DRUG ENFORCEMENT ADMINISTRATION REGISTRATION AND EMPLOYMENT WAIVERS

1. SUMMARY OF CONTENT: This directive provides Veterans Health Administration (VHA) policy on Drug Enforcement Administration (DEA) registration and employment waivers. VHA will not employ any applicant or employee in a position with access to controlled substances who has been convicted of a felony relating to controlled substances or who, at any time, had an application for a DEA registration denied, had a DEA registration revoked, or has surrendered a DEA registration for cause, and does not currently hold an active DEA registration, unless VHA requests an employment waiver from DEA (DEA waiver) and it is approved. ***NOTE:*** *DEA registration information formerly in VA Handbook 5005, Staffing, Part II, Chapter 3, Section B., Paragraph 8: Drug Enforcement Administration Certification is now located in this VHA directive.*

2. RELATED ISSUES: VA Handbook 5005, Staffing, dated July 8, 2024; VHA Directive 1108.01(2), Controlled Substances Management, dated May 1, 2019; VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021; VHA Directive 1100.21(1), Privileging, dated March 2, 2023; VHA Directive 0710(1), VHA Personnel Security and Suitability Program, dated October 11, 2018.

3. POLICY OWNER: The Workforce Management and Consulting Office (106A) is responsible for the content of this directive. Questions may be referred to VHA106AWMCCOEDEAWaivers@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document requirements in this directive.

5. RESCISSIONS: Under Secretary for Health Memorandum 10-2024-03, Drug Enforcement Administration Registrations and Employment Waivers, dated January 30, 2024.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Steven Lieberman, MD
Deputy Under Secretary for Health

NOTE: *All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 24, 2024.

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DRUG ENFORCEMENT ADMINISTRATION REGISTRATION AND EMPLOYMENT WAIVERS

DRUG ENFORCEMENT ADMINISTRATION REGISTRATION AND EMPLOYMENT WAIVERS

1. POLICY

It is Veterans Health Administration (VHA) policy that every VHA applicant or employee who dispenses, or who proposes to dispense, any controlled substance must obtain a Drug Enforcement Administration (DEA) registration issued in accordance with DEA rules and regulations. VHA will not employ any applicant or employee in a position with access to controlled substances who has been convicted of a felony relating to controlled substances or who, at any time, had an application for a DEA registration denied, had a DEA registration revoked, or has surrendered a DEA registration for cause, and does not currently hold an active DEA registration, unless VHA requests an employment waiver from DEA (DEA waiver) and it is approved. **AUTHORITY:** 21 U.S.C. § 822(a)(2); 38 U.S.C. § 7414; 21 C.F.R. §§ 1301.76(a), §1307.03.

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for:

(1) Ensuring overall VHA compliance with this directive.

(2) Reviewing and approving or disapproving requests for VA medical facility and Consolidated Mailout Outpatient Pharmacy (CMOP) facility DEA waivers submitted by the Assistant Under Secretary for Health for Operations and Assistant Under Secretary for Health for Patient Care Services, respectively. ***NOTE:*** *This responsibility can be delegated to a designee, such as the Deputy Under Secretary for Health or Associate Deputy Under Secretary for Health, as appropriate.*

b. **Deputy Under Secretary for Health.** The Deputy Under Secretary for Health is responsible for:

(1) Supporting the Chief, Human Capital Management (HCM) with implementation and oversight of this directive.

(2) Supporting the development of mitigation or corrective actions to address noncompliance with this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Overseeing VISNs to ensure compliance with this directive and its effectiveness.

