

Resident Supervision and Physician Time and Attendance Compliance Certification

1. This is to certify in writing that I have read the following:
 - a. VHA Handbook, 5011, Hours of Duty and Leave
 - b. MP-6, Part V, Supplement 2.2, Chapter 1, Section 102.00, Time and Attendance Reporting
 - c. Resident Supervision, VHA Handbook 1400.1
2. I agree to comply with the requirements in the above policies. I understand that falsification of time and attendance records constitutes fraud, which must be referred for criminal prosecution. I understand that failure to comply with these policies may range from dismissal from Federal Service to actions against licensure and reporting to the National Practitioner Data Bank.
3. I also understand that I am responsible for keeping current and complying with any and all future changes in the above policies and procedures.

PRINTED NAME

SIGNATURE

DATE

Signed certifications to be sent to VASDHS Human Resources Management Service (05) to be placed in the physicians' Official Personnel File.