OFFICE OF GRADUATE MEDICAL EDUCATION
NEW RESIDENT / FELLOW
CHECK LIST

To be completed in advance by Department and/or House Officer:

Folder

PAF - Personnel Action Form

Database Information Sheet (2 pgs.), including photo

Proof of Immunization Form, including TB skin test within last 12 mos. (required)

Declination for Hepatitis Vaccination

Beeper #______________

Copy of Louisiana Medical License (or copy of paperwork being processed)

If Foreign Medical School Graduate, copy of ECFMG certificate

Departmental Residency Coordinator ___________________________ Date __________

Graduate Medical Education ___________________________ Date __________

To be completed later, at Orientation:

Use and fit of TB respirator/mask

TB skin test

PPI - Payroll/Personnel Information

I-9 - Immigration (ID required)

Health Insurance Application

Dental Insurance Application

Life & Disability Insurance (card)

Payroll Deduction Forms (where applicable):

Health

Dental