(4) Routing VA medical facility DEA waiver requests from the Human Resources (HR) Consultant, Workforce Management and Consulting (WMC), HR Center of Expertise (COE) – Staffing Policy to the Under Secretary for Health for review and approval or disapproval.

d. **Assistant Under Secretary for Health for Patient Care Services.** The Assistant Under Secretary for Health for Patient Care Services is responsible for routing CMOP facility DEA waiver requests from the HR Consultant, WMC, HR COE - Staffing Policy to the Under Secretary for Health for review and approval or disapproval.

e. **Chief, Human Capital Management.** The Chief, HCM is responsible for providing oversight of WMC implementation of and compliance with this directive.

f. **Chief Officer, Workforce Management and Consulting.** The Chief Officer, WMC is responsible for overseeing implementation of the policy standards specified by this directive.

g. **Executive Director, Workforce Management and Consulting, Human Resources Operations Office.** The Executive Director, WMC, HR Operations Office (HROO) is responsible for providing the following support for their assigned CMOP facility:

(1) Ensuring that personnel suitability information, e.g., investigative forms or investigation results regarding felony convictions related to controlled substances for applicants and employees in positions that require access to controlled substances, is released to hiring managers and those with a direct need to know this information in accordance with the requirements of the Privacy Act, 5 U.S.C. § 552a. This information is necessary for the specific purpose of determining whether a DEA waiver will be requested.

(2) Preparing CMOP facility DEA waiver request documents in collaboration with the Pharmacy Director, CMOP and ensuring the waiver request is fully justified and that all requirements in this directive have been met.

(3) Submitting the CMOP facility DEA waiver request to the Deputy Chief Consultant, CMOP for review and recommended action.

h. **Human Resources Consultant, Workforce Management and Consulting, Human Resources Center of Expertise – Staffing Policy.** The HR Consultant, WMC, HR COE – Staffing Policy is responsible for:

(1) Ensuring VA medical facility and CMOP facility DEA waiver requests are routed for review and approval or disapproval in accordance with this directive (see paragraphs 3 and 4).

(2) Reviewing VA medical facility and CMOP facility DEA waiver requests from the VISN Director and Executive Director, Pharmacy Benefits Management (PBM), respectively, for compliance with submission requirements.

(3) Routing VA medical facility DEA waiver requests from the VISN Director to the Assistant Under Secretary for Health for Operations, and CMOP DEA waiver requests from the Executive Director, PBM to the Assistant Under Secretary for Health for Patient Care Services, for submission to the Under Secretary for Health, or designee, and providing a recommendation for approval or disapproval.

(4) Submitting Under Secretary for Health approved VA medical facility and CMOP facility DEA waiver requests to DEA for review and approval or disapproval.

(5) Communicating Under Secretary for Health and DEA waiver request decisions for VA medical facilities to the VISN Director, and for CMOP facilities to the Executive Director, PBM.

(6) Providing DEA waiver request templates for use by VISNs, VA medical facilities, PBM, and HROO.

i. **Executive Director, Pharmacy Benefits Management.** The Executive Director, PBM is responsible for reviewing and routing DEA waiver requests from CMOP facilities from the Deputy Chief Consultant, CMOP to the HR Consultant, WMC – HR COE, Staffing Policy and recommending approval or disapproval.

j. **Deputy Chief Consultant, Consolidated Mailout Outpatient Pharmacy.** The Deputy Chief Consultant, CMOP is responsible for reviewing CMOP facility DEA waiver requests submitted by the Executive Director, WMC, HROO, recommending approval or disapproval, and routing them to the Executive Director, PBM.

k. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Deputy Under Secretary for Health and Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(2) Overseeing corrective actions to address operational noncompliance at the VISN and VA medical facilities within the VISN.

(3) Reviewing VA medical facility DEA waiver requests submitted by the VISN Chief HR Officer (CHRO), routing them to the HR Consultant, WMC, HR COE – Staffing Policy, and recommending approval or disapproval.

(4) Communicating Under Secretary for Health and DEA waiver request decisions for VA medical facilities, received from the HR Consultant, WMC, HR COE – Staffing Policy, to the VA medical facility Director to ensure appropriate actions are taken.

l. **Veterans Integrated Services Network Chief Human Resources Officer.** The VISN CHRO is responsible for:

(1) Ensuring that personnel suitability information, e.g., investigative forms or investigation results regarding felony convictions related to controlled substances for applicants and employees in positions that require access to controlled substances, is released to hiring managers and those with a direct need to know this information in accordance with the requirements of the Privacy Act, 5 U.S.C. § 552a. This information is necessary for the specific purpose of determining whether a DEA waiver will be requested. ***NOTE:*** *In accordance with Office of Personnel Management, Suitability Executive Agent (SuitEA) guidance, persons with a genuine and demonstrated need to know are granted access to the personal information provided on investigative forms or investigation results. This may include managers and administrative HR professionals who have been investigated at the appropriate level. For additional information, see https://www.opm.gov/suitability/suitability-executive-agent/.*

