

**DETROIT VA MEDICAL CENTER
RESEARCH SERVICE
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 as well as a copy of your diploma or official school transcript:

EMPLOYEE NAME	
UNIVERSITY/PROGRAM ATTENDED	
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 SIGNATURE	

FOR OFFICE USE ONLY

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