

October 11, 2012

## 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 or required education for the occupation, and are not currently credentialed in accordance with VHA Handbook 1100.19.  
**AUTHORITY: Title 38 U.S.C. 7402(b) and (f); Title 38 Code of Federal Regulations (CFR) Part 46.**

### 2. BACKGROUND

a. In 2006, VHA expanded the credentialing process to all licensed, registered, and certified health care professionals. The intent of this Directive is to continue to clarify these credentialing requirements. Although VHA exceeds many public and private sector health care systems in its credentialing procedures, this is a systematic process to ensure overall exemplary performance.  
*NOTE: See Attachment B for Applicable Occupations.*

b. All procedures described in this Directive are applicable to medical facility 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 Department of Veterans Affairs (VA) Handbook 5005, Part II, Chapter 3.*

c. This Directive applies to licensed health care personnel in VHA Central Office, Veterans Integrated System Network (VISN) offices, and other organizational components that would be credentialed in accordance with this Directive if in a Department of Veterans Affairs' facility.

#### d. Definitions

(1) **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.

(2) **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 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.*

**THIS VHA DIRECTIVE EXPIRES OCTOBER 31, 2017**

## VHA DIRECTIVE 2012-030

October 11, 2012

(3) **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. *NOTE: See Attachment A, subparagraph 8b for acceptance of references dated prior to completion of application.*

(4) **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. *NOTE: See Attachment A, paragraph 7 for verification of Licensure information and Attachment C for Occupations covered by title 38 U.S.C. 7402(f).*

(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, appropriate electronic communication (e.g., Web site) with the original source (see Attachment A, subpar. 4b for guidance on Web verification), or when required by VA policy, it may be a transcript received directly from the issuing institution. *NOTE: There may be circumstances where receipt of a professional reference, previous experience, or an official transcript in a sealed envelope is considered primary source verification in accordance with this Directive.*

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

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

**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, 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 be credentialed in accordance with this Directive. *NOTE: The credentialing requirements are found in Attachment A of this Directive.*

## 4. ACTION

a. **Under Secretary for Health.** The Under Secretary for Health, or designee, is responsible for ensuring the development and issuance of the VHA credentialing policy.

b. **Principal Deputy Under Secretary for Health.** The Principal Deputy Under Secretary for Health, or designee, is responsible for ensuring oversight in the development and

implementation of VHA credentialing for licensed health care professionals in VA Central Office, VISNs, and VA medical facilities.

c. **Deputy Under Secretary for Health for Operations and Management (10N)**. The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for ensuring that VISN Directors maintain an appropriate credentialing process consistent with VHA policy. In doing so, uniform prototype performance standards will be issued for key VHA medical facility managers, such as Directors, Associate or Assistant Directors, Human Resource Management Officers, and Chief of Staff (COS). In addition, monitoring of credentialing and privileging must continue through periodic consultative site visits by The Joint Commission and other reviews, as applicable.

d. **VISN Chief Medical Officer (CMO)**. The VISN CMO is responsible for oversight of the credentialing process of the facilities within the VISN using a standardized assessment tool as directed by the Deputy Under Secretary for Health for Operations and Management when completing oversight activities.

e. **Medical Facility Director**. Each facility Director is responsible for:

(1) Ensuring there is a local written facility policy consistent with this Directive.

(2) Ensuring documentation of the requirements in this Directive are maintained in a paper or electronic medium. VetPro is VHA's electronic credentialing system and must be used for credentialing all providers. *NOTE: Credentials that are documented electronically do not need to be converted to a hard-copy document for filing in the paper file.*

(3) Ensuring one component of VHA's Patient Safety Program is quality credentialing, and VetPro is used to reduce the potential for human error in the credentialing process. The requirements of this Directive 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 into VetPro.

(4) Ensuring 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 for 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.

(5) Ensuring 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 Directive to be updated or reverified) can be considered verified. *NOTE: An expedited credentialing process can be found in Attachment D, Expedited and Disaster Appointments.*

## VHA DIRECTIVE 2012-030

October 11, 2012

(6) Establishing 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.