(2) Preparing VA medical facility DEA waiver request documents in collaboration with the VA medical facility Director and ensuring the waiver request is fully justified and that all requirements in this directive have been met. ***NOTE:*** *DEA assesses waiver requests to determine whether there are valid reasons to believe that the individual under consideration is unlikely to divert controlled substances. For additional information on how DEA manages requests for waivers,see the DEA website at https://www.deadiversion.usdoj.gov.*

(3) Submitting the VA medical facility DEA waiver request to the VISN Director for review, recommended action, and routing to the HR Consultant, WMC, HR COE – Staffing Policy for review.

m. **Pharmacy Director, Consolidated Mailout Outpatient Pharmacy.** The Pharmacy Director, CMOP is responsible for the following for their CMOP facility:

(1) Determining which CMOP facility positions require a DEA registration to practice.

(2) Determining which CMOP facility positions have access to controlled substances.

(3) Preparing CMOP facility DEA waiver requests in collaboration with the Executive Director, WMC, HROO prior to submission to the Deputy Chief Consultant, CMOP.

(4) For CMOP employees whose DEA registration has been revoked, suspended, limited, restricted, or voluntarily relinquished, initiating a review of the employee's practice, if appropriate, and taking action in accordance with the requirements in paragraph 3.c.

n. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if non-compliance is identified.

(2) Determining which VA health care providers require a DEA registration to practice and ensuring that VA health care providers who prescribe controlled substances are registered with the DEA. For additional information, see paragraph 3.b.

(3) Determining which VA medical facility positions have access to controlled substances. For additional information, see paragraph 4.a.

(4) Preparing VA medical facility DEA waiver requests in collaboration with the VISN CHRO prior to submission to the VISN Director. ***NOTE:*** *DEA assesses waiver requests to determine whether there are valid reasons to believe that the individual under consideration is unlikely to divert controlled substances. For additional information on how DEA manages requests for waivers,see the DEA website at https://www.deadiversion.usdoj.gov.*

(5) Reviewing Under Secretary for Health and DEA waiver request decisions received from the VISN Director and ensuring appropriate follow-up actions are taken.

o. **VA Medical Facility Chief of Staff.** For privileged VA health care providers at the VA medical facility whose DEA registration has been revoked, suspended, limited, restricted, or voluntarily relinquished, the VA medical facility Chief of Staff is responsible for initiating a review of the clinical care of the respective provider, if appropriate, and taking action in accordance with the requirements in paragraph 3.c.

p. **VA Medical Facility Credentialing and Privileging Specialist.** ***NOTE:*** *For additional VA medical facility Credentialing and Privileging (C&P) Specialist responsibilities, see VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021.* VA medical facility C&P Specialists are responsible for:

(1) Conducting primary source verification of VHA applicants' and employees' DEA registration and documenting in the VHA credentialing file within VetPro.

(2) Maintaining enrollment of all licensed practitioners in the National Practitioner Data Bank Continuous Query (NPDB CQ) program. When there is notification through this program that the DEA has reported a VA health care provider, the C&P Specialist must obtain primary source verification of the DEA action and record all information in the VA health care provider's electronic credentialing file in VetPro. For additional information, see paragraph 3.c.

q. **VA Health Care Providers.** ***NOTE:*** *For additional VA health care provider responsibilities with regards to credentialing, see VHA Directive 1100.20(2).* VA health care providers applying for VHA positions that require a DEA registration are responsible for:

(1) Upon request by their service chief or the VA medical facility C&P Specialist, fully explaining in writing in their VHA credentialing file the reasons why their DEA registration has been revoked, suspended, limited, restricted, or voluntarily relinquished since last verified. For additional information, see paragraph 3.c.

