

**CHECK LIST FOR CLINICAL ROTATIONS PERFORMED AT**  
**GEORGIA REGENTS UNIVERSITY**

- Affiliation Agreement for Clinical Training of Residents (if applicable)
- Signed Letter of Agreement (receiving Department initiates – send to GME Office for required signatures)
- Copy of malpractice insurance (House Officer doing rotation provides)
- Criminal Background form (GME Office provides)
- Copy of valid unrestricted GA Medical License or Residency Training Permit (contact GME Office)
- Copy of medical diploma
- Proof of Citizenship (GA Drivers License 7/1/08 or later, certified birth certificate or passport)
- Valid Perm Residency Card or valid employment authorization document (EAD)
- HQ Physician Number (contact GME Office –need name, DOB, SSN, e mail address)
- NPI # (send to GME Office)
- DEA # (if available)
- Travel request (required for International Rotations - sending Department responsible)
- Employee Health clearance to perform Clinical Rotation (receiving Department initiates)
- Notify ECFMG for J visa holders (if applicable – contact GME Office)
- ID Badge (GME Office provides)
- 9<sup>th</sup> floor access (if required – contact GME Office)
- Signed Drug Screen Form (receiving Department initiates)
- Signed Patient Confidentiality Statement (receiving Department initiates)
- Signed Electronic Signatures Form
- GME Data Form
- Signed HI Information Confidentiality & Systems Usage Agreement
- Signed Sexual Harassment Form
- Verification of successful completion of HIPPA Training test (receiving Department initiates)
- Copy of all required paperwork on file in the Graduate Medical Education Office

**GME OFFICE USE ONLY:** Do not write below this line

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- Criminal Background check (GME Office sends this form to Physician) sent : \_\_\_\_\_ received: \_\_\_\_\_
- PPG #: requested: \_\_\_\_\_ received: \_\_\_\_\_
- DEA # requested: \_\_\_\_\_ received: \_\_\_\_\_
- Computer access requested: \_\_\_\_\_ received: \_\_\_\_\_
- ID Badge requested: \_\_\_\_\_ received: \_\_\_\_\_
- E Par to HR requested: \_\_\_\_\_ received: \_\_\_\_\_
- Computer Training:** Gayle Hooper 1-4556 [ghooper@gru.edu](mailto:ghooper@gru.edu)

IS Calendar <http://www.hi.mcg.edu/trainme>

Asepsis Training: Donna Goins [dgoins@gru.edu](mailto:dgoins@gru.edu)

Coordinators responsible to set up training time/dates for computer access and Asepsis training.