

VA Puget Sound Health Care System
 Research & Development
 Education Verification Form

As part of the credentialing process it is necessary to verify educational credentials. To assist us in completing this process, please provide the following information. By signing this form, you authorize us to verify your academic degree with the institution that awarded it either directly or through its authorized agent(s).

EMPLOYEE NAME	
UNIVERSITY/PROGRAM ATTENDED	Subject/field degree awarded in:
CITY / STATE / COUNTRY	
DEGREE/TRAINING	DATE EDUCATION COMPLETED
LICENSE/REGISTRATION STATE	
ISSUE DATE	EXPIRATION DATE
CERTIFICATION	ISSUE/AWARD DATE – EXPIRATION DATE
SOCIAL SECURITY NUMBER	DATE OF BIRTH
EMPLOYEE NAME	EMPLOYEE SIGNATURE
	DATE

FOR OFFICE USE ONLY

DATE OF VERIFICATION	DEGREE/CERTIFICATION VERIFIED
SOURCE OF VERIFICATION	VERIFICATION COMPLETED BY