SCVMC Valley Children's Kaiser

Stanford Health Care/Stanford Children's Health Visiting Resident Check List

Visiting Resident's Information

Resident/Fellow Name _____

Resident/Fellow Email _____

Social Security Number (*send via secure email or call GME*) _____

Home Institution Name _____

Rotation Key: _____ Dates: _____
Name of Rotation in MedHub — Rotation Start and End Dates

Stanford Program Coordinator's Information

Name _____ Application submission date to GME _____

Email _____ Phone: _____

Program Name _____

Mandatory Documentation

- ☐ JPEG photo for VR ID badge
- ☐ Curriculum Vitae
- ☐ Copy of medical school diploma

GME Section

GME Approval Signature _____ Date Approved _____