

**ST. LUKE'S-ROOSEVELT HOSPITAL CENTER (SLRHC)  
CREDENTIAL/DOCUMENTS CHECKLIST FOR RESIDENTS/FELLOWS  
(ACCREDITED & NON-ACCREDITED PROGRAMS)  
ACADEMIC YEAR - 2011- 2012**

**NOTE FOR INCOMING HOUSE STAFF:** Please use the following list of required documents as a guide to all the documents that **MUST BE SUBMITTED** as a condition for starting your training and employment. Submit this Checklist and the documents to your training program coordinator except for item #1 (Contract) which must be returned to the GME Office directly.

**NOTE FOR COORDINATORS:** please complete this form and attach all documents.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Training Level

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
PGY Stipend Level

\_\_\_\_\_  
Special Fund No. (Non-Accredited Programs)

\_\_\_\_\_  
Time Sheet No.

NO.	ITEMS 1- 11, DOCUMENTS REQUIRED FOR ALL INCOMING HOUSE STAFF	
1.	<b>Signed</b> SLRHC Contract – two copies will be sent via mail. Both copies should be signed and one returned <b>immediately upon receipt to the GME Office.</b>	
2.	<b>Signed</b> Application Processing Form for Resident/Fellow/Rotator. <u>Form on website</u>	
3.	<b>Original</b> Medical School Diploma - the program coordinator must make a copy of the original diploma and add a note that he/she has seen the original.	
4.	<b>Original</b> Final Transcript – A Request Form <u>is provided on the website.</u>	
5.	<b>Current</b> Curriculum Vitae - updated within the last six (6) months. 2011 graduates should update CV to include completion of medical school education.	
6.	<b>Dean's Letter</b> - from the medical degree-granting institution. Dean's letter from the ERAS application is acceptable.	
7.	<b>Current</b> two (2) Letters of Recommendation dated within the last <b>six (6) months.</b> Not needed if appropriate letters are part of <u>2010</u> ERAS application (for start in 2011). For those who have completed internship/residency or are transferring from another program, <b>both</b> letters must be from the program from which he/she has received previous, accredited training.	
8.	BCLS and /or ACLS Certification – The policy/requirements <u>are included on the website.</u>	
9.	New York State Infection Control Certificate.	

10.	National Provider Identification Number (NPI) <a href="https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do">https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do</a>	
11.	Appointment Letter to Dr. Annetta Kimball (Program Coordinators to provide).	

**INTERNATIONAL MEDICAL GRADUATES (IMGs)**  
*In addition to Items 1-11, international graduates must include Item #12*

12.	Valid Educational Commission for Foreign Medical Graduates (ECFMG) Certificate or Fifth Pathway Certificate.	
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**RESIDENTS/FELLOWS WHO HAVE HAD PREVIOUS TRAINING IN THE U.S. - INCLUDES RESIDENTS COMPLETING A PRELIMINARY YEAR**  
*In addition to the required Items #1 - 11 listed above, please note Items #13 - 14 are required.*

13.	Written verification from Program Director of previous educational experiences and a summative competency-based performance evaluation. This should include a list of the procedures in which he/she was credentialed.	
14.	Certificate(s) of Training or Diploma certifying successful completion of all previous accredited training programs.	

**FELLOWS IN NON-ACCREDITED PROGRAMS and RESIDENTS IN DENTISTRY AND ORAL & MAXILLOFACIAL SURGERY**  
*In addition to all previously listed applicable requirements, Item #15 must be obtained and Item #16 may be required depending on the individual program requirements.*

15.	New York State Medical License or Limited Permit is required for non-accredited fellows. Limited Permit is required for Residents in Dentistry and Oral Surgery.	
16.	Drug Enforcement Agency Number (DEA#) is required for fellows in non-accredited programs who may need to write prescriptions.	

Statement by the Program Director: *I have reviewed and approved the credentials of the above-named applicant.*

\_\_\_\_\_  
Program Director (Signature/Title)

\_\_\_\_\_  
Date

Submitted by: \_\_\_\_\_