

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 signature _____	<input type="checkbox"/> Badge form to badging _____
<input type="checkbox"/> NET ID#, Outlook ID, NPI#, DEA# and PPG# emailed to resident and program coordinator _____	
<input type="checkbox"/> Blue book picked up by resident or program coordinator _____	
<input type="checkbox"/> Computer Training class scheduled _____	<input type="checkbox"/> ASEPSIS Course scheduled _____

