

NEW HIRE/PROMOTION PAPERWORK 2008-2009

Please turn in all items below to the GME Office by the deadline www.harbor-ucla.org/coordinator_timeline.php

INTERN PGY1 NEW HIRE PAPERWORK

Enclosed	NA	Items Required
<input type="checkbox"/>	<input type="checkbox"/>	California Medical License <i>if applicable</i> [▲]
<input type="checkbox"/>	<input type="checkbox"/>	DEA Certificate <i>if applicable</i> [▼]
<input type="checkbox"/>	<input type="checkbox"/>	ERAS Common Application Form <i>Application form only, no letters of recommendation</i>
<input type="checkbox"/>	<input type="checkbox"/>	Primary Source Verification Form
<input type="checkbox"/>	<input type="checkbox"/>	Verification of previous training <i>if applicable</i> [▲]
<input type="checkbox"/>	<input type="checkbox"/>	Release of Information Form ^{NEW}
<input type="checkbox"/>	<input type="checkbox"/>	License Requirement Agreement ^{NEW}
<input type="checkbox"/>	<input type="checkbox"/>	Contract <i>signature page only must be turned into GME</i> ^{NEW}
<input type="checkbox"/>	<input type="checkbox"/>	Data Sheet ^{NEW}
<i>If intern is a foreign medical school graduate please also submit:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	ECFMG Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Medical Board Postgraduate Training Authorization Letter <i>if unlicensed by CA Medical Board</i>
<i>If intern is starting outside of normal orientation date in June please also submit:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Harbor HIPAA Certification Test
<input type="checkbox"/>	<input type="checkbox"/>	Medical School Diploma copy

RESIDENTS PGY2-7 NEW HIRE PAPERWORK

Enclosed	NA	Items Required
<input type="checkbox"/>	<input type="checkbox"/>	California Medical License <i>if applicable</i> [▲]
<input type="checkbox"/>	<input type="checkbox"/>	Contract <i>signature page only</i>
<input type="checkbox"/>	<input type="checkbox"/>	DEA Certificate <i>if applicable</i> [▼]
<input type="checkbox"/>	<input type="checkbox"/>	ERAS Common Application Form
<input type="checkbox"/>	<input type="checkbox"/>	Medical School Diploma copy
<input type="checkbox"/>	<input type="checkbox"/>	Primary Source Verification Form
<input type="checkbox"/>	<input type="checkbox"/>	Resident Application Form (a.k.a. Green Sheet)
<input type="checkbox"/>	<input type="checkbox"/>	Data Sheet
<input type="checkbox"/>	<input type="checkbox"/>	Release of Information Form ^{NEW}
<input type="checkbox"/>	<input type="checkbox"/>	Verification of all previous training [*]
<i>If resident is a foreign medical school graduate please also submit:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	ECFMG Certificate
<input type="checkbox"/>	<input type="checkbox"/>	Medical Board Postgraduate Training Authorization Letter <i>if unlicensed by CA Medical Board</i>
<i>If resident is starting outside of normal orientation date in July please also submit:</i>		
<input type="checkbox"/>	<input type="checkbox"/>	Harbor HIPAA Certification Test

INTERN PGY1 PROMOTION PAPERWORK

Enclosed	NA	Items Required
<input type="checkbox"/>	<input type="checkbox"/>	Contract <i>signature page only</i>
<input type="checkbox"/>	<input type="checkbox"/>	Resident Application Form (a.k.a. Green Sheet)

RESIDENT PGY2-7 PROMOTION PAPERWORK

Enclosed	NA	Items Required
<input type="checkbox"/>	<input type="checkbox"/>	Contract <i>signature page only</i>

▲Medical License: US Graduates must have license by beginning of 3rd year of postgraduate training, Foreign Medical Graduates must have license by beginning of 4th year of postgraduate training.

▼DEA: Must have DEA by 3rd year of training once licensed by the CA Medical Board.

*Verification of Previous Training: using the Harbor *Previous Training & Competency Verification* form, have each previous program director submit a written verification of training; this form must be received directly from the previous program, not via the applicant.