

Stanford Health Care/Stanford Children's Health Visiting Resident Checklist

Visiting	Resident's Information	on:			
Resider	nt/Fellow Name:				
Resider	nt/Fellow Email:				
	Security Number: secure email or call GME)				
Home I	nstitution Name:				
Rotation Key:			Dates		
		Name of Rotation in MedHub		Rotation Start and End Dates	
Stanford	Coordinator's Inforn	nation:			
Name				Application submission date to GME	
E-Mail				Phone	
Progran	n Name:				
Require	d Letters:				
	Letter of good standing	ng			
	-				
	Program Letter of Ag	reement			
Require	d Documentation of Ir	mmunizations:			
	Chickenpox				
	Flu shot certificate				
	Hepatitis B				
	Measles Pubella				
	Rubella TB Surveillance				
	1 D Sui veillance				
Mandato	ry Documentation:				
☐ JPEG for photo ID badge					
	Curriculum Vitae				
	Copy of medical sch	•			
	 □ Copy of ECFMG certificate if an International Graduate □ Document stating HIPAA training has been completed 				
	Institutional Photo II	•			
		2 Badge			
GME Se	ction:				
Approval Signature			Date Approved		