

Documents Required for House Officer Contract Checklist FY18

Name:	Program:
PGY Level:	Contract dates:

Yes	N/A	<u>Items the Program Coordinator must collect and submit to GME</u>
<input type="checkbox"/>	<input type="checkbox"/>	ERAS Application
<input type="checkbox"/>	<input type="checkbox"/>	MCG Application for GME <i>*ONLY for programs do not use ERAS</i>
<input type="checkbox"/>	<input type="checkbox"/>	Current mailing address label (confirm mailing address with House Officer and submit printed label on sheet)
<input type="checkbox"/>	<input type="checkbox"/>	Acceptance Letter – Signed by Program Director and House Officer
<input type="checkbox"/>	<input type="checkbox"/>	CV – <i>History must list month/year</i>
<input type="checkbox"/>	<input type="checkbox"/>	Copy of GA Medical License or Complete Residency Training Permit application
<input type="checkbox"/>	<input type="checkbox"/>	Notarized copy of Medical School Diploma (must be translated in English & 8 1/2 x 11 in size)
<input type="checkbox"/>	<input type="checkbox"/>	Notarized copy of ECFMG Certificate (required for all International Medical Graduates)
<input type="checkbox"/>	<input type="checkbox"/>	Official copy of Medical School Final transcripts (final transcripts from ERAS application are acceptable)
<input type="checkbox"/>	<input type="checkbox"/>	3 Letters of recommendation (must be on letterhead and signed)
<input type="checkbox"/>	<input type="checkbox"/>	USMLE: Step 1 _____ Step 2 CS _____ CK _____ Step 3 _____
<input type="checkbox"/>	<input type="checkbox"/>	COMLEX: Level 1 _____ Level 2 CE _____ Level 3 _____ PE _____
<input type="checkbox"/>	<input type="checkbox"/>	BLS, ACLS, ATLS, PALS (clear copy of front and back)
<input type="checkbox"/>	<input type="checkbox"/>	Certificate(s) of Internship and/or Residency training (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Final Summative Evaluation written or electronic verification of previous educational experience(s) and summative competency-based evaluation (required for all House Officers that have been in a previous Internship/Residency/Training program)
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Good Standing from Program Director on letterhead (required for House Officers currently in a training program <i>or</i> who answer yes to questions 20-22 on page 2 of the RTP application.) Letter must state whether the House Officer is “in good standing”. <i>*Not required if a certificate of completion has been provided for the training program</i>
<input type="checkbox"/>	<input type="checkbox"/>	Letter of explanation for any break(s) in education/training. <i>The House Officer must submit a letter explaining what they were doing during the break(s)</i>

Yes	N/A	<u>Items the GME Office will collect from House Officer</u>
<input type="checkbox"/>	<input type="checkbox"/>	HR New Resident packet
<input type="checkbox"/>	<input type="checkbox"/>	Employee Health packet
<input type="checkbox"/>	<input type="checkbox"/>	Criminal Background check
<input type="checkbox"/>	<input type="checkbox"/>	Copy of DEA registration certificate (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Notarized copy of Social Security Card
<input type="checkbox"/>	<input type="checkbox"/>	NPI number _____
<input type="checkbox"/>	<input type="checkbox"/>	Proof of U.S. Citizenship – Please provide one of the following - Notarized Copy of Birth Certificate, clear copy of Passport, Certificate of Naturalization, or U.S. Certificate of Birth Abroad issued by the Department of State.
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Identity – Driver’s license, State Issued ID or Military ID
<input type="checkbox"/>	<input type="checkbox"/>	Signed Release of Information form
<input type="checkbox"/>	<input type="checkbox"/>	Electronic Signatures Privileges form
<input type="checkbox"/>	<input type="checkbox"/>	Data form
<input type="checkbox"/>	<input type="checkbox"/>	Drug Screen Consent form
<u>Additional required items for Non-U.S. Citizens</u>		
<input type="checkbox"/>	<input type="checkbox"/>	Permanent Resident Card (if applicable) clear copy of front & back of card
<input type="checkbox"/>	<input type="checkbox"/>	Employment Authorization Document (if applicable) clear copy of front & back of card
<input type="checkbox"/>	<input type="checkbox"/>	J-1 Visa: I-94 _____ DS 2019 _____ ECFMG Acceptance Letter _____ Ministry of Health Letter _____
<u>GME Routing Checklist</u>		
	<input type="checkbox"/>	E-Par submitted _____
	<input type="checkbox"/>	Paperwork sent to HR _____
	<input type="checkbox"/>	Badge form sent for signature(s) _____
	<input type="checkbox"/>	Complete Badge form to Jag Card Office _____
	<input type="checkbox"/>	NET ID Issued(date) _____
	<input type="checkbox"/>	Institutional DEA _____
	<input type="checkbox"/>	PPG Number _____
	<input type="checkbox"/>	Service Now Access requested _____
	<input type="checkbox"/>	NET ID, Outlook Access, Electronic Health Record Access information emailed to House Officer and Program Coordinator

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