

# AU ROTATION CHECKLIST

- RESIDENT NAME AND DEGREE \_\_\_\_\_
- COPY OF MEDICAL DIPLOMA \_\_\_\_\_
- CURRENT DEPARTMENT/PROGRAM \_\_\_\_\_
- CONTACT/PROGRAM COORDINATOR \_\_\_\_\_
- AU ROTATION DATES & DEPARTMENT(S) \_\_\_\_\_
  
- CRIMINAL BACKGROUND FORM \_\_\_\_\_
- PERSONAL DATA FORM \_\_\_\_\_
- VETERANS SELF-IDENTIFICATION FORM \_\_\_\_\_
- SELF-IDENTIFICATION OF DISABILITY FORM \_\_\_\_\_
- CONFIDENTIALITY STATEMENT \_\_\_\_\_
- SEXUAL HARASSMENT POLICY FORM \_\_\_\_\_
- ETHICS POLICY FORM \_\_\_\_\_
- INFORMATION SYSTEMS/COMPUTER USAGE \_\_\_\_\_
- MCG DATA FORM \_\_\_\_\_
- CV/RESUME \_\_\_\_\_
- CURRENT SHOT RECORDS AND PPD \_\_\_\_\_
- OCCUPATIONAL HEALTH PACKET \_\_\_\_\_
- HIPAA TRAINING TEST FORM \_\_\_\_\_
- NPI NUMBER \_\_\_\_\_
- MEDICAL LICENSE **OR** RTP APPLICATION \_\_\_\_\_
- 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- 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 _____