VAPHS Research Independent VetPro Enrollment Form

Instructions: Please complete the form in its entirety. Once complete, a copy of the form, along with a copy of your Social Security Card must be sent via encrypted e-mail to the Research Office (Samantha.Ragguinti@va.gov). Paper copies can be mailed to VAPHS Research Office, University Drive C (Building 30), Mailcode 151, Pittsburgh PA 15240. Attention: Samantha Ragguinti

First Name: Middle Name: Last Name:

Suffix (MD, DO, CRNP, etc.):

Date of Birth (mm/dd/yyyy): City of Birth: State: Country:

Gender: ☐ Male ☐ Female

Maiden Name (if applicable): Date of Marriage (mm/dd/yyyy):

U.S. Citizen: ☐ YES ☐ NO Naturalized Citizen: ☐ YES ☐ NO ☐ NOT APPLICABLE

Professional License State:

License Number: VISA Type: Select

Address Line 1:

Address Line 2:

City: State: Zip Code:

Phone: Fax: Email Address:

Type of Appointment: Select Provider Type: Select

☐ PT 8ths

☐ Grade Step Recommended

Request for:

☐ Credentialing & Privileging

Privileges Requested:

Access to Medical Records Requested: Select

☐ Credentialing Only

☐ Credentialing & Scope of Practice

Name of Primary Collaborative Physician:

Name of Alternative Collaborative Physician:

Choose site(s) where provider will work:

- ☐ CBOC-Beaver
- ☐ CBOC- Fayette
- ☐ CBOC-Washington
- ☐ University Drive
- ☐ CBOC-Belmont
- ☐ CBOC- Westmoreland
- ☐ Heinz
- ☐ Virtual Location

If applicable, please indicate if secondary privileges are being requested: Select

Is ACLS certification required for this provider: Select

- ACLS certification is required for CPR Team Leaders: MDs in the ED, Critical Care, and Telemetry; MODs at UD and MDs with moderate sedation and airway management privileges (Interventional Cardiologists, Interventional Gastroenterologists, Interventional Pulmonologists, Anesthesiologists).
- ACLS Certification is required for CRNAs.

Comments: