CHECK LIST FOR VISITING RESIDENTS

NAME: ________________________________________________

DEPARTMENT/DIVISION: _______________________________________

DATES OF ELECTIVE: _______________________________________

LETTERS:
Institutional: Salary/Benefits
Department Acceptance Letter
Program Letter of Agreement

IMMUNIZATIONS:
Measles
Rubella
Chickenpox
Hepatitis B
TB Surveillance

DOCUMENTATION:
Curriculum Vitae
Copy of medical school diploma
Copy of medical license - California or other
Copy of ECFMG certificate (if a foreign medical graduate)
Document stating HIPAA training has been completed
Institutional Photo ID Badge - bring to GME office