

**Guidelines**

1. Stanford Program Coordinator is to send an email 60 days prior to the appointment start date to **Mitra Haddad** with the following information:

a. Legal name (1st & last names)

b. Program name

c. Appointment start & end dates

d. Postdoc's contact information (mailing & email & phone #)

e. National Provider Identifier (NPI) #

f. Specify whether new to Stanford or a continuing appointment. If new, call Mitra Haddad at 650 723-5948 with the Postdoc's SSN.

2. Complete the checklist below in its entirety.

3. Send this completed checklist along with the required materials sequentially in one (1) pdf file via a "secure" email to **Mitra Haddad** at least 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 #

Research % Clinical Responsibilities % Clinical Instructor %

**Postdoctoral Required Materials**

1. Copy approval email for Clinical appointment from the Office of Postdoctoral Affairs
2. Completed and signed Program Director's **Patient Care Form**
3. Copy of ECFMG Certificate (If applicable)
4. Copy of Medical School Diploma (and translation if not in English)
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](https://med.stanford.edu/gme/housestaff/current/postdoc_appts.html)
7. HealthStream Clearance Transcript to be completed at least 10 days prior to appt. start date (Transcript will be printed by Mitra)
8. Copy of updated CV

**Stanford Program approvals:**

Stanford Program Director's name

Stanford Program Director's signature  
Electronic signatures are not acceptable

Date signed

Program Coordinator's name + phone #

Program Coordinator's email

Submission date

**Stanford GME approval:**

**Becky Blankenburg, MD, MPH**

Stanford DIO. GME Associate Dean

Signature

Date signed