

Miami VA Healthcare System Residency Checklist

***** In order for us to process your application on a timely manner, please ensure that all documents on the checklist are provided.**

Form	Description	YES	NO	N/A
Application for Health Professions and Trainees VA Form 10-2850D	**This is the Application for all Residents. <ul style="list-style-type: none"> ● ALL sections must be completed. ● If the section is not applicable, write N/A. ● All residency history must be accurate including completion dates. ● Any gaps must be explained. ● All negative check marks (i.e. malpractice) must have an attached explanation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CV (Curriculum Vitae)/Resume	Please attach a Curriculum Vitae which lists all of your Medical School Education and related work experience, and the corresponding dates of each	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Criteria for Determination of English Proficiency English Proficiency	Please check with the most appropriate response (s), date and sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature Cards for Physicians, Podiatrists, and Dentists Signature Cards	Fill out ALL four forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse of Patients Policy Memorandum Abuse of Patients	Sign to acknowledge that you have understood and agree to follow the guidelines outlined in the policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointment Affidavits Appointment Affidavit	NOTE: Your signature on this form must be witnessed by a Notary Public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis Clearance Form TB clearance	Negative PPD results (provided by applicant within the last year) Positive PPD results (provided by applicant within last 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Trainee Registration Form Clinical Trainee Request		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trainee Statement of Commitment Statement of Commitment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miami VA Computer Access Notice Computer Access		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorization for Release of Information VA Form 0710		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Miami VA Healthcare System Residency Checklist

Form	Description	YES	NO	N/A
Fingerprint Request Form Fingerprint Request	In order to authorize Police Service to obtain your fingerprints, the form must be signed by administrative support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHA Online Mandatory Training for Trainees	https://www.ees-learning.net <i>Please print out the Certificate of Completion for Mandatory Training for Trainees</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide copy of BLS/ ACLS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide NPI number		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declaration of Employment OF306		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification				
	Please provide a copy of one of the following: One document from List "A" Or One document from List "B and C"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIST A	LIST B	LIST C		
U.S. Passport	Driver's License	Social Security Card		
Birth Certificate	Voter's registration card	U.S Citizen ID Card		
Permanent Resident Card or Alien Registration Receipt Card (form I-551)	School ID card with a photograph			
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	U.S. Military card or draft record			

Miami VA Healthcare System
Residency Checklist

Enter Additional Information Here