

## RESIDENT/ FELLOW CREDENTIALS CHECKLIST

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

Campus: \_\_\_\_\_ PGY \_\_\_\_\_ Start Date: \_\_\_\_\_

### DOCUMENTS REQUIRED WITH APPLICATION: Provided by Program

#### **IN ORDER**

- \_\_\_\_\_ TTUHSC Residency/Fellowship Application *\*Required for Credentialing*
- \_\_\_\_\_ Medical School Diploma - Notarized or Certified copy *\*Required for Credentialing*
- \_\_\_\_\_ ECFMG Certificate (if applicable) NOTARIZED *\*Required for Credentialing*
- \_\_\_\_\_ Certificate(s) of Previous Training (if applicable) NOTARIZED *\*Required for Credentialing*
- \_\_\_\_\_ Personal Statement
- \_\_\_\_\_ Curriculum Vitae
- \_\_\_\_\_ Addendum to Application
- \_\_\_\_\_ Medical Student Performance Evaluation (Dean's Letter)
- \_\_\_\_\_ Medical School Transcript(s) Notarized if not an original document
- \_\_\_\_\_ Three Letters of Reference (1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_) (list each last name)
- \_\_\_\_\_ USMLE/COMLEX Exam History Report:  
Step 1 \_\_\_\_\_ Step 2 CS/PE \_\_\_\_\_ Step 2 CK/CE \_\_\_\_\_ Step 3 \_\_\_\_\_
- \_\_\_\_\_ HouseStaff Guidelines Acknowledgment
- \_\_\_\_\_ Transfer Verification (if applicable)
- \_\_\_\_\_ Confirmation of ECFMG Certification (if applicable)
- \_\_\_\_\_ Clinical Clerkship Affidavit (if applicable)

### DOCUMENTS REQUIRED FOR EMPLOYMENT: Obtained by GME

- \_\_\_\_\_ Original Contract *\*Required for Credentialing*
- \_\_\_\_\_ Institutional TMB Permit/Texas License, DEA certificate
- \_\_\_\_\_ Other State Licenses (if applicable) \_\_\_\_\_ State
- \_\_\_\_\_ Current ACLS
- \_\_\_\_\_ Final Official Medical School Transcript
- \_\_\_\_\_ Malpractice Form (PLI)
- \_\_\_\_\_ NPI Number
- \_\_\_\_\_ Personnel Action form (PAF)
- \_\_\_\_\_ Authorization for Release of Information Form
- \_\_\_\_\_ TMB Release of Information Form
- \_\_\_\_\_ Criminal Background Check Clearance Report
- \_\_\_\_\_ Biographic Data Form
- \_\_\_\_\_ DL \_\_\_\_\_ Passport \_\_\_\_\_ Visa/J1/EAD \_\_\_\_\_ *\*Required for Credentialing*
- \_\_\_\_\_ Copy of Social Security Card *\*Required for Credentialing*
- \_\_\_\_\_ Confidentiality Form
- \_\_\_\_\_ Vehicle Registration (UMC)
- \_\_\_\_\_ Name Tag Request
- \_\_\_\_\_ Sexual Harassment & (EEO Training Certificate) \_\_\_\_\_ Billing \_\_\_\_\_ Institutional \_\_\_\_\_ HIPAA
- \_\_\_\_\_ IHI Modules

### GME Use Only

\_\_\_\_\_ Ready to File \_\_\_\_\_ EPCS \_\_\_\_\_ CMS Enrolled Dictation # \_\_\_\_\_ UMC IT \_\_\_\_\_

Credentials Checklist  
Last Revised: 1/20/2017