

Must be prepared on your school's official letterhead-then delete this line

**TRAINEE QUALIFICATIONS AND CREDENTIALS VERIFICATION LETTER (TQCVL)
FOR UNDERGRADUATE TRAINEES SPONSORED BY AN AFFILIATED PROGRAM OR INSTITUTION**

*Department, Program, or Sponsoring Entity
School's Mailing Address
City, State, Zip Code*

Nursing Education
Mail Code 118-E
James A. Haley Veterans' Hospital and Clinics
13000 Bruce B. Downs Blvd.
Tampa, FL 33612

Dear Director of Nursing Trainees:

1. I certify that the information listed in paragraph 2 has been verified for the trainee listed below IS scheduled to receive clinical training at Tampa JAHVA:

Start Date:	End Date:	Circle the Days of the week Mon. -Tues. -Wed.- Thurs.-Fri.
Clinical Area	Name of the Clinical Instructor	Clinical Instructor Contact #
Trainee Name (First/Middle/Last)		
Circle the Nursing Program Degree Level BSN - AD - LPN	Times of Clinical Rotation Start Time _____ End Time _____	
NOTE: Must include a copy of the Completion Certificate of the Mandatory Training for Trainees		

2. In addition, I certify that this trainee:

- a. Is enrolled in the designated training program and have met criteria for this level of training;
- b. Has satisfactory health to perform the duties of the clinical training program;
- c. Has had tuberculin testing as required by the Center for Disease Control (CDC) and VA facility standards;
- d. Has had hepatitis B vaccination or have signed declination waivers;
- e. Has had chicken pox or chicken pox vaccine or have signed declination waivers;
- f. Has had primary source verification of educational credentials as required by the admission criteria of the affiliate's training program;
- g. Has had primary source verification of current licenses including provisional, temporary, or training licenses, registrations, or certifications through the state licensing

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boards and national and state certification bodies as required by the training program. Credentials subject to verification include all prior or current licenses, certifications, or registrations in any clinical program;

i. Have provided letters of reference as required by training program.

3. I will notify the Director of Affiliations for Nursing within 72 hours of changes in the academic status of individual trainees, adverse actions that affect the trainee appointment, or changes in health status that pose a risk to the safety of the trainee, other employees, or patients.

4. I certify that all documents pertaining to the listed trainee are maintained on file and available to VA officials for review.



Name and title of the Sponsoring Entity
Program Director or Designee

Signature: _____ (Date)

Received by the Director of Nursing Trainees (Date)