(2) Informing their service chief in writing of any changes in the status of their DEA registration at the earliest date after notification is received, but no later than 5 calendar days after the change, including, but not limited to, any pending or proposed actions. ***NOTE:*** *Failure to notify their service chief on these matters may result in administrative or disciplinary action.*

3. DRUG ENFORCEMENT ADMINISTRATION REGISTRATION

a. **General.**

(1) The Controlled Substances Act requires that every person who dispenses, or who proposes to dispense, any controlled substance must obtain a DEA registration issued in accordance with DEA rules and regulations.

(2) As part of the credentialing and appointment process and prior to employment, DEA registration must be verified as indicated in paragraph 3.c. below for individuals who report they currently hold or have held DEA registration (i.e., on the employment application form or resume or curriculum vitae).

(3) Additionally, any position that requires access to controlled substances is restricted to individuals who have had no felony convictions related to controlled substances or have not had an application for a registration with the DEA denied, had a DEA registration revoked, or surrendered a DEA registration for cause, unless a DEA waiver has been approved in accordance with paragraph 4. Individuals who have had a felony conviction related to controlled substances, an application for a DEA registration denied, a DEA registration revoked or surrendered a DEA registration for cause but currently hold an active DEA registration will not require a DEA waiver. ***NOTE:*** *See paragraph 9 for definitions of "for cause" and "access" in this context.*

b. **Drug Enforcement Administration Registration Requirements.**

(1) Employees who are (1) authorized by their state licensing authority to prescribe controlled substances, and (2) in clinical positions requiring prescribing of controlled substances, must have and maintain a personal DEA registration in good standing. ***NOTE:*** *DEA must exempt from payment of an application fee or registration or reregistration of any practitioner who is required to obtain individual registration in order to carry out duties as an official of a Federal agency (21 C.F.R. § 1301.21(a)(2)). To claim the exemption, the registrant's superior (if the registrant is an individual) must certify to the status and address of the registrant and to the authority of the registrant to acquire, possess, or handle controlled substances.*

(2) VHA employees who do not prescribe controlled substances do not require a DEA registration. These include, for example:

(a) Employees who have access to controlled substances and do not prescribe controlled substances.

(b) Employees who supervise or manage other employees who prescribe but do not prescribe themselves.

(c) Employees who supervise or manage other employees who have access to controlled substances but do not prescribe themselves.

(3) The VA medical facility Director must determine which positions at the VA medical facility require a DEA registration to practice. The Pharmacy Director, CMOP must determine which positions at the CMOP facility require a DEA registration to practice. ***NOTE:*** *A VA institutional DEA registration number, in conjunction with the identifying provider suffix, may only be utilized under certain circumstances for VA health care providers who cannot obtain a personal DEA number (e.g., Locum Tenens physicians, VA physician residents, Certified Registered Nurse Anesthetists (CRNA)). The VA institutional DEA registration number, in conjunction with the identifying provider suffix, must only be used for VA work-related activities.*

c. **Applicant and Employee Drug Enforcement Administration Registration Verification and Follow-Up.** The following information is in accordance with the provisions of VHA Directive 1100.20(2).

(1) Each VHA applicant for a position that requires a DEA registration must provide information about their current or most recent DEA registration in their electronic credentialing record within VetPro at the time of initial credentialing or during the recredentialing process, when applicable. Any applicant whose DEA registration has ever been revoked, suspended, limited, restricted in any way, or voluntarily relinquished must provide a detailed explanation of such action at the time of application for employment in their VHA credentialing record upon request by their service chief or the VA medical facility's C&P Specialist.

(2) **Verification.** DEA registration is primary source verified by the VA medical facility C&P Specialist at the time of initial credentialing and at the time of recredentialing, as applicable, in accordance with VHA Directive 1100.20(2). If during the credentialing process it is identified that DEA has taken any type of action against the provider's DEA, the C&P Specialist must obtain primary source verification of the action and surrounding circumstances and record all gathered information in the provider's electronic credentialing file within VetPro. Notification of an action taken by DEA may also be made through the NPDB CQ program. If an alert of such action is received by the C&P Specialist, primary source verification of the action must also occur.

