Welcome to the department of **(PROGRAM NAME)** at Harbor-UCLA Medical Center.

* Please provide the following information by March 21, **20XX** 2:00 PM
* Full Legal Name (as it appears on your social security card)
* Personal Email (not the school email)
* Current Home Address
* Social Security Number
* Gender
* Date of Birth
* Ethnicity (African American, Caucasian, Hispanic, Philipino, Native-American, Asian, Other)
* Medical School (Full name, no abbreviation)
* Foreign Medical Graduate [Yes/No (if applicable)]
* Previous ACGME (US training)  Yes/No
* Requires J1 Visa  [Yes/No (if applicable)]

Please review the following information carefully.

Your LA County contract will be sent to you via MedHub, it's required to be signed and uploaded by April 18, **20XX**.

You are required to upload a copy of your Medical School Diploma for your permanent file in MedHub before your orientation date. If you are a foreign medical graduate we also require a copy of your ECFMG  Certificate and Medical Board Postgraduate Training Authorization Letter (if unlicensed by CA Medical Board).

You will receive additional information regarding your Harbor hiring process from our Harbor-UCLA Medical Center GME office via MedHub.

If you have any questions or concerns please feel free to contact me and thank you for  your cooperation.

(PROGRAM COORDINATOR NAME)
(PROGRAM NAME)
Harbor-UCLA Medical Center
1000 W. Carson St. Box (\_\_)
Torrance, CA 90509
(Prog. Coor. email)
(Dept. phone #/ Fax#)