

VA New York Harbor Healthcare System
 Research and Development Program
 EDUCATION VERIFICATION FORM

As part of the credentialing process it is necessary to verify educational credentials. To assist us in completing this process, please provide the following information:

EMPLOYEE NAME	
UNIVERSITY/PROGRAM ATTENDED	
CITY / STATE / COUNTRY	
DEGREE/TRAINING	DATE EDUCATION COMPLETED
LICENSE/REGISTRATION STATE	LICENSE/REGISTRATION NUMBER
ISSUE DATE	EXPIRATION DATE
CERTIFICATION	ISSUE/AWARD DATE – EXPIRATION DATE
LAST FOUR DIGITS OF SSN	DATE OF BIRTH
EMPLOYEE DIGITAL PIV SIGNATURE	

FOR OFFICE USE ONLY

DATE OF VERIFICATION	DEGREE/CERTIFICATION VERIFIED
SOURCE OF VERIFICATION	VERIFICATION COMPLETED BY