



Louis Stokes Cleveland VA Medical Center

APPLICATION

Please submit the following items:

- 1. Completed Application Form**
- 2. Letters of Recommendation**
- 3. Academic Transcript**
- 4. Resume**
- 5. Essay Question Response**

Email Application and Materials to:

Kevin.Roach2@va.gov

Linda.Dundon@va.gov



I. Demographic Information:

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Is Permanent Address same as Current? YES NO

(if no, please fill out)

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

II. License and Education Information:

License Number: _____

State: _____

Degree (Education): _____

Year Awarded: _____

School: _____



III. References (please have these individuals send a letter of recommendation):

1) Name: _____

Institution: _____

Title: _____

Phone: _____

2) Name: _____

Institution: _____

Title: _____

Phone: _____

*Please have your References email their recommendations to Kevin.Roach2@va.gov and Linda.Dundon@va.gov, or have your References mail them to:

ATTENTION: Linda Dundon, PM&RS (117W)
Louis Stokes Cleveland VA Medical Center
10701 East Blvd Cleveland, OH 44106



V. Applicant Certification

I hereby certify that the information provided and submitted in this application is the truth. I have not omitted any information and have not falsified any information within this document.

Printed Name _____

Signature _____

Date _____