Department of Veterans Affairs

MINORITY VETERANS PROGRAM COORDINATOR

APPOINTMENT FORM

1. OFFICIAL NAME OF MINORITY VETERANS PROGRAM COORDINATOR	2. NAME OF FACILITY *(Please indicate VISN/MSN/ or Area Office)*	
3. POSITION TITLE	4. GRADE	
5. PROFESSIONAL DESIGNEE *(i.e. BS/MSW/RN/PhD)*	6. TYPE OF APPOINTMENT ☐ COLLATERAL ☐ FULL-TIME	
7. E-MAIL ADDRESS	8. PHONE NUMBER	
9. SIGNATURE OF FACILITY DIRECTOR	10. DATE	11. PHONE NUMBER

VA FORM
FEB 2006 **0875a**