VA Chiropractic Residency Application

1. VA Facility

- **This application is for the training period July 1, 2014 through June 30, 2015**
- **Applicants must follow the instructions for the specific residency location**
- **Deadline for submitting all application materials is February 21, 2014**

Residency location	select one

2: APPLICANT INFORMATION

Last name:		First name:	
Current address:			
Email address:		Telephone:	
Citizenship:	*All applicants must be US citizens. Please indicate your citizenship below.*		
	☐ US citizen by birth ☐ Naturalized US citizen ☐ Not a US citizen		
Selective Service Registration:	*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.*		
	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

In chronological order list education after high school through graduate/professional school

Institution and location (city/state)	Major field of study	Year completed	Degree (if applicable)	GPA

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

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

6: ADDITIONAL QUESTIONS

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

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. *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.*	☐ 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.