

VA Chiropractic Residency - Program Application Form

1. INSTRUCTIONS				
Training period:		July 1, 2022 through June 30, 2023		
Application Deadline:		February 11, 2022		
<ul style="list-style-type: none"> This form can be submitted to any of the chiropractic residency programs All programs follow the VA Chiropractic Residency Match process If completing this form on a system other than Windows, ensure cross-compatibility with Windows; ensure entered information remains visible. 				
2: APPLICANT INFORMATION				
Last name:		First name:		
Current address:				
Email address:		Telephone:		
Citizenship:	<i>All applicants must be US citizens. Please indicate your citizenship below.</i>			
	US citizen by birth	Naturalized US citizen	Not a US citizen	
Selective Service Registration:	<i>Male applicants born after December 31, 1959 are required to be registered with the Selective Service System unless certain exemptions apply. Please indicate your registration status below.</i>			
	Are you a male born after December 31, 1959?			
	Yes	No (if "No" proceed to Section 3)		
	Have you registered with the Selective Service System?			
	Yes	No (if "No" describe your reason in Section 6.1)		
3: EDUCATION AND TRAINING				
<i>List relevant education through graduate/professional school</i>				
Chiropractic School		Month/year graduated (or scheduled to graduate)		GPA
Undergraduate, graduate, and/or other professional school (if applicable)	Major field of study	Degree (if applicable)	Month/year graduated	GPA
4: CHIROPRACTIC LICENSE INFORMATION				
Do you currently hold a chiropractic license?				
Yes No (if "No" proceed to Section 5)				
State of issue	License number		Expiration date	
5: OTHER HEALTHCARE LICENSE/CERTIFICATION INFORMATION				
Do you currently hold a license or certification in another healthcare profession?				
Yes No (if "No" proceed to Section 6)				

List all other healthcare licenses, certifications, and registrations	State of issue	License, certification or registration number	Expiration date

6: ADDITIONAL QUESTIONS

If you answer "YES" to any of the questions below please explain in section 6.1

Do you have pending or have you ever had any health profession license, certification, or registration to practice revoked, suspended, denied restricted, limited or issued/placed on a probational status or voluntarily relinquished?	Yes No
Do you have pending or have you ever had clinical privileges at any health care institution or agency revoked, suspended, denied restricted, limited or issued/placed on a probational status or voluntarily relinquished?	Yes No
If you have ever participated in the Medicare/Medicaid Program, were you convicted of and or investigated for making and/or using false, fictitious, or fraudulent statements, representations, writings or documents, regarding a material fact in connection with the delivery of or payment for health care benefits, items or services that would be in violation of the Criminal False Claims Act?	Yes No
Are you now, or have you ever been, involved in administrative, professional or judicial proceedings in which malpractice on your part is or was alleged? If YES, give details below, including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved. <i>As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.</i>	Yes No
Do you need accommodations to perform the procedures and essential functions of the training position for which you have applied?	Yes No

6.1: REMARKS

7: REFERENCE INFORMATION

- Identify exactly three (3) individuals as professional references
- Strongest weight is placed on individuals who have supervised you and have direct knowledge of your clinical/professional abilities
- Contact these individuals directly to inform them that they will receive an email from the VA DC Residency Program with instructions on submitting references

	Last name	First name	Email address
Referee 1			
Referee 2			
Referee 3			

8: PERSONAL STATEMENT

In 200 - 300 words, please explain why you should be selected for this specific VA chiropractic residency program. What do you expect to gain from the training, and what impact do you intend it to have on your career?

9: NEXT STEPS

Save this form by adding your "last name.first initial" to the end of the file name. For instance if your name is Samantha Jones, name the file:

"VAChiroResidencyApplication2022.jones.s"

Email 1) this completed form, and 2) your CV (3-page maximum) to the respective program(s) to which you are applying

You may apply to multiple programs, but must submit separate application materials directly to each program

Central Iowa	Nathan.Hinkeldey@va.gov
Cincinnati	Michael.Clay4@va.gov
Connecticut	Anthony.Lisi@va.gov
Finger Lakes	Paul.Dougherty@va.gov
Greater Los Angeles	Valerie.Johnson4@va.gov
Miami	Gina.Bonavito-Larragoite@va.gov
Palo Alto	Robert.Walsh4@va.gov
Puget Sound	Clinton.Daniels@va.gov
St. Louis	Stlchiroresidency@va.gov
Western New York	Andrew.Dunn@va.gov

Programs will contact applicants to schedule interviews

Only those applicants who complete interviews with any program(s) will receive further information on the Match ranking process
