|  |  |  |
| --- | --- | --- |
| **Yes** | **N/A** | **Items the Program Coordinator must collect and submit to GME** |
|  |  | **ERAS Application** |
|  |  | [**MCG Application for GME**](http://www.augusta.edu/mcg/residents/documents/gmeapp10282014.pdf) *\*ONLY for programs that do not use ERAS* |
|  |  | [**Acceptance Letter**](http://www.augusta.edu/mcg/residents/programcoordinatorinformation.php) – Signed by Program Director and House Officer |
|  |  | **CV – *History must list month/year*** |
|  |  | **Social Security Card – *clear and legible copy*** |
|  |  | **Copy of GA Medical License** ***or* CompleteResidency Training Permit application** |
|  |  | **Notarized copy of** **Medical School Diploma** *(must be translated in English & 8 ½ x 11 in size)* |
|  |  | **Notarized copy of ECFMG Certificate** *(required for all International Medical Graduates)* |
|  |  | **Official copy of Medical School Final transcripts** *(final transcripts from ERAS application are acceptable)* |
|  |  | **3 Letters of recommendation** *(must be on letterhead and signed)* |
|  |  | **USMLE**: Step 1 **\_\_\_\_\_\_** Step 2 CS **\_\_\_\_\_\_** CK **\_\_\_\_\_\_** Step 3 **\_\_\_\_\_\_** |
|  |  | **COMLEX**: Level 1 **\_\_\_\_\_\_** Level 2 CE **\_\_\_\_\_\_**  Level 3­­­­**\_\_\_\_\_\_** PE **\_\_\_\_\_\_** |
|  |  | **BLS, ACLS, ATLS, PALS** *(clear copy of front and back)* |
|  |  | **Certificate(s) of Internship and/or Residency training** *(if applicable)* |
|  |  | **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)* |
|  |  | **Letter of Good Standing** from Program Director on letterhead (required for House Officers currently in a  training program ***or*** 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”. *\*Not required if a certificate of completion has been provided*  *for the training program* |
|  |  | **Letter of explanation** for any break(s) in education/training. *The House Officer must submit a letter explaining*  *what they were doing during the break(s)* |
|  |  | 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. |
|  |  | Proof of Identity – Driver’s license, State Issued ID or Military ID |
|  |  | Permanent Resident Card (if applicable) clear copy of front & back of card |
|  |  | Employment Authorization Document (if applicable) clear copy of front & back of card |