(3) The applicant or employee must fully explain in writing in their VHA credentialing file the reasons why the DEA registration has been revoked, suspended, limited, restricted, or voluntarily relinquished since last verified. Upon receipt of such explanation, a focused clinical care review of the clinical practice of the respective health care provider should be considered by the VA medical facility Chief of Staff, for VA medical facility employees, and the Pharmacy Director, CMOP, for CMOP employees, based upon the circumstances of the findings from the DEA which led to

their adverse decision. Findings of the clinical care review and evidence surrounding the action taken may substantiate substandard care or professional misconduct that may result in an adverse privileging action and reporting to the NPDB as appropriate, in accordance with VHA Directive 1100.21(1), Privileging, dated March 2, 2023. Findings of substandard care may also be reportable to respective state licensing board(s) in accordance with VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, dated January 28, 2021.

(4) If action is taken on an employee's DEA registration that has the effect of restricting any of their state licenses, then action must be taken immediately in accordance with the provisions of VA Directive 5021, Employee/Management Relations, dated April 15, 2002, and VA Handbook 5021, Employee/Management Relations, dated August 14, 2024. ***NOTE:*** *A state licensing board may obtain a voluntary agreement from an individual not to apply for renewal of registration or may decide not to approve the individual's application for licensure renewal as a part of a disciplinary action taken in connection with the individual's professional practice. While there are a number of reasons a state license may be restricted that are unrelated to DEA registration, an individual's state license is considered restricted or impaired for purposes of VA employment if a state licensing board has suspended the person's authority to prescribe controlled substances; selectively limited the individual's authority to prescribe controlled substances; or accepted an individual's offer or voluntary agreement to limit authority to prescribe controlled substances.*

4. DRUG ENFORCEMENT ADMINISTRATION WAIVER REQUESTS

a. **Covered Positions.**

(1) The VA medical facility Director must determine which positions at the VA medical facility have access to controlled substances. The Pharmacy Director, CMOP must determine which positions at the CMOP facility have access to controlled substances. Any position that requires the incumbent to prescribe, administer or physically handle controlled substances as part of their assigned duties is, in the context of this directive, considered to have access to controlled substances.

(2) Any employee or applicant who has been convicted of a felony offense relating to controlled substances or who, at any time, has had an application for a DEA registration denied, had a DEA registration revoked, or has surrendered a DEA registration for cause and does not currently hold an active DEA registration, may not be appointed to or hold a position that has access to controlled substances, unless a DEA waiver has been approved. ***NOTE:*** *See paragraph 9 for definitions of "for cause" and "access" in this context.*

(3) A DEA waiver request may not be considered for an employee or applicant with a suspended DEA registration. Employees or applicants with a suspended DEA registration must provide written explanation in their VHA credentialing file in accordance with paragraph 3.c.

(4) A supervisor must not change the duties and responsibilities related to controlled substances required of a position for the purposes of avoiding the "access to controlled substances" provision unless access to controlled substances is no longer a requirement of the position. Position duties and responsibilities must be reflective of VHA's needs.

b. **Waiver Requests.**

(1) DEA waivers for VHA applicants or employees in positions covered under paragraph 4.a.(3) are only considered in exceptional circumstances.

(2) Requests for DEA waivers must be prepared for Under Secretary for Health or designee approval and, if approved, for submission to the DEA. For details on this process, contact WMC at VHA106AWMCCOEDEAWaivers@va.gov. ***NOTE:*** *DEA waiver requests submitted for Under Secretary for Health approval must contain documented and valid reasons to determine the employee or applicant is unlikely to engage in diversion.*

(3) An offer to hire an applicant requiring a DEA waiver cannot be made until VHA receives the DEA approved waiver decision.

5. OVERSIGHT AND ACCOUNTABILITY

a. **Internal Controls.** The internal controls in this directive are:

(1) Leadership oversight as outlined in paragraph 2 of this directive.

(2) Verification of VHA applicant and employee DEA registration by the VA medical facility C&P Specialist.

(3) Review and approval of DEA waiver requests by the Under Secretary for Health.

