

PROCESSING INSTRUCTIONS FOR EISENHOWER RESIDENTS

The MCG 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 MCG 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 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
 - ii. Asepsis with Instructor Julie Hammond at 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. MCG NET ID
 - b. MCG 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 MCG 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:

Medical College of Georgia-GRU
Graduate Medical Education Office
Attn: MCG 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/COMPUTERUSAGE _____
- _____
- 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:**
 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 _____	