

VA Chiropractic Residency Application

| 1. VA Facility | | | | |
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| <ul style="list-style-type: none"> This application is for the training period July 1, 2015 through June 30, 2016 Applicants must follow the instructions for the specific residency location Deadline for submitting all application materials is February 6, 2015 | | | | |
| Residency location | | | | |
| 2: APPLICANT INFORMATION | | | | |
| Last name: | | First name: | | |
| Current address: | | | | |
| Email address: | | Telephone: | | |
| Citizenship: | <i>All applicants must be US citizens. Please indicate your citizenship below.</i> | | | |
| | US citizen by birth | Naturalized US citizen | Not a US citizen | |
| Selective Service Registration: | <i>Male applicants born after December 31, 1959 are required to be registered with the Selective Service System unless certain exemptions apply. Please indicate your registration status below.</i> | | | |
| | Are you a male born after December 31, 1959? | | | |
| | Yes | No (if "No" proceed to Section 3) | | |
| | Have you registered with the Selective Service System? | | | |
| | Yes | No (if "No" describe your reason in Section 6.1) | | |
| 3: EDUCATION AND TRAINING | | | | |
| <i>In chronological order list education after high school through graduate/professional school</i> | | | | |
| Institution and location (city/state) | Major field of study | Year completed | Degree (if applicable) | GPA |
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| 4: CHIROPRACTIC LICENSE INFORMATION | | | | |
| Do you currently hold a chiropractic license? | | | | |
| Yes No (if "No" proceed to Section 5) | | | | |
| State of issue | License number | | Expiration date | |
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| 5: OTHER HEALTHCARE LICENSE/CERTIFICATION INFORMATION | | | | |
| Do you currently hold a license or certification in another healthcare profession? | | | | |
| Yes No (if "No" proceed to Section 6) | | | | |

| List all other healthcare licenses, certifications, and registrations | State of issue | License, certification or registration number | Expiration date |
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6: ADDITIONAL QUESTIONS

If you answer "YES" to any of the questions below please explain in section 6.1

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| Do you have pending or have you ever had any health profession license, certification, or registration to practice revoked, suspended, denied restricted, limited or issued/placed on a probational status or voluntarily relinquished? | Yes No |
| Do you have pending or have you ever had clinical privileges at any health care institution or agency revoked, suspended, denied restricted, limited or issued/placed on a probational status or voluntarily relinquished? | Yes No |
| If you have ever participated in the Medicare/Medicaid Program, were you convicted of and or investigated for making and/or using false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act? | Yes No |
| Are you now, or have you ever been, involved in administrative, professional or judicial proceedings in which malpractice on your part is or was alleged? If YES, give details below, including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved. <i>As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.</i> | Yes No |
| Do you need accommodations to perform the procedures and essential functions of the training position for which you have applied? | Yes No |

6.1: REMARKS

7: PERSONAL STATEMENT

In 300 - 400 words, please explain why you should be selected for a VA chiropractic residency, what you expect to gain from the training, and what impact you expect it will have on your career.

Return this completed form by email to the respective program(s) to which you are applying:

| | |
|-----------------|--------------------------|
| West Haven, CT | anthony.lisi@va.gov |
| Buffalo, NY | andrew.dunn@va.gov |
| Canandaigua, NY | paul.dougherty@va.gov |
| St. Louis, MO | stlchiroresidency@va.gov |
| Los Angeles, CA | valerie.johnson4@va.gov |

You may apply to more than one site, but must follow each site's individual application instructions.

Due to the highly selective nature of these programs you are strongly advised to be judicious in submitting applications. You should only apply to sites at which you are committed to attend if you are chosen.

Submission deadline is February 6, 2015