



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

SLRHC will need copies of the following:

Item	Documents Required	Rec'd
1	SLRHC Resident/Fellow/Rotator Application	
2	Curriculum Vitae – current	
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 Certificate or copy of New York State Medical License.	
9	Health clearance statement per SLR guidelines	
10	If rotator has already completed accredited training – copy of diploma	
11	Proof of Malpractice Insurance Coverage	
12	Non-accredited rotators – copy of current license	