
NAME (PRINT)

DEPARTMENT

**OFFICE OF GRADUATE MEDICAL EDUCATION
NEW RESIDENT / FELLOW
CHECK LIST**

To be completed in advance by Department and/or House Officer:

Folder

PAF - Personnel Action Form

Database Information Sheet (2 pgs.), including photo

Proof of Immunization Form, *including* TB skin test within last 12 mos. (required)

Declination for Hepatitis Vaccination

Beeper # _____

Copy of Louisiana Medical License (or copy of paperwork being processed)

If Foreign Medical School Graduate, copy of ECFMG certificate

Departmental Residency Coordinator

Date

Graduate Medical Education

Date

To be completed later, at Orientation:

Use and fit of TB respirator/mask

TB skin test

PPI - Payroll/Personnel Information

I-9 - Immigration (ID required)

Health Insurance Application

Dental Insurance Application

Life & Disability Insurance (card)

Payroll Deduction Forms (where applicable):

Health

Dental