

# RESIDENT CREDENTIALS CHECKLIST

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Campus: \_\_\_\_\_ PGY \_\_\_\_\_

Start Date: \_\_\_\_\_

## DOCUMENTS REQUIRED WITH APPLICATION

- \_\_\_\_\_ TTUHSC Residency Application (or ERAS Application and Addendum)
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Curriculum Vitae
- \_\_\_\_\_ Notarized or Certified copy of Diploma
- \_\_\_\_\_ Medical Student Performance Evaluation (Dean's Letter)
- \_\_\_\_\_ Medical School Transcript(s)
- \_\_\_\_\_ Three Letters of Reference (1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_)
- \_\_\_\_\_ USMLE Exam History Report (if not with ERAS application) :  
Step 1 \_\_\_ Step 2 CS \_\_\_ Step 2 CK \_\_\_ Step 3 \_\_\_
- \_\_\_\_\_ HouseStaff Guidelines Acknowledgment
- \_\_\_\_\_ CBC Acknowledgment
- \_\_\_\_\_ Certificate(s) of Previous Training (if applicable)
- \_\_\_\_\_ Transfer Verification (if applicable)
- \_\_\_\_\_ ECFMG Certificate (if applicable)
- \_\_\_\_\_ Confirmation of ECFMG Certification (if applicable)
- \_\_\_\_\_ Clinical Clerkship Affidavit (if applicable)

## DOCUMENTS REQUIRED FOR EMPLOYMENT

- \_\_\_\_\_ Original Contract
- \_\_\_\_\_ Institutional TMB Permit/Texas License, DPS & DEA certificates
- \_\_\_\_\_ Other State Licenses (if applicable) \_\_\_\_\_ State
- \_\_\_\_\_ Current ACLS
- \_\_\_\_\_ Malpractice Form (PLI)
- \_\_\_\_\_ NPI Number
- \_\_\_\_\_ Personnel Action form (PAF)
- \_\_\_\_\_ Release of Information Form
- \_\_\_\_\_ Suppression of Information
- \_\_\_\_\_ Criminal Background Check
- \_\_\_\_\_ Biographic Data Form
- \_\_\_\_\_ I-9 Form (w/copies of documents attached) DL \_\_\_\_\_ Passport \_\_\_\_\_ Birth Certificate \_\_\_\_\_ Visa/J1/EAD \_\_\_\_\_
- \_\_\_\_\_ Copy of Social Security Card \_\_\_\_\_ Powerchart Access UMC \_\_\_\_\_ EMR TTUHSC \_\_\_\_\_ Dictation #
- \_\_\_\_\_ W-4 Form \_\_\_\_\_ (The GME Office will request access from UMC)
- \_\_\_\_\_ Employee Crime Victim ID Election
- \_\_\_\_\_ Confidentiality Form
- \_\_\_\_\_ Employee Affidavit
- \_\_\_\_\_ Standards of Conduct for State Employees
- \_\_\_\_\_ Sexual Harassment Acknowledgment (EEO Training Certificate) \_\_\_\_\_ Billing \_\_\_\_\_ Institutional \_\_\_\_\_ HIPAA
- \_\_\_\_\_ Vehicle Registration (UMC)
- \_\_\_\_\_ Name Tag Request
- \_\_\_\_\_ Check out- \_\_\_\_\_ Final Eval \_\_\_\_\_ PAF \_\_\_\_\_ PLI \_\_\_\_\_ Dept.Ltr \_\_\_\_\_ Grad.Info \_\_\_\_\_ Cert