## **Checklist for Non-Match or Transfer Applicant**

*Instructions*: This checklist should be used for applicants to non-ACGME accredited programs or to ACGME-accredited programs outside of the Match. Do not offer an Applicant a position until the checklist has been completed.

| New   Comments  |  |                       |
|---|--|-----------------------|
| Unexplained time periods on CV? Specify  Medical School transcript or diploma: Name of Medical School: Graduation date:  If If US Medical School, get Dean's Letter  If international medical school graduate, check documents  USMLE results: Step 1 Step 2 Step 3 Note: For licensure in Texas (see <a href="http://www.tsbme.state.tx.us">http://www.tsbme.state.tx.us</a> If steps must be passed within 7 year period and (2) the number of attempts for any step is limited to three. A fourth attempt is allowed if one examination is pending.  ECFMG Certificate, if applicable:  ECFMG Release from applicant for permission to speak with specific individual(s) involved in the applicant's medical education (e.g., program directors)  Residency #1:  Dates of training: Letter from Program Director: Phone call to Program Director: Phone cal  | Item   | Comments              |
| Medical School transcript or diploma:   Name of Medical School:   Graduation date:   If US Medical School, get Dean's Letter   If Itus Medical School, get Dean's Letter   If international medical school graduate, check documents   USMLE results:   Step 1  | CV reviewed  |                       |
| Name of Medical School: Graduation date:  If US Medical School, get Dean's Letter  If international medical school graduate, check documents  USMLE results:  Step 1  Step 2  Step 3  Note: For licensure in Texas (see <a href="http://www.tsbme.state.tx.us">http://www.tsbme.state.tx.us</a> ), the TSBME requires that (1) all steps must be passed within 7 year period and (2) the number of attempts for any step is limited to three. A fourth attempt is allowed if one examination is pending.  ECFMG Certificate, if applicable:  CFMG Certificate, if applicable:    Q YES () NO  | Unexplained time periods on CV? Specify                        |                       |
| Graduation date:  If IUS Medical School, get Dean's Letter  If international medical school graduate, check documents    Score:   | Medical School transcript or diploma:                          | () YES () NO          |
| If IJS Medical School, get Dean's Letter  If International medical school graduate, check documents  USMLE results:  Step 1  Step 2  Step 2  Step 3  Note: For licensure in Texas (see <a href="http://www.tsbme.state.tx.us">http://www.tsbme.state.tx.us</a> )  Steps must be passed within 7 year period and (2) the number of attempts for any step is limited to three. A fourth attempt is allowed if one examination is pending.  ECFMG Certificate, if applicable:    Comparison of training:   | Name of Medical School:  |                       |
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| Board:  | accrued months in training toward ABMS certification.          |                       |
| # months of training:   |  |                       |
|   |  | # months of training: |

| Item   | Comments   |
|--|--|
| US Citizenship The applicant must show two types of identification to prove US citizenship.  | Driver's license: State: #and Official birth certificate: City or County State OR Driver's license: State: # |
| For non US Citizens, copy of permanent resident document or  | and US passport: Place of issue: Expires: Permanent Resident Document:                                       |
| visa   | Type of Visa<br>Expiration date:   |
| If applicant needs a visa, check with Human Resources re: application process.   | Do not proceed until this is clear.  |
| Security Background Check: Obtain a signed release from applicant for a security background check. Any offer is contigent upon the applicant having passed all the above items and satisfactorily completing a Security Background check. Any convictions or offenses must be reviewed and approved by Human Resources and the DIO) before a contract can be signed. | Date of release:   |

## Checklist for Completion of Training in Non-ACGME Accredited Training Programs

The Program Director must assess the resident's satisfactory completion of training. This letter must document what methods were used to assess the resident's competence. A Final Evaluation of the Resident must be prepared according to Procedure GME12—Resident Evaluation. The final evaluation must be part of the resident's file maintained by Methodist. The GME department will respond to inquiries concerning licensure, accreditation, privileging, etc., based on the resident's permanent file.

## **Checklist for Completion**

| Item   | Comments   |
|--|--|
| Written Documentation of Successful Completion of Training including methods used to assess competence   |  |
| Final Evaluation and Verification of Credentials: The final evaluation must include a review of the Resident's performance during the final period of training and must include the statement: "qualified to practice competently and independently in this specialty" | Resident's permanent file forwarded to GME Department:  Date |
| <b>Certificate of completion</b> prepared and given to resident and copy made for resident's permanent file.   | Date   |