** 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.

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.

(1) 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.

NOTE: 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 as applicable to the position.

(2) 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.

(3) 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.

(4) 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. **Action Taken Against.** If action was taken against the applicant's sole license, or against all the applicant's licenses, a review by the Chief, Human Resources Management Service, or the Regional Counsel, is necessary to determine whether the applicant satisfies VA's licensure requirements. Documentation of this review must include the reason for the review, the rationale for conclusions reached, the recommended action, and must be filed in the Credentialing folder and the appropriate section of VetPro.

f. **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 the employee was not notified of the new requirement and proceeded in good faith under the assumption that the license remained full and unrestricted, this must 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

VHA DIRECTIVE 2006-067

December 22, 2006

separate for failure to meet qualification requirements must be taken under VA Directive and Handbook 5021.

g. **Administrative Delay by SLBs**

(1) Facility officials who learn that a SLB is delayed in processing renewal applications past the licensure or registration expiration date are to notify the Recruitment and Placement Policy Service (059), so that a general notice to all VHA facilities can be issued. If no such notice has been issued, facility officials need to 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 SLB pending receipt of the renewal.

(2) If an employee is unable to present evidence of current licensure or registration prior to the expiration date, facility officials need to 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 State board prior to the expiration date of licensure, the employee may be permitted to continue in a work status only if the employee certifies that application was made on a timely basis prior to the expiration date of licensure. The certification must include a statement that the employee understands that separation action may be initiated under provisions of VA Directive and Handbook 5021 if evidence of renewal is not received within 30-workdays of the expiration date. Where possible, evidence of the employee's application for licensure or registration renewal needs to be seen by a facility official, and appropriately documented until primary source verification of renewal is received.

(3) 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.

8. Employment Histories and Pre-employment References. For individuals for whom this policy applies, the names of at least three references must be obtained including at least one from the current or most recent employer(s) or institution(s), and all must reside in the United States.

a. VA Form Letter 10-341a, Appraisal of Applicant, the reference letter printed from VetPro, or any other acceptable reference letter may be used to obtain at least one reference. Additional information may be required to fully evaluate the educational background and/or prior experiences of an applicant. *NOTE: 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 Official Personnel Folder (OPF) or, for Title 38 employees who do not have personnel folders, in the Merged Records Personnel Folder (MRPF), the Credentialing file, and in VetPro.

b. Ideally, references need to be from authoritative sources, which may require that facility officials obtain information from a source other than the references listed by the applicant. As appropriate to the occupation for which the applicant is being considered, references need to contain specific information about the individual's scope of practice and level of performance.

c. Employment with the most recent employer and all previous VA experience must be verified. Employment information and references are to be appropriately documented in the OPF and VetPro.

9. Supplemental Questions. VA application forms, or supplemental forms, require applicants to give detailed written explanations of any involvement in administrative, professional, or judicial proceedings, including Federal tort claims proceedings, in which malpractice is or was alleged, as well as adverse actions. If an applicant has been involved in such proceedings, a full evaluation of the circumstances must 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 appointment.

a. **Applicants, Employees, and Other Returning Practitioners.** At the time of application, initial credentialing, a new appointment, or after a break in service, each applicant, employee, or returning practitioner (e.g., contractor) must be asked to list any involvement in administrative, professional, or judicial proceedings, including Tort claims, and to provide a detailed written explanation of the circumstances, or change in status. A review of such action must be initiated if clinical competence issues are involved. The information provided by the individual must be maintained in the VetPro file.

b. **Primary Source Information.** Efforts are to be made to obtain primary source information regarding the issues involved and the facts of the cases. The Credentialing Folder must contain an explanatory statement by the individual, information from a primary source with knowledge of the issues, and evidence that the facility evaluated the facts regarding resolution of the issue(s). A "good faith" effort to obtain this information must be documented by a copy of the refusal letter or report of contact.

c. **Previously Held Credentials.** For any such credentials which were held previously, but which are no longer held or no longer full and unrestricted, the practitioner is to be asked to provide a written explanation of the reason(s). The verifying official must contact the SLB or issuing organization(s) to verify the reason(s) for any change.

d. **Evaluation of Circumstances.** Facility evaluating officials must consider VA's obligation as a health care provider to exercise reasonable care in determining that individuals are properly qualified. Facility officials must evaluate the individual's explanation of specific circumstances in conjunction with the primary source information related to the administrative, professional, or judicial proceedings, including tort claims, proceedings in which malpractice is or was alleged,

December 22, 2006

as well as adverse actions. This review must be documented in the appropriate section in VetPro.

