

# PROCESSING INSTRUCTIONS FOR EISENHOWER RESIDENTS

The AU GME Office must submit required paperwork to Human Resources for EAMC residents as non-paid employees. This process will allow the EAMC residents to be issued an AU e-mail address which will be used for computer training and access.

The completed Rotation Checklist and required documents must be submitted to the GME Office **at least 60 days before** the scheduled computer training class.

1. **The Rotation Checklist must be filled out completely.**
2. **All items on the Rotation Checklist are required** (with the exception of those with a N/A option noted).
3. **EAMC Coordinators must forward rotation schedules to** the Erica Bass, in the GME Office [EBASS@AUGUSTA.EDU](mailto:EBASS@AUGUSTA.EDU) and to the MCG Program Coordinators at least 90 days out.
4. Erica Bass will coordinate the scheduling of the Computer and ASEPSIS Training:
  - i. Computer Training with Instructors at [TRAINME@AUGUSTA.EDU](mailto:TRAINME@AUGUSTA.EDU)
  - ii. Asepsis with Instructor Julie Hammond at [JUHAMMOND@AUGUSTA.EDU](mailto:JUHAMMOND@AUGUSTA.EDU)
5. **The GME Office** will process the rotation packet, request badge access, a dictation number, and DEA number (if needed). Once the resident has been processed GME will forward the following to the EAMC Resident and MCG Program Coordinator:
  - a. AU NET ID
  - b. AU e-mail address and information on how to login to Outlook
  - c. Computer login information
  - d. Blue HIMS booklet, dictation card, contact information card
6. **The AU Program Coordinator** will ensure that the resident obtains the badge and parking pass at the start of the rotation and distribute the necessary access information to residents.

Please submit the completed Rotation Checklist and all required documents to:

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

# EAMC ROTATION CHECKLIST

- RESIDENT NAME AND DEGREE \_\_\_\_\_
- COPY OF MEDICAL DIPLOMA \_\_\_\_\_
- EAMC PROGRAM \_\_\_\_\_
- EAMC PROGRAM COORDINATOR \_\_\_\_\_
- MCG ROTATION DATES & DEPARTMENT(S) \_\_\_\_\_
  
- CRIMINAL BACKGROUND FORM \_\_\_\_\_
- PERSONAL DATA FORM \_\_\_\_\_
- VETERANS SELF-IDENTIFICATION FORM \_\_\_\_\_
- SELF-IDENTIFICATION OF DISABILITY FORM \_\_\_\_\_
- AU CONFIDENTIALITY STATEMENT \_\_\_\_\_
- AU SEXUAL HARASSMENT POLICY FORM \_\_\_\_\_
- AU ETHICS POLICY FORM \_\_\_\_\_
- INFORMATION SYSTEMS/COMPUTER USAGE \_\_\_\_\_
- \_\_\_\_\_
- CV/RESUME \_\_\_\_\_
- OCCUPATIONAL HEALTH SVC-PPD CLEARANCE \_\_\_\_\_
- HIPAA TRAINING TEST FORM \_\_\_\_\_
- NPI NUMBER \_\_\_\_\_
- MEDICAL LICENSE (If N/A Please indicate) \_\_\_\_\_
- 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:**

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

## AU 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 _____	