



MCG GME Office Clinical Rotator On-Boarding Checklist

Rotation Dates: _____ PGY Level _____

Rotation Name and Associate MCG GME Program: _____

Program Coordinator Name and Email: _____

Last Name: _____

First Name: _____

Middle Initial: _____

Credentials (MD/DO/MBBS): _____

Current GME Program (Location & Specialty): _____

License Number: _____

Rotator Phone Number: _____

Rotator Date of Birth: _____

Rotator Social Security Number: _____

Rotator NPI Number: _____

Rotator (Best) Email: _____

Rotator Medical School Name: _____

Rotator Medical School Graduate Date: _____

ECFMG Certificate Number and Date, if applicable: _____

WMCG Address: Wellstar MCG Health 1120 15th Street, Augusta, GA 30912

WMCG Department Phone Number where rotating: _____

WMCG Department Fax Number where rotating: _____

Please check all that is attached:

Driver's License

GA Training Permit or Unrestricted GA License

Updated CV

BLS/ACLS/PALS (requirements vary based on rotation)

Program Letter of Agreement

Malpractice Certificate (from current location)

Signed Attestation of Drug Screen and Background Check