



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON DC

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MEMORANDUM FOR HEALTH PROFESSIONS SCHOLARSHIP PROGRAM (HPSP)
STUDENTS COMPLETING AFIT TRAINING PROGRAM

FROM: AFCCVO in care of Decypher
200 Concord Plaza Dr. Suite 780
San Antonio Texas 78216

SUBJECT: Credentialing Documentation Requirements

1. Congratulations on completing your training/education program! With your accomplishment comes the requirement to update your credentials and privileges. The Air Force Centralized Credentials Verification Office (AFCCVO) is responsible for initiating the credentialing process. It is very important that you adhere to the process and timeline outlined in this document to prevent delays at your new assignment.

2. Please submit the following documentation, according to the timeline below, to the AFCCVO in care of Decypher 200 Concord Plaza Dr. Suite 780 San Antonio Texas 78216. . The required Air Force Forms and instructions referenced in this document can be found at <http://airforcemedicine.afms.mil/afccvo>. You will see a link at the bottom of the page for the Forms Catalog.

3. The timeline and process for the submission of documentation is as follows.

a. **Immediately** upon receipt of this letter submit: If you are going to an active duty assignment or a military post-graduate training program, fax a copy of any available assignment information.

b. **Within 30 days of receipt of this letter, submit the following:**

(1) A letter, on official letterhead and signed by your current program director/dean, stating the start date and projected completion date of your training (include the projected day, month, and year).

(2) **AF Form 1540, Application for Clinical Privileges/Medical Staff Appointment.**

(a) Submit the completed **original** form, and be sure to sign and date the appropriate blocks. Please insure that ALL dates on the form include the month, day and year.

NOTE: One of the three individuals you identify in Section VII (References) should be your dean; the other two should be senior level attending physicians.

(b) Sections VIII (Practice History) and IX (Health Status) **must** be completed by either "Yes" or "No" answers. If a question does not apply to you, please answer

“No”; an “N/A” response will not be accepted. For all “Yes” responses, please provide an explanation in the “Remarks” section on page 4.

c. As soon as possible, submit the following:

- (1) A copy of your qualifying professional diploma (e.g., MD, DO).
- (2) If you are attending civilian post-graduate training, please provide contact information (include your mailing address, telephone number, and e-mail address).

4. Please do not send the forms electronically; all requested documentation must be mailed directly to the AFCCVO with original signatures.

5. Compliance with these requirements ensures timely completion of the credentialing process and the awarding of clinical privileges upon arrival at your duty station. Should you have questions regarding this letter or any part of the credentials process, please feel free to contact the AFCCVO by one of the following means:

- a. Mail: AFCCVO in care of Decypher 200 Concord Plaza Dr. Suite 780 San Antonio Texas 78216.
- b. Telephone: (210) 826-0242
- c. Fax: (210) 829-4526
- d. E-mail: udg_afmoa_afccvo@us.af.mil

6. We wish you continued success in your final months of training and your new assignment within the Air Force Medical Service.

// Original Signed//
Silvia Franklin
Credentialing Supervisor
AFCCVO