

# 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 \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 _____	