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| **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 |