



Harbor-UCLA
MEDICAL CENTER

OFFICE OF GRADUATE MEDICAL EDUCATION

March 2015

Dear Physician Postgraduate:

California Physicians and Surgeons license requirements apply as follows:

US Medical School Graduates

- A resident physician who has completed an internship (first postgraduate year training) must meet all requirements determined by the Medical Board of California and must apply for licensure during his/her second year of training and be fully licensed by the end of the second year prior to continuing in the third year of the training program.
 - *Harbor-UCLA hospital policy requires trainees to be fully licensed by December 31st of the second year of training.*
- **If you have not received training in an approved program elsewhere prior to your commencement of first postgraduate year training at the Harbor-UCLA Medical Center, you must obtain a license by December 31, 2015.**
- **A resident physician entering a Harbor-UCLA training program, who has had two or more years of training, must have a license upon arrival.**

International Medical School Graduates (IMG)

- International Medical Graduates (IMG) must complete two years of training in the U.S. to be eligible for a California Physicians and Surgeons license. Any training received in an approved program in the U.S. is counted toward this requirement. IMG's must be fully licensed by the end of their third year of training.
- **An IMG resident physician entering a Harbor-UCLA training program who has had 3 or more years of training must have a license upon arrival.**

If you have received **any** training in an approved program elsewhere, please contact Melissa Moncada in the GME Office immediately. Please review the *Important Licensure Information* on the reverse.

Sincerely,

Darrell W. Harrington, M.D., F.A.C.P.
Associate Medical Director and Director of Medical Education

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT

Print Name _____ Signature _____ Date _____

I HAVE MY CALIFORNIA PHYSICIANS & SURGEONS LICENSE. THE NUMBER IS _____ EXP. _____

Delvecchio Finley, MPP, FACHE
Chief Executive Officer

Timothy L. Van Natta, MD, FACS
Chief Medical Officer

Kim McKenzie, RN, MSN
Chief Nursing Officer
Chief Operational Officer

Graduate Medical Education

Darrell W. Harrington, M.D.
Director and Designated
Institutional Official
310-222-2903

Melissa Silva
Administrative Director
310-222-2911

www.Harbor-UCLA.org
1000 West Carson Street, Box 2
Torrance, CA 90509
Tel: (310) 222- 2911
Fax: (310) 782-8599



Health Services
www.ladhs.org

IMPORTANT LICENSURE INFORMATION

California Medical Licensure

The Medical Board of California requires that residents who have had 24 months of training and are continuing in California be licensed by the first day of their 25th month of training no matter what year level of training he/she is entering. International Graduates have until the end of the 36th month of training, no matter what year level of training he/she is entering, to become licensed. Any resident failing to meet that requirement will be subject to termination from their program.

Harbor-UCLA Medical Center requires that residents must be familiar with the requirements for licensure by the Medical Board of California and apply for and receive a valid license by December 31 of the GY-2 year no matter what year level of training he/she is in. International medical graduates must fulfill similar requirements by the end of the GY-3 year. Once received, the resident is responsible for maintaining a current valid license for the duration of postgraduate training. Failure to be licensed as described above may cause an interruption in the continuation of training and suspension of employment without pay until a valid license has been obtained or the resident's employment is terminated at the discretion of the program director.

Drug Enforcement Administration (DEA) Registration

Unless the Medical Center's Medical Director issues specific written exemption, licensed residents are required to obtain and use their assigned DEA registration number. A copy of this DEA certificate must be on file in the Office of Graduate Medical Education and the appropriate departmental office. Effective July 1, 1996, all residents (GY-3 and above) must present documentation that they have applied for or possess a current DEA registration. Failure to do so will result in suspension of employment without pay until the deficiency is corrected. The GME Office can exempt the fee of your DEA. Please find instructions at www.harbor-ucla.org/licensure.php

HARBOR-UCLA MEDICAL CENTER

RESIDENT AGREEMENT REGARDING MEDICAL RECORDS AND RADIOLOGY FILMS

I agree to complete all medical charts in a timely manner. I understand that my obligations may include, but may not be limited to admission history and psychical examination notes, progress notes, orders, operative reports, and written and dictated discharge summaries. Failure to complete these notes in a timely manner may negatively impact patient care and hospital resources.

I also agree to return all patient charts and films to the Medical Records and Radiology Departments in a timely manner and not sequester either the charts or films. Sequestering charts and films may also negatively impact patient care.

I understand that failure to comply with these regulations in a consistent manner may result in disciplinary action being brought against me, and that my medical record deficiencies will be documented in my permanent file, and conveyed to future employees and/or medical staff offices, including hospital privileges committees.

Print Name

Signature

Date



Harbor-UCLA
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Harbor-UCLA Medical Center
Release of Information Consent

I, _____, consent to the release of information concerning my medical school training and graduation, all previous post-graduate training, current and previous state licensure, and letters of recommendation to Harbor-UCLA Medical Center located in Torrance, California.

I release from any and all liability the Harbor-UCLA Medical Center and its representatives for their acts performed in good faith and without malice in connection with evaluating my credentials to be a House Staff Member at Harbor-UCLA Medical Center.

Signature

Date

Print Full Name: _____



Health Services
www.ladhs.org

Official Data Sheet and Application for Resident or Fellow

County of Los Angeles
Harbor-UCLA Medical Center



1. **Name** _____
Last First Middle
2. **Address** _____
3. **City, State, Zip** _____
4. **Phone** _____ **Social Security** _____
5. **Email Address** _____
6. **Birth date** _____ **Sex** _____ **U.S. Citizen?** _____
7. **Application is being made for** _____
(1st yr, 2nd yr, 3rd yr, etc.)
 - a. **Residency/Fellowship in** _____
8. **Starting Date** _____
9. **Projected Completion Date** _____
10. **Undergraduate Training:**
 - a. **Name of School and Dates Attended** _____
11. **Medical School:**
 - a. **Name of School and Dates Attended** _____
12. **Degrees** _____ **Ethnic Origin** _____
13. **Previous Residency/Fellowship Training (if applicable):**

1 st year	_____		
	Dates Attended	Name of Hospital or School	Address
2 nd year	_____		
	Dates Attended	Name of Hospital or School	Address
3 rd year	_____		
	Dates Attended	Name of Hospital or School	Address
4 th year	_____		
	Dates Attended	Name of Hospital or School	Address

13. **California Medical License #** (if applicable) _____ **Exp Date** _____

14. **DEA # & Exp Date** _____

15. **Beeper #** _____ **Physician ID #** _____

16. **ACLS Certification** _____ **Exp Date** _____

17. **Visa Status/INS #** _____ **ECFMG Certificate** _____

18. **Marital Status** _____ **Spouse's Name** _____

19. **For Emergency Purposes: Please Provide Name, Address, Email and Telephone Number of Parents or Nearest Relative:**

Certificate of Applicant
(Read this statement carefully before signing)

I hereby certify that all statements made on or in connection with this application, are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein may cause forfeiture on my part of all rights of employment by the County of Los Angeles or by any district served by the County of Los Angeles Department of Human Resources.

Signature of Applicant Date

List any name(s) you have ever used other than the one signed above (maiden name, previous married name(s), etc.)
