

Documents Required for House Officer Contract Checklist FY19

Name:	Program:
PGY Level:	Contract dates:

Yes	N/A	Items the Program Coordinator must collect and submit to GME
<input type="checkbox"/>	<input type="checkbox"/>	ERAS Application OR MCG Application for GME <i>*ONLY for programs that do not use ERAS</i>
<input type="checkbox"/>	<input type="checkbox"/>	Current mailing address label <i>(MUST be the address they want their incoming packet sent to)</i>
<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 (1 original and 1 copy)
<input type="checkbox"/>	<input type="checkbox"/>	Letter of Good Standing from Program Director on letterhead Or Matriculation letter if they are currently enrolled in Medical School (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 (This will need to be included with the RTP application)</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) (This will need to be included with the RTP application)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Notarized copy of ECFMG Certificate <i>(required for all International Medical Graduates) (This will need to be included with the RTP application)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Official copy of Medical School Final transcripts <i>(Transcripts from ERAS application are NOT acceptable as they are typically not final) (Include with RTP application IF they have already graduated you DO NOT need to include a Matriculation Letter)</i>
<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 or State Issued Driver’s License or Military ID <i>(Include with RTP application)</i>
<input type="checkbox"/>	<input type="checkbox"/>	3 Letters of recommendation <i>(must be on letterhead and signed)</i>
<input type="checkbox"/>	<input type="checkbox"/>	USMLE: Step 1 _____ Step 2 CS _____ CK _____ Step 3 _____ or COMLEX: Level 1 _____ Level 2 CE _____ Level 3 _____ PE _____
<input type="checkbox"/>	<input type="checkbox"/>	Notarized copy of Medical School Diploma <i>(must be translated in English & 8 ½ x 11 in size)</i>
<input type="checkbox"/>	<input type="checkbox"/>	BLS, ACLS, ATLS, PALS <i>(clear copy of front and back)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Certificate(s) of Internship and/or Residency training <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Final Summative Evaluation written or electronic verification of previous educational experience(s) and summative competency-based evaluation <i>(required for all House Officers that have been in a previous Internship/Residency/Training program)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Card – <i>clear and legible copy</i>

Yes	N/A	Items the GME Office will collect from House Officer
<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 <i>(if applicable)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Card – Clear and legible copy
<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>		

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	<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 <i>emailed</i> to House Officer and Program Coordinator		