St. Luke's Roosevelt
University Hospital of Columbia University College of Physicians & Surgeons
Continuum Health Partners, Inc.

St. Luke's-Roosevelt Hospital Center
St. Luke's Division
1111 Amsterdam Avenue
New York, NY 10025

CREDENTIAL CHECK LIST FOR

RESIDENTS/FELLOWS ROTATING INTO SLRHC

Department _____ **Name of Resident/Fellow/Rotator** _____

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED AT LEAST 2 WEEKS PRIOR TO THE FIRST DAY OF THE ROTATION TO THE PROGRAM COORDINATOR

Item	REQUIRED DOCUMENTS FOR ALL	Rec'd
1	SLRHC Resident/Fellow/Rotator Application	
2	**Current** - Curriculum Vitae (CV)	
3	Copy of medical school diploma/or official translation including graduation date	
4	Copy of final transcript for LCME accredited Medical School graduates	
5	Copy of valid ECFMG Certificate (if foreign graduate)	
6	Copy of visa (if applicable)	
7	Copy of valid BCLS/ACLS training certificate	
8	New York State Infection Control Certification or copy of New York State Medical License.	
9	Health clearance statement per SLR guidelines	
10	National Provider Identification (NPI) https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do	
11	If rotator has already completed accredited training – **copy of diploma**	
12	Proof of Malpractice Insurance Coverage	
13	Non-accredited rotators – copy of current license	