

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 a 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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