(7) Ensuring labor-management obligations are met to the extent required by law prior to implementing a Credentialing Program that affects practitioners who are represented by an exclusive union representative.

f. **Clinical Executives.** Clinical Executives (COS and Chief Nurse Executives) 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.

g. **Service Chiefs.** Service Chiefs are responsible for:

(1) Reviewing all credentials and 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. This responsibility may be delegated only to the individual who has signature authority as the rater of record for the annual proficiency or appraisal.*

h. **Medical Center Human Resources Management (HRM) Officers.** HRM Officers are responsible for:

(1) Ensuring compliance with this Directive for complete credentialing and its use by selecting officials in accordance with HRM policies and procedures, and

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

i. **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 at the earliest date after notification is received by the individual, but no later than 15 calendar days after notification. **NOTE:** *Failure to notify the medical facility Director, or designee on these matters may result in administrative or disciplinary action.*

## 5. REFERENCES

- a. Title 38 CFR Part 46.
- b. Title 38 U.S.C. 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, Safety and Value (10A4B2) is responsible for the contents of this Directive. General questions concerning credentialing or VetPro needs to be referred to the Office of Quality, Safety and Value at 919-474-3905.

**7. RESCISSIONS:** VHA Directive 2006-067 is rescinded. This VHA Directive expires October 31, 2017.

Robert A. Petzel, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: E-mailed to the VHA Publications Distribution List 10/15/2012

ATTACHMENT A

CREENTIALING 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.

b. 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.

c. The applicable service chief must review the credentials and make recommendations regarding appointment.

d. 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.** Applicants seeking appointment must complete appropriate forms for the position for which they are applying.

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

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

c. 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.

#### 4. Documentation Requirements

a. Information obtained in the credentialing process must be primary source verified, unless otherwise noted in this Directive, and documented in writing, either by letter or report of contact, or Web verification. Facility staff is expected to ensure all credentialing documents are secured.

(1) 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.

(2) 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.

(3) 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 needs to 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.*

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 the Web site is maintained by the granting entity, and the verification data cannot be modified by outside sources. If not maintained by the granting entity, the site must include an endorsement by the granting entity that the site is primary source verification, or the transmission from the granting or endorsing entity is in an encrypted format.

(3) Information on the status of a credential and any pending or final adverse action information.

(4) A printed disclaimer with the printed verification is encouraged, since Web sites are constantly changing. This measure is to assist with issues arising with surveyors.

c. 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 filed in lieu of the document sought. It is suggested that no more than 15 calendar days for requests made in the continental United States (U.S.) and 30 days for Non-continental U.S. elapse before the attempt is deemed unsuccessful. It is recommended the

applicant be notified and involved in the attempt to obtain the necessary documentation, or assisting with gaining verification through a secondary source. Examples of secondary sources include Web verification sources that do not meet appropriateness guidelines; documentation from another source that attests to verification of the credential, and as a final effort, an authenticated copy of the credential.

d. 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 incorrect. 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.

e. Individuals with multiple licenses, registrations, and/or certifications as applicable to the position are responsible for maintaining these credentials in good standing and informing the Director or designee of any changes in the status of these credentials. 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 7d of this Attachment. The verifying official must contact the state board(s) or issuing organization(s) to verify the reason(s) for any change at the earliest date after notification is received from the individual.

*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, must 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.** 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: Education used to qualify for an appointment (i.e., first nursing degree) is only 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 must 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 must 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



## VHA DIRECTIVE 2012-030

October 11, 2012

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.

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. **NOTE:** *The designation by the verifying agency must be maintained by the credentialers to assist with questions that may arise concerning designation.*

d. For individuals who graduated from a foreign professional school, facility officials may use the verification provided by a national entity that certifies the graduation from the foreign professional school as a designated equivalent for the primary source verification. This would include, but is not limited to, the Commission on Graduates of Foreign Nursing Schools, National Board for Certification in Occupational Therapy, or Foreign Credentialing Commission on Physical Therapy.

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

f. If primary source verification of education is not received within 15 days of the initial request for verification, a secondary source may be documented while proceeding with “good faith effort” described in the subparagraph 4c of this Attachment.

g. If education cannot be verified because the school has been closed; 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 applicants meet appropriate VA qualification standard educational requirements prior to appointment.

h. If primary source verification of education cannot be obtained, facility officials need to document the “good faith effort” as described in subparagraph 4c of this Attachment, as well as what secondary source is used to verify the applicant meets the educational requirements as applicable to the position. The practitioner is to be notified and needs to assist in obtaining the necessary documentation through a secondary source.

i. For all individuals, facility staff need 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).

j. 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 a requested specialized position or placement.

