

Guidelines:

- Stanford Program Coordinator is to send an email 60 days prior to the appointment start date to [Mitra Haddad](#) with the following information:
 - Clinical Postdoc’s full legal name (1st & last names)
 - Stanford Program name
 - Appointment start & end dates
 - Postdoc’s email address
 - National Provider Identifier (NPI) #
 - If new to Stanford Health Care, call Mitra at 650 723-5948 with the Postdoc’s Social Security # (SSN)
- Complete the checklist below in its entirety.
- Send this completed checklist along with the required materials sequentially in 1 pdf file via a “secure” email to [Mitra Haddad](#) 30 days prior to the appt. start date.

Postdoc’s full name (first & last name) _____ Current Stanford program name _____ Current Stanford PGY level _____

Appointment start & end dates _____ New Stanford program name _____ New Stanford PGY Level _____

ACGME or Non ACGME New postdoc or Continuing postdoc _____
If continuing, SHC Employee #

Postdoctoral Required Materials
1. Copy of OPA Approval email from Office of Postdoctoral Affairs
2. Completed and signed Patient Care Form (Electronic signatures not acceptable)
3. Copy of ECFMG Certificate (If applicable)
4. Copy of Medical School Diploma (and translation if appropriate)
5. Medical Board of CA License card or verification (Showing issuance & expiration dates & address on file which should be the Stanford Program address)
6. Stanford University Occupational Health Clearance Letter. (To be completed by Postdoc & Program) to learn more visit: https://med.stanford.edu/gme/housestaff/current/postdoc_appts.html
7. HealthStream Clearance Transcript (Will be obtained by Mitra)
8. Copy of updated CV

Stanford Program approvals:

Stanford Program Director’s name _____ Stanford Program Director’s signature _____ Date signed _____
Electronic signatures are not acceptable

Program Coordinator’s name + phone # _____ Program Coordinator’s email _____ Submission date _____

Stanford GME approval:

Ann M Dohn
 Stanford Designated Institutional Official name _____ DIO’s Signature _____ Date signed _____