10. Health Integrity and Protection Data Bank (HIPDB) Screening

a. Proper screening through the HIPDB is required for applicants to any job title represented in the Department of Health and Human Services' (HHS) HIPDB Guidebook, or applicants are required to be credentialed in accordance with this policy. The HIPDB is a national data collection program for the reporting and disclosure of certain final adverse actions taken against health care practitioners, providers, and suppliers. The HIPDB collects information regarding licensure and certification actions, exclusions from participation in Federal and State health care programs, health care-related criminal convictions, and civil judgments and other adjudicated actions or decisions as specified in regulation. The HIPDB is primarily an alert or flagging system intended to facilitate a comprehensive review of the provider's credentials. The information received in response to an HIPDB query needs to be considered together with other relevant data in evaluating a practitioner's credentials; it is intended to augment, not replace, traditional forms of credentials review.

NOTE: The HHS HIPDB Guidebook can be accessed through the NPDB-HIPDB Web site at: <http://www.npdb-hipdb.com/>.

- b. HIPDB screening is required prior to the initial appointment to a VA facility.
- c. These procedures apply to all the VHA health care providers whether utilized on a full-time, part-time, intermittent, consultant, without compensation (WOC), on-station fee-basis, on-station scarce medical specialty contract, or on-station sharing agreement basis.
- d. VetPro maintains evidence of query submission and response received, as well as any reports obtained in response to the query and meets this requirement.
- e. Because the HIPDB is a secondary information source, any reported information must be validated by appropriate VA officials with the primary source; i.e., SLB, health care entity.
- f. Screening applicants and appointees with the HIPDB does not abrogate the appropriate staff responsibility for verifying all information prior to appointment or proposed HRM action.
- g. If the HIPDB query reports information on a provider, an evaluation of the circumstances and documentation thereof, is required and must be documented in the OPF, the volunteer's folder, or, for Title 38 employees who do not have personnel folders, in the MRPF.
- h. The facility Director is the authorized representative who authorizes all submissions to the HIPDB. Any delegation of that authority to other facility officials is to be documented, in writing, to include date of delegation, circumstances governing delegation, and title (not name) of the official who may make requests. VetPro is the Authorized Agent to query the HIPDB and that delegation must be made in accordance with requirements of the HIPDB.

i. HIPDB screening information is filed in Section VI of the Credentialing folder and in accordance with HRM policy.

NOTE: The query and response from the HIPDB does not relieve the staff from the responsibility to screen and review the HHS Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE). The review evaluates any identified issues, and VA officials may need to obtain additional information from the applicant in order to determine whether the individual is to be appointed or denied the appointment. Individuals listed on the LEIE are excluded from a training appointment at any VA facility. Additional information may be found in VA Handbook 5005, Part II, Chapter 1, Section B, paragraph 2.

11. Transfer of Credentials. When individuals are assigned to more than one health care facility for clinical practice, the “primary” or originating facility must convey all relevant credentials information to the gaining or satellite facility. This may be accomplished by forwarding an authenticated true copy of the Credentialing file to the receiving facility or by sharing the VetPro electronic credentials file with the gaining or satellite facility. A copy of the original employment application, or other appropriate appointment information also needs to be provided to the receiving facility. The authenticated copy is joined with any facility specific forms. The gaining facility may use its own customary forms or format for notifying individuals of their appointments and documenting same.

ATTACHMENT B

APPLICABLE OCCUPATIONS

1. Credentialed occupations include:

Occupation Code	Occupation Title
180	Psychology
185	Social Work
610	Registered Nurse
620	Practical Nurse
630	Dietitian and Nutritionist
631	Occupational Therapist
633	Physical Therapist
647	Diagnostic Radiologic Technologist
648	Therapeutic Radiologic Technologist
651	Respiratory Therapist
660	Pharmacist
662	Optometrist
668	Podiatrist
681	Dental Assistant
682	Dental Hygiene

2. Occupations that have required education or may claim licensure, certification, or registration, in which case credentialing is required include:

Occupation Code	Occupation Title
635	Corrective Therapist
638	Recreation and/or Creative Arts Therapist
644	Medical Technologist
645	Medical Technician
661	Pharmacy Technician
665	Speech Pathologist and Audiologist
667	Orthotist and Prosthetist

ATTACHMENT C

**OCCUPATIONS COVERED BY TITLE 38 UNITED STATES CODE (U.S.C.)
SECTION 7402(F), REQUIREMENTS**

1. The occupations and job series on the list in Attachment C indicates whether a State license (L), certification (C), or registration (R) is required by the statute, regulation, or Veterans Health Administration (VHA) qualification standard.

2. For those individuals hired on or after November 30, 1999, the date to be used to determine the individual's eligibility is the date the credential requirement was implemented. For example, the Department of Veterans Affairs (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.

Occupation	Series	The Date 1st Required for L, C, or R
Chiropractor *		6/16/2004
Expanded Functioned Dental Auxiliaries (EFDA)	682	7/1/1982
Psychologist *	180	8/10/1982
Social Worker	185	6/25/1992
Nurse	610	1/3/1946
Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN)	620	2/8/1972
Physical Therapist	633	10/29/1982
Pharmacist	660	1/3/1946
Optometrist *	662	8/14/1952
Podiatrist *	668	11/8/1966

* May be practicing as an licensed independent provider, but is still subject to Title 38 U.S.C 7402(f).

