NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE Signature Record/Proof of Signature

☐ Classified P3/P14 Wage Employee		Board of Medicine License #	VA Expiration Date
		DEA # (Only provide to Pharmacy)	NPI (Only provide to Pharmacy)
Locum tenens Physicians Physicians Asst. Nurse Practitioners		Board of Medicine License #	VA Expiration Date
		DEA # (Only provide to Pharmacy)	NPI (Only provide to Pharmacy)
Contract Worker		License #	VA Expiration Date
☐ Resident ☐ License ☐ No License	SSN Medical School Name Graduation Date	(Redact SSN before copying for all except Med Svcs)	
Student			
Printed Full Name:			
Initials:			
Signature:			
Department:			
Date:			
	Record Retention: seventy-fiv	ve (75) years after date of creation	
Witness Printed Name		Witness Signature	Date
cc: Originals Human Resources Medical Sves & Psychologist HIM Department Medical Sves Medical Sves Medical Sves (Exclude Students) Pharmacy			