## **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 credentialing file (electronic or paper) includes certifications and registrations which are time-limited or carry an expiration date. These must be reviewed and primary-source verification of the renewal documented prior to expiration.

(1) For current employees, primary source verification must be obtained at the time of renewal if the employee engages in employment other than at the VA medical facility of appointment.

(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 dietitian who is applying to be a registered nurse), 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)-Controlled Dangerous Substance (CDS) Certification.** Certain professional practitioners may apply for and be granted renewable certification by the DEA-CDS, 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-CDS 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-CDS certification in order to be authorized to prescribe controlled substances, the practitioner may not prescribe controlled substances without such individual DEA-CDS certification. Questions regarding whether the facility's institutional DEA-CDS certificate with a suffix meets the state's requirement for individual certification are to be directed to Regional Counsel.*

## VHA DIRECTIVE 2012-030

October 11, 2012

(1) Application. Each applicant possessing a DEA-CDS certificate must document on the appropriate VA application form, information about the current or most recent DEA-CDS certificate. Any applicant whose DEA-CDS certification (Federal and/or state) has ever been revoked, suspended, limited, restricted in any way, 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-CDS 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 CDS certificate can be made through a letter or by telephone and documented on a report of contact. Electronic means of verification are 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 needs to 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.

*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)**

(1) Primary source verification must be completed at the time of initial application, and expiration.

(2) Verification can be obtained through a letter or by telephone and documented on a report of contact. Electronic means of verification are acceptable, as long as the site is maintained by the primary source and the disclaimer addresses the authenticity and currency of the information. If a request to the state for written verification of licensure is made, it is to be accompanied by VA Form 10-0459, Credentialing Release of Information Authorization, signed by the practitioner requesting verification and disclosure of requested information concerning:

a. Each lawsuit, civil action, or other claim brought against the practitioner for malpractice or negligence;

b. Each disciplinary action taken or under consideration, including any open or previously concluded investigations; and

c. Any changes in the status of the license and all supporting documentation related to the information provided.

*NOTE: Written verification is not required, but is considered a best practice and might be considered in follow-up to appropriate primary source verification but does not need to be completed prior to appointment.*

(3) If the state is unwilling to provide primary source verification, the facility staff must document the state's specifics of the 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 fee must be paid with the medical facility funds.

**d. Qualification Requirements of 38 U.S.C. Section 7402(f).** Applicants and individuals appointed on or after November 30, 1999, to a position identified in U.S.C. 7402(b) (other than Director) who have been licensed, registered, or certified (as applicable to such position) in more than one state, and had such license, registration, or certification 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 appointment, unless the revoked or surrendered license, registration, or certification is restored to a full and unrestricted status.

## VHA DIRECTIVE 2012-030

October 11, 2012

*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 appointed before November 30, 1999, to a position identified in 38 U.S.C. 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, on or after November 30, 1999, and 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 Directive applies to licensure, registration, or certification required as applicable to the position subsequent to the publication of this Directive and required by statute or VA qualification standards, effective with the date the credential is required.

e. **Action Taken Against License.** If action was taken against the applicant's sole license or against any of the applicant's licenses, a review by the Chief, Human Resources Management

Service, or the Regional Counsel, must be completed 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 file, VetPro.

f. **Changes in State Licensure Requirements.** An employee is responsible for complying with any changes in licensure or registration requirements which may be imposed by the State(s) of licensure. If an employee can show they were 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 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 an 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, must notify Office of Human Resources Management (OHRM) and Labor Relations (LR) Recruitment and Placement Policy Service (059), so a general notice can be issued to all Veterans Health Administration (VHA) facilities. The delay must be general rather than personal in scope and impact. If no such notice has been issued by OHRM, 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 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, 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 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. Employees are to be notified 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.

(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

## VHA DIRECTIVE 2012-030

October 11, 2012

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 Directive 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. At least one reference is to be documented in the Credentialing file.

b. Preferably, 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. References submitted by the applicant may be used if:

- (1) Received in a sealed envelope;
- (2) Dated 180 days or less and prior to the appointment; and
- (3) Applicable to the position or assignment.

c. Employment with the most recent employer and the last two VA assignments or all VA experience in the last 5 years, whichever is longer, must be verified. Employment information and references are to be appropriately documented in the Official Personnel Folder (OPF) and VetPro.

