

Date: \_\_\_\_\_

From: Dean of: \_\_\_\_\_

**Educational Institution:** \_\_\_\_\_

**Subj: Request for WOC Faculty - VetPro Credentialing enrollment**

To: Marlene Jamieson  
Education Division (P2EDUC)  
Portland VA Medical Center  
P.O. Box 1034  
Portland, OR 97207

Social Security number:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender:

M F

Legal Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Month & Year employment began: \_\_\_\_ / \_\_\_\_

Does the above individual have any past or pending disciplinary actions: yes no

I recommend this individual for a Without Compensation Faculty Appointment with the Portland VA Medical Center, and agree to notify the Portland VA Medical Center if the individual's status changes with the above named educational institution. This request is also confirmation of the current employment with the above named institution.

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Veterans Affairs**

**Portland VAMC**

3710 SW US Veterans Hospital Road, PO Box 1034  
Portland, OR 97207

Date: \_\_\_\_\_

SUBJ: Release of Information for

(Print full name) \_\_\_\_\_

In order for the Portland VAMC to access and verify my educational background, professional qualifications and suitability for appointment, I hereby authorize the Portland VAMC to make inquiries and consult with all persons, places of employment, education, State licensing boards, or other similar government and non-government entities or who may have information bearing on my moral, ethical or professional qualifications. I authorize release of such information and copies of related records and/or documents to VA officials.

I authorize the VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me sufficient to enable the VA to make such inquiries.

I release from liability all those who provide information to the Department of Veterans Affairs in good faith and without malice in response to such inquiries.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mmddyyyy)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number