

## PROCESSING INSTRUCTIONS FOR ROTATING RESIDENTS AT MCG

The MCG GME Office must submit required paperwork to Human Resources for Broward residents as non-paid employees. This process will allow the residents to be issued an MCG e-mail address which will be used for computer training and access.

The completed Rotation Checklist and required documents must be submitted to the GME Office **at least 60 days before** the scheduled computer training class.

1. **The Rotation Checklist must be filled out completely.**
2. **All items on the Rotation Checklist are required** (with the exception of those with a N/A option noted).
3. **The Program Coordinators must forward rotation schedules to** the Erica Bass [EBASS@GRU.EDU](mailto:EBASS@GRU.EDU) in the GME and to the MCG Program Coordinator(s) at least 90 days out.
4. **The Program Coordinators must schedule Resident training** at least 60 days prior to rotation start date:
  - i. Computer Training with Instructors at [TRAINME@GRU.EDU](mailto:TRAINME@GRU.EDU)
  - ii. Asepsis with Instructor Chastan Owens at [CHOWENS@GRU.EDU](mailto:CHOWENS@GRU.EDU)
5. **The MCG GME Office** will process the rotation packet, request badge/parking access, a dictation number, and DEA number (if needed). Once the resident has been processed GME will forward the following to the EAMC Resident and MCG Program Coordinator:
  - a. MCG NET ID
  - b. MCG e-mail address and information on how to login to Outlook
  - c. Computer login information
  - d. Blue HIMS booklet, dictation card, contact information card
6. **The MCG Program Coordinator** will ensure that the resident obtains the badge and parking pass at the start of the rotation and distribute the necessary access information to residents.

Please submit the completed Rotation Checklist and all required documents 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**

10/23/2014

# PALMETTO ROTATION CHECKLIST

- RESIDENT NAME AND DEGREE COPY \_\_\_\_\_
- OF MEDICAL DIPLOMA \_\_\_\_\_
- PALMETTO DEPARTMENT/PROGRAM \_\_\_\_\_
- PALMETTO 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 \_\_\_\_\_
- GA MEDICAL LICENSE **OR** RTP APPLICATION \_\_\_\_\_
- 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

E-PAR submitted _____	Paperwork to HR _____
NET ID Issued _____	Institutional DEA _____
PPG number _____	Service Now Access requested _____
Badge form sent for signatures _____	Badge form to badging _____
<input type="checkbox"/> NET ID & Outlook emailed to Resident and Program Coordinator _____	