**9. Supplemental Attestation 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 applicant'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 file must contain an explanatory statement by the individual, information from a primary source with knowledge of the issues, and evidence that the facility officials 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 credentials which were held previously, but 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, 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 the applicants are required to be credentialed in accordance with this Directive. 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 National Practitioner Data Bank (NPDB)-HIPDB Web site at: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov).*



## VHA DIRECTIVE 2012-030

October 11, 2012

- 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, 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. Since 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 eliminate the appropriate staff responsibility for verifying all information prior to appointment or proposed Human Resources Management 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 Merged Records Personnel Folder.
- h. The facility Director is the authorized representative who authorizes all submissions to the HIPDB. Any delegation of this 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 stored in VetPro 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 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 is located in VA Handbook 5005, Part II, Chapter 1, Section B, paragraph 2.*

### **11. Transfer and Sharing of Credentials.**

- a. 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 sharing the VetPro electronic credentials file with the gaining or satellite facility.
- b. An authenticated copy of the original employment application or other appropriate appointment information needs to be provided to the receiving facility, if requested. 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.

c. The gaining facility, either through transfer or sharing, is to ensure all credentials are current for appointment at the facility. This will require:

(1) The VetPro file being opened for update so the practitioner can submit an updated set of responses to the Supplemental Attestation Question, update time limited credentials, update references as required by the gaining facility, and update personal history;

(2) Verification by the gaining facility of time limited credentials including primary source verification of licensure, registration, or certification; and

(3) Screening through the HIPDB by the gaining facility.

## **12. Disposition of Credentialing Files**

a. When a VA practitioner transfers from one VA facility to another, the electronic credentialing file must be transferred to the gaining facility immediately upon transfer. Electronic credentialing files in VetPro must be transferred through the File Administration Screen.

b. When a VA practitioner separates from VA practice, the paper credentialing file must be maintained by the last facility of appointment and then retired to the VA Records Center 3 years after the practitioner separates from VA practice. *NOTE: The Records Officer at each facility is responsible to advise anyone regarding the disposition of records in accordance with the Records Control Schedule 10 – 1, 10Q – 1.*

c. Credentialing files on applicants not selected for VA practice are to be destroyed 2 years after non-selection, or when no longer needed for reference, whichever is sooner. Electronic credentialing files in VetPro must be inactivated through the File Administration Screen at the time of separation or non-selection.

d. Credentialing folders may be thinned if they become difficult to manage, but the backup material must be available at the facility.

**ATTACHMENT B**

**APPLICABLE OCCUPATIONS**

1. Occupations that require licensure, registration, or certification include but are not limited to:

<b>Occupation Code</b>	<b>Occupation Title</b>
180	Psychology
185	Social Work
601	Nuclear Medicine Technologist
610	Registered Nurse
620	Practical Nurse
630	Dietitian
631	Occupational Therapist
633	Physical Therapist
647	Diagnostic Radiologic Technologist
648	Therapeutic Radiologic Technologist
651	Respiratory Therapist
660	Pharmacist
661	Pharmacy Technician (General Schedule (GS) 6 and above)
662	Optometrist
665	Audiologist
668	Podiatrist
681	Dental Assistant
682	Dental Hygiene
XXX	Chiropractor

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

<b>Occupation Code</b>	<b>Occupation Title</b>
635	Corrective Therapist
638	Recreation and/or Creative Arts Therapist
644	Medical Technologist
645	Medical Technician
661	Pharmacy Technician
665	Speech Pathologist
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 listed 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 individuals hired on or after November 30, 1999, the date 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	682	7/1/1982
Psychologist *	180	8/10/1982
Social Worker	185	6/25/1992
Nurse	610	1/3/1946
Licensed Practical Nurse or Licensed Vocational Nurse	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 a 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) is 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 in accordance with this Directive.

(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. 7d).*

(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 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 Attestation 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.*

## VHA DIRECTIVE 2012-030

October 11, 2012

d. This process does not relieve the local VHA medical treatment facilities from reviewing the Department of Health and Human Services, Office of Inspector General's List of Excluded Individuals and Entities, 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 automatically 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 the individual is a member of a Disaster Medical Assistance Team; or

(3) Identification indicating 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 Directive or removed from the position.

f. A defined process to ensure 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.