

**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*