

BROWARD ROTATION CHECKLIST

- RESIDENT NAME AND DEGREE _____
- COPY OF MEDICAL DIPLOMA _____
- BROWARD DEPARTMENT/PROGRAM _____
- BROWARD PROGRAM COORDINATOR _____
- MCG ROTATION DATES & DEPARTMENT(S) _____
- CRIMINAL BACKGROUND FORM _____
- PERSONAL DATA FORM _____
- VETERANS SELF-IDENTIFICATION FORM _____
- SELF-IDENTIFICATION OF DISABILITY FORM _____
- GRU CONFIDENTIALITY STATEMENT _____
- GRU SEXUAL HARASSMENT POLICY FORM _____
- GRU ETHICS POLICY FORM _____
- INFORMATION SYSTEMS/COMPUTER USAGE _____
- MCG DATA FORM _____
- CV/RESUME _____
- OCCUPATIONAL HEALTH SVC-PPD CLEARANCE _____
- HIPAA TRAINING TEST FORM _____
- NPI NUMBER _____
- GA 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-GRU
 Graduate Medical
 Education Office
 Attn: Candice S.
 Henderson, MBA
 Manager, MCG
 Residency Programs
 1459 Laney Walker
 Blvd. AE 3039
 Augusta, Georgia
 30912

MCG GME OFFICE USE ONLY

<input type="checkbox"/> E-PAR submitted _____	<input type="checkbox"/> Paperwork to HR _____
<input type="checkbox"/> NET ID Issued _____	<input type="checkbox"/> Institutional DEA _____
<input type="checkbox"/> PPG number _____	<input type="checkbox"/> Service Now Access requested _____
<input type="checkbox"/> Badge form sent for signatures _____	<input type="checkbox"/> Badge form to badging _____
<input type="checkbox"/> NET ID & Outlook emailed to Resident and Program Coordinator _____	