(4) Review of clinical care by the VA medical facility Chief of Staff, for VA medical facility employees, and the Pharmacy Director, CMOP, for CMOP employees, whose DEA registration has been revoked, suspended, limited, restricted, or voluntarily relinquished.

b. **Metric.** The metric that assesses the directive or program effectiveness is compliance with DEA registration verification and waiver request requirements described in this directive.

6. TRAINING

There are no formal training requirements associated with this directive.

7. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

8. BACKGROUND

The purpose of this directive is to ensure that VA health care providers and support staff are qualified and competent to provide safe care to Veterans. The John Maxwell Cleland and Robert Johnson Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022, P.L. 117-328 Division U § 112(a) (codified at 38 U.S.C. § 7414) includes at 38 U.S.C. § 7414(b) requirements for VA health care providers to maintain DEA registrations, as applicable, and for VHA to establish a process for DEA waivers.

9. DEFINITIONS

a. **Access.** For the purposes of this directive, access is any position that is required to prescribe, administer, or physically handle controlled substances as part of their assigned duties is considered to have access. Access is not limited to only physical access to controlled substances, but also includes any influence over the handling of controlled substances.

b. **Controlled Substance.** A controlled substance, as defined in 21 U.S.C. § 802(6), is a drug or other substance, or immediate precursor, included in Schedule I, II, III, IV, or V of 21 U.S.C. § 812.

c. **Dispense.** Dispense, as defined in 21 U.S.C. § 802(10), is to deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a health care provider, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery.

d. **Diversion.** For the purposes of this directive, diversion is the distribution or misuse of controlled substances from legal and medically necessary uses towards uses that are typically illegal and not medically authorized. Diversion may occur at every point in the drug management pathway and can involve any individual who has access to controlled substances, including health care providers. Diverted drugs can cause patient and public harm, drug abuse, overdose, and death.

e. **Drug Enforcement Administration Registration.** A DEA registration is an identifier assigned to a health care provider, e.g. physician, physician assistant, optometrist, podiatrist, nurse practitioner, clinical pharmacist practitioner, or dentist, by the DEA allowing the health care provider to prescribe controlled substances.

f. **Drug Enforcement Administration Waiver.** A DEA waiver is a process that allows an organization to employ a person to a position with access to controlled substances but who, under 21 C.F.R. § 1301.76(a), would not otherwise be allowed to be employed by VHA in such a position.

g. **For Cause.** For cause is the surrender of a DEA registration in lieu of, or as a consequence of, any Federal or state administrative, civil, or criminal action resulting from an investigation of the individual's handling of controlled substances.

h. **Suspended Drug Enforcement Administration Registration.** A suspended DEA registration is a temporary rescission of the registration, such as when immediate public safety issues are present. Suspensions can be terminated or reversed with or without adverse action to the provider's licensure or professional standing. The registrant holder can challenge the grounds of the suspension.

10. REFERENCES

a. P.L. 117-328 § 112.

b. 5 U.S.C. § 552a.

c. 21 U.S.C. §§ 802(6), 802(10), 812, 822(a)(2).

d. 38 U.S.C. § 7414.

e. 21 C.F.R. §§ 1301.21(a)(2), 1301.76(a), 1307.03, 1308.11-1308.15.

f. VA Directive 5021, Employee/Management Relations, dated April 15, 2002.

g. VA Handbook 5021, Employee/Management Relations, dated August 14, 2024.

h. VHA Directive 1100.18, Reporting and Responding to State Licensing Boards, dated January 28, 2021.

i. VHA Directive 1100.20(2), Credentialing of Health Care Providers, dated September 15, 2021.

j. VHA Directive 1100.21(1), Privileging, dated March 2, 2023.

k. Department of Justice, Drug Enforcement Administration, Diversion Control Division: https://www.deadiversion.usdoj.gov.

l. GAO Report 19-6, Greater Focus on Credentialing Needed to Prevent Disqualified Providers from Delivering Patient Care: https://www.gao.gov/products/gao-19-6.

m. GAO Report 23-104296, Action Needed to Address Persistent Control Weaknesses and Related Risks in Employee Screening Processes: https://www.gao.gov/products/gao-23-104296.

n. Office of Personnel Management Suitability Executive Agent (SuitEA): https://www.opm.gov/suitability/suitability-executive-agent/.