Department of Veterans Affairs

Memorandum

Date:

From: Chief, Human Resources Management Service (05)

Subj: License, Registration and Certification Attestation

To: All Employees in Positions Requiring a License, Registration or Certification

1. The purpose of this memorandum is to comply with requirements of Title 38, U.S.C. Section 7402, Qualifications of Appointees, which was amended by Public Law 106-117, Section 209. The amended provision, 38 U.S.C. 7402(f), provides that a **physician, dentist, nurse, podiatrist, optometrist, pharmacist, psychologist, social worker, chiropractor, expanded-function dental auxiliary, licensed physical therapist, licensed practical nurse, or licensed vocational nurse** may not be employed in such a position if:

a. the person is or has been licensed, registered, or certified (as applicable to such position), in more than one State; and

b. either:
   1. any of those States has terminated such license, registration or certification for cause; or
   2. the person has voluntarily relinquished such license, registration or certification in any of those States after being notified in writing by that State of potential termination for cause.

The definition of “for cause” is “substandard care, professional misconduct, or professional incompetence”.

2. These requirements apply to all persons appointed or utilized in these job categories on a full-time, part-time, intermittent, consultant, attending, without compensation (WOC), fee-basis, on-station contract, or on-station sharing agreement basis.

3. To assure that the New York Harbor Healthcare System is in compliance with the amended provision, it is necessary for you to complete the attached.

4. Any questions concerning the information needed may be directed to Yvonne Morris, Chief, Staffing/Recruitment, Human Resources Management Service at (212) 686 – 7500 Ext. 7618.

NAME:

NAME: _____ SSN:
Signature

Employee Name :
Title :
Campus :
Service Name:

1. Has any **current** or **previously held** license, registration or certification ever been, **OR** is in the process of being denied, revoked, suspended, reduced, limited, placed on probation, not renewed, withdrawn, or relinquished while under investigation or for disciplinary reasons on a voluntary or involuntary basis. _____**Yes** _____ **No**

If yes, please list, explain and indicate reason and circumstances:

STATE ISSUED	LICENSE NUMBER	DATE ISSUED	TERMINATION, REVOCATION, DENIAL, SUSPENDED, REDUCED, LIMITED, PROBATION, WITHDRAWN, RELINQUISHED, NOT RENEWED	
			DATE	REASON

2. List all **current** licenses, registrations or certifications:

STATE ISSUED	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES

3. I attest that the information provided is true and correct. I understand that failure to comply may lead to disciplinary action or removal.

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Signature Date