AU ROTATION CHECKLIST

☐ RESIDENT NAME AND DEGREE _____

☐ COPY OF MEDICAL DIPLOMA _____

☐ CURRENT DEPARTMENT/PROGRAM _____

☐ CONTACT/PROGRAM COORDINATOR _____

☐ AU ROTATION DATES & DEPARTMENT(S) _____

_____

_____

☐ CRIMINAL BACKGROUND FORM _____

☐ PERSONAL DATA FORM _____

☐ VETERANS SELF-IDENTIFICATION FORM _____

☐ SELF-IDENTIFICATION OF DISABILITY FORM _____

☐ CONFIDENTIALITY STATEMENT _____

☐ SEXUAL HARASSMENT POLICY FORM _____

☐ ETHICS POLICY FORM _____

☐ INFORMATION SYSTEMS/COMPUTER USAGE _____

☐ MCG DATA FORM _____

☐ CV/RESUME _____

☐ OCCUPATIONAL HEALTH SVC-PPD CLEARANCE _____

☐ HIPAA TRAINING TEST FORM _____

☐ NPI NUMBER _____

☐ MEDICAL LICENSE **OR** RTP APPLICATION _____

☐ DEA NUMBER (if N/A GME will assign institutional DEA)_____

☐ SSN CARD (clear and readable copy) _____

☐ DATE OF BIRTH _____

☐ RESIDENT PHONE NUMBER _____

☐ RESIDENT E- MAIL ADDRESS _____

Completed Rotation Checklist and all items listed must be submitted to the MCG GME Office at least 60 days prior to the scheduled Computer Training class.

Submit completed Rotation checklist and complete packet to:

Medical College of Georgia- AU Graduate Medical Education Office Attn: Erica Bass, BA Coordinator, AU Residency Programs 1459 Laney Walker Blvd. AE 3039 Augusta, Georgia 30912