



**DEPARTMENT OF VETERANS AFFAIRS  
North Texas Health Care System**

Date:

In Reply Refer To: 549/111

Re: Disbursement Agreement Intern/Resident/Fellow

Dear Intern/Resident/Fellow:

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as an INTERN/RESIDENT/FELLOW from \_\_\_\_\_ through \_\_\_\_\_ under authority of 38 U.S.C., 7406(c). You will perform training on an intermittent basis during the time period listed above. During your period of affiliation with our facility, you are authorized to perform services as directed by your Attending or Service Chief, \_\_\_\_\_.

If credentialing is required, you will be expected to maintain accurate and up to date files with our Medical Staff Office which will include periodic updating on your part.

Acceptance of this letter, as signified by your signature below, and completion of the Standard Form (SF) 61 prior to the start of your training, serves as your appointment authorization for this training period.

Sincerely,

John J. Henderson, MPA, SPHR, VHA-CM  
Chief, Workforce Solutions

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I agree to serve in the above capacity under the conditions indicated.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School:  UT  TWU  UNT  OTHER

*Corporate Office: Dallas VA Medical Center, 4500 South Lancaster Road, Dallas, TX 75216  
Sam Rayburn Memorial Veterans Center, 1201 East Ninth Street, Bonham, TX 75418  
Fort Worth Outpatient Clinic, 2201 SE Loop 820, Fort Worth, TX 76119  
Tyler VA Primary Care Clinic, 3414 Golden Road, Tyler, TX 75701*