



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

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### 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 \_\_\_\_\_

### Required Letters

- Letter of good standing
- Acceptance Letter
- Program Letter of Agreement

### Required Documentation of Immunizations

- Chickenpox
- Flu shot certificate
- Hepatitis B
- Measles
- Rubella
- TB Surveillance

### Mandatory Documentation

- JPEG for photo ID badge
- Curriculum Vitae
- Copy of medical school diploma
- Copy of medical license
- Copy of ECFMG certificate if applicable
- Document stating HIPAA training has been completed
- Institutional Photo ID Badge

### GME Section

GME Approval Signature \_\_\_\_\_ Date Approved \_\_\_\_\_