APPENDIX I

TQCVL Attestation for the Clinical Science Doctoral Program in Psychology
at the University of Michigan

I, __________________________ (“I,” “me,” or “my”), am enrolled in the Clinical Science Doctoral Program of the Department of Psychology at the University of Michigan. I have freely sought, and knowingly made the decision, to participate in a practical training program at ____________ (the “Training Program”), a facility operated by the Department of Veteran Affairs (the “VA”). In connection therewith, I acknowledge the VA mandates, as a condition of my participation in the Training Program, that I satisfy certain health requirements and confirm certain personal information. I further acknowledge that I have received information regarding these requirements and that I have read and understand them. I am aware that the VA mandates that my program director (hereinafter referred to as the “DCT”) sign and submit a Trainee Qualifications and Credentials Verification Letter regarding these matters (the “TQCVL”), and I understand that the information needed for the DCT to do so is not information that the DCT or my Academic Program possesses or would otherwise request of me. Accordingly, in order to enable the DCT to sign and submit the TQCVL, I knowingly and freely am providing the information below. I represent and warrant that all of the information below is true and accurate, and I acknowledge and agree that it may be relied upon by the DCT in connection with the signing and submission of the TQCVL.

I certify that the following is true (please initial each):

_____ Provide evidence or self-certification of satisfactory physical condition based on a physical examination in the past 12-months;

_____ Provide evidence or self-certification of up-to-date vaccinations for healthcare workers as recommended by Centers for Disease Control (CDC) and VA
   https://www.cdc.gov/vaccines/adults/rec-vac/hcw.html to include:
   ____ Hepatitis B
   ____ Seasonal Influenza, before November 30 of influenza season
   ____ Measles, Mumps, & Rubella
   ____ Varicella
   ____ Tetanus, Diphtheria, Pertussis
   ____ Meningococcal

_____ Evidence of tuberculosis screening no more than 90-days before the initial VA start date (see Tuberculosis Screening question below)

_____ Identification documents to meet VA security requirements;
   https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

_____ Results of screening against the Health and Human Services’ List of Excluded Individuals and Entities (LEIE). https://exclusions.oig.hhs.gov/ (See HHS List of Excluded Individuals below)

**Tuberculosis Screening**

_____ I agree to supply a copy of tuberculosis screening results and a formal physician note and signature endorsing these results to the DCT for verification and storage to comply with the TQCVL process. This must be completed no more than 90-days before the initial VA start date.
HHS List of Excluded Individuals
______ I permit the DCT to screen my name against the Health and Human Services’ list of Excluded Individuals and acknowledge that should my name show up on the Health and Human Services’ list of Excluded Individuals, the DCT will be unable to sign my TQCVL.

Selective Service
Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. Male for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a non-immigrant student or visitor visa are exempt from registration. Males required to register, but who fail to do so by their 26th birthday, are per Federal law barred from any position in any Executive Agency.

I certify that I (initial one only):

_____ Am not a male assigned at birth OR I am not a US citizen or immigrant

_____ Males Under Age 26: I have registered with the Selective Service by visiting https://www.sss.gov and printed proof of registration

_____ Males Over Age 26: I have registered with the Selective Service by visiting https://www.sss.gov and printed proof of registration OR I applied for Status Information Letter (SIL) and I can provide the DCT with a Status Information Letter. The SIL denotes one’s requirement for registration, and, if applicable, exemption from the registration requirement.

_____ Have not registered with the Selective Service despite being a US citizen or immigrant, assigned as a male at birth, and between the ages of 18 and 25 years old (inclusive of 18 and 25); I cannot show proof of a Status Information Letter.

Citizenship and Immigrant Status
I certify that I (initial one only):

_____ Am a US Citizen

_____ Am not a US Citizen but can provide the DCT with documented proof of current immigrant or non-immigrant status that may include visa status documents, permanent resident card, social security number, Deferred Action for Childhood Arrivals (DACA) trainee Employment Authorization Document (Form I-766), and other forms as requested by the VA during this process; and I permit the DCT to provide this documented proof of my current immigrant or non-immigrant status along with the TQCVL to the VA.

Health Status Changes
I certify that I (initial):

_____ Per the TQCVL, I agree to notify the DCT as soon as possible but no later than 48 hours, of changes in my academic status, adverse actions that affect my trainee appointment, or changes in health status that pose a risk to the safety of trainees, other employees, or patients. The DCT must then notify the VA of concerns as soon as possible but not later than 72 hours of these changes.
TQCVL Process for the Academic Program
I acknowledge that the TQCVL and the subject matters thereof are mandatory requirements set by the VA. Neither the Academic Program nor DCT has the ability to waive or modify these requirements. I also acknowledge that the decision to pursue training at the VA is my option, and if I do not wish to comply with these requirements, I may seek training at a non-VA facility. With respect to my Academic Program, whatever decision I make will have no consequential impact. I understand that this information provided herein and to be provided pursuant hereto will be used, stored, safeguarded and destroyed consistent with the Department of Psychology’s TQCVL Verification Process for the Clinical Science Doctoral Program. Finally, I acknowledge and agree that the DCT will not, and cannot, sign and submit a TQCVL for me so that I may participate in the Training Program until I have provided all information required herein and it is the VA’s decision whether the information provided is sufficient to allow participation.

I confirm that I am knowingly and freely agreeing to assume and take on all of the risks and responsibilities in any way associated with my participation in the Training Program, including, without limitation, providing the information necessary for the DCT to endorse and submit the TQCVL. In consideration of and return for the Academic Program permitting the DCT to do so, I, as and to the full extent allowed by law, hereby release the University of Michigan, its academic units, and/or its governing boards, employees and agents from any and all liability, claims and actions, excluding those arising from willful and wanton misconduct, that may arise from any injury or harm to me or from damage to property in connection with my participation in the Training Program, including, without limitation, providing the information necessary for the DCT to endorse and submit the TQCVL.

I understand and agree that should any of the information that I provide or submit pursuant hereto be untrue, false, forged or inaccurate that my Academic Program will promptly inform the Training Program and that the Academic Program will pursue disciplinary action against me under applicable policies and procedures, which could ultimately result in my dismissal or expulsion from the Academic Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I hereby sign this agreement of my own free will. By my signature below, I certify that any and all of the information provided or submitted pursuant hereto is or will be true, complete and accurate, and I am freely and knowingly agreeing to the terms and provisions hereof.

_____________________________________  ____________________
Signature      Date

_____________________________________  
Printed Name