Documents Required for House Officer Contract Checklist FY18

Name:	**Program:**
PGY Level:	**Contract dates:**

Yes	N/A	**Items the Program Coordinator must collect and submit to GME**
☐	☐	**ERAS Application**
☐	☐	**MCG Application for GME** **ONLY for programs that do not use ERAS*
☐	☐	**Current mailing address label** (confirm mailing address with House Officer and submit printed label on sheet)
☐	☐	**Acceptance Letter** – Signed by Program Director and House Officer
☐	☐	**CV** – ***History must list month/year***
☐	☐	**Social Security Card** – ***clear and legible copy***
☐	☐	**Copy of GA Medical License *or* Complete Residency Training Permit application**
☐	☐	**Notarized copy of Medical School Diploma** *(must be translated in English & 8 ½ x 11 in size)*
☐	☐	**Notarized copy of ECFMG Certificate** *(required for all International Medical Graduates)*
☐	☐	**Official copy of Medical School Final transcripts** *(final transcripts from ERAS application are acceptable)*
☐	☐	**3 Letters of recommendation** *(must be on letterhead and signed)*
☐	☐	**USMLE**: Step 1 _____ Step 2 CS _____ CK _____ Step 3 _____
☐	☐	**COMLEX**: Level 1 _____ Level 2 CE _____ Level 3_____ PE _____
☐	☐	**BLS, ACLS, ATLS, PALS** *(clear copy of front and back)*
☐	☐	**Certificate(s) of Internship and/or Residency training** *(if applicable)*
☐	☐	**Final Summative Evaluation** written or electronic verification of previous educational experience(s) and summative competency-based evaluation *(required for all House Officers that have been in a previous Internship/Residency/Training program)*
☐	☐	**Letter of Good Standing** from Program Director on letterhead (required for House Officers currently in a training program ***or*** who answer yes to questions 20-22 on page 2 of the RTP application.) Letter must state whether the House Officer is "in good standing". **Not required if a certificate of completion has been provided for the training program*
☐	☐	**Letter of explanation** for any break(s) in education/training. *The House Officer must submit a letter explaining what they were doing during the break(s)*

Yes	N/A	**Items the GME Office will collect from House Officer**
☐	☐	HR New Resident packet
☐	☐	Employee Health packet
☐	☐	Criminal Background check
☐	☐	Copy of DEA registration certificate *(if applicable)*
☐	☐	Social Security Card – **Clear and legible copy**
☐	☐	NPI number_____
☐	☐	Proof of U.S. Citizenship – Please provide one of the following - Notarized Copy of Birth Certificate, clear copy of Passport, Certificate of Naturalization, or U.S. Certificate of Birth Abroad issued by the Department of State.
☐	☐	Proof of Identity – Driver's license, State Issued ID or Military ID
☐	☐	Signed Release of Information form
☐	☐	Electronic Signatures Privileges form
☐	☐	Data form
☐	☐	Drug Screen Consent form
		Additional required items for Non-U.S. Citizens
☐	☐	Permanent Resident Card (if applicable) clear copy of front & back of card
☐	☐	Employment Authorization Document (if applicable) clear copy of front & back of card
☐	☐	J-1 Visa: I-94____ DS 2019 ___ ECFMG Acceptance Letter _____ Ministry of Health Letter_____
		GME Routing Checklist
		☐ E-Par submitted_____ ☐ Paperwork sent to HR _____
		☐ Badge form sent for signature(s) _____ ☐ Complete Badge form to Jag Card Office _____
		☐ NET ID Issued(date) _____ ☐ Institutional DEA _____
		☐ PPG Number _____ ☐ Service Now Access requested _____
		☐ NET ID, Outlook Access, Electronic Health Record Access information ***emailed*** to House Officer and Program Coordinator

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