3. There are a number of professions both on this list and not found on this list, but identified in paragraph 2 of this Attachment for which there are proposed changes to the VHA Qualification Standards. If a requirement for state issued L, C, or R is added as a new requirement, the conditions of 38 U.S.C. 7402(f) are effective as of the date the credential is required.

ATTACHMENT D

EXPEDITED AND DISASTER APPOINTMENTS

1. Expedited Appointment. There may be instances where expediting the appointment of an applicant is in the best interest of quality patient care. This process may be incorporated into the appropriate Veterans Health Administration (VHA) medical treatment facility policy for expediting the appointment.

a. The credentialing process for the Expedited Appointment cannot begin until the applicant completes the credentials package including, but not limited to, a complete application, and submits this information through VetPro. Documentation of credentials must be retained in VetPro.

b. Credentialing requirements for this process include primary source verification of:

(1) The education required for the position.

(2) One active, current, unrestricted license, registration, and/or certification required for the position that has been verified by the primary source State, Territory, or Commonwealth of the United States or in the District of Columbia. **NOTE:** *To be eligible for appointment, a practitioner must meet current legal requirements for State licensure, registration, or certification (see Att. A, subpar. 2h(4)).*

(3) Confirmation from one reference who is knowledgeable of, and confirms, the individual's competence.

(4) A verification from the current or most recent employer(s) or institution(s) with knowledge of the individual's professional qualifications.

c. An expedited appointment can be made in accordance with Title 38 United States Code (U.S.C.) Section 7405, if all credentialing elements are reviewed, no current or previously successful challenges to any of the credentials are noted, and there is no history of malpractice payment or adverse actions. Full credentialing must be completed within 60-calendar days and the expedited appointment converted to the appropriate appointment.

NOTE: *The expedited appointment process may only be used for what are considered to be "clean" applications. The expedited appointment process cannot be used: where the application is not complete (including answers to Supplemental Questions); where there are any current or previously successful challenges to licensure, certification, or registration; where there is any history of involuntary termination of staff appointment at another organization, received involuntary limitation, reduction, or denial of an appointment or credential; or where there has been a final judgment adverse to the applicant in a professional liability action.*

d. This process does not relieve the local VHA medical treatment facilities from reviewing the Department of Health and Human Services (HHS), Office of Inspector General's (OIG) List

VHA DIRECTIVE 2006-067

December 22, 2006

of Excluded Individuals and Entities (LEIE) for information on a provider's exclusion from receiving payments from Federal Health care programs for items or services provided, ordered, or prescribed during the period of exclusion.

e. The expedited appointment process does not relieve VHA medical treatment facilities from any appointment requirements as defined by the Human Resources Management Program requirements, including, but not limited to querying the Health Integrity and Protection Data Bank.

f. For those individuals where there is evidence of a current or previously successful challenge to any credential or any current or previous administrative or judicial action, the expedited process cannot be used and complete credentialing must be accomplished.

g. This is a one-time appointment process for initial appointment and may not exceed 60-calendar days. It may not be extended or renewed. The complete appointment process must be completed within 60-calendar days of the Expedited Appointment or the appointment is to automatically be terminated.

2. Disaster Credentialing. Disaster credentialing is performed when the emergency management plan has been activated, the facility is unable to handle the immediate patient needs, and the facility has chosen to incorporate a process for performing disaster credentialing into the credentialing process and emergency management plan. If the facility chooses to incorporate Disaster Credentialing into the facility emergency plan, a process must be defined, which at a minimum includes:

- a. Identification of the individual(s) responsible for approval of disaster credentialing;
- b. A description of the responsibilities of the individual(s) responsible for performing disaster credentialing;
- c. A description of the mechanism to manage the activities of the individuals who are credentialed during the disaster, as well as a mechanism to readily identify these individuals;
- d. A description of the verification process at the time of disaster credentialing which must include:
 - (1) A current hospital photo identification card and evidence of current license, registration, or certification to practice; or
 - (2) Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT); or
 - (3) Identification indicating that the individual has been granted authority to render patient care in emergency circumstances, such authority having been granted by a Federal, state, or municipal entity.

e. A specified period of time under which these individuals are to be credentialed and may provide care. This period may not exceed 10-calendar days or the length of the declared disaster, whichever is shorter. At the end of this period, the individual needs to be converted to an expedited appointment as defined by this policy or removed.

e. A defined process to ensure that the verification process of the credentials of these individuals is to begin as soon as the immediate situation is under control. This process must be identical to the process for granting Expedited Appointments and ultimately result in complete credentialing of these practitioners.