INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR HEALTH PROFESSIONS TRAINEES VA FORM 10-2850D

Name and Social Security number should be on top of every page where specified

1. A. Name – Complete Last, First and Middle names, no initials
   B. Complete maiden names, nick names, other spellings, or name changes

2. Address - Complete address to include zip code

3. Telephone – Telephone number to include area code for morning and evening

4. Social Security # - Complete 9 digit social security number

5. Preferred Email – Best email address to reach you

6. Date of Birth – Month Day and Year of birth

7. Place of Birth – City and State, Country if not born in the USA

8. Program of Study – What are you studying in school.
   8B. check yes if applying for a VA advanced fellowship program
   8C. National Provider Number – if you don’t have one, N/A or None
   8D. Start Date of your Degree, Month and Year
   8E. End Date of your Degree program, Month and Year
   8F. Current College – School Now attending with City and State, don’t abbreviate
   8G. Target Degree – What degree are you seeking, or program enrolled in

9. VA Training Facility – Which VA applying to, to including City and State
   9B. VA Training Start Date – Date you will start training at the VA
   9C. VA Training End Date – Date training will end at the VA

10. Targeted Colleges and Universities – Only check if currently enrolled in one

11. Military Duty – Check YES if currently in US Military, otherwise, check NO
    11B. Place service number here, otherwise, place N/A or None
    11C. Place Branch of Service here, otherwise place N/A or None

12. Citizenship – Check which box applies
    12B. Country of Citizenship – Place country where you hold citizenship, or N/A

13. Only answer 13A, B, C, and D if you are NOT a citizen of the USA

14 and 15. To be completed by the Education Department

16. Current Clinical License or Certifications – Complete all fields, if none, N/A or None
17. Previous Clinical License or Certifications - Complete all fields, if none, N/A or None

18 and 19. Read and answer both questions

20. Education after High School – Place ALL schooling attended after High School. Complete all fields to include Complete Physical Address of each school with City State and Zip. Include current school in spite of degree. If none, place N/A or None

21. International Graduates – If you are an international student, complete all fields

22. Internship, Residency, and Fellowship – If apply, complete all fields with full name of school and complete physical address WITH City, State and Zip or N/A or None

23 -25. Read and answer each question. If Yes, Provide additional information in Remarks area

26. Sign and date certifying all information is correct

27. Authorization for Release of Information – Read and Check all boxes, date, sign and read privacy notice

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