

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.

	Item	Comments
	CV reviewed	
	Unexplained time periods on CV? Specify	
	Medical School transcript or diploma: Name of Medical School: Graduation date: <ul style="list-style-type: none"> • If US Medical School, get Dean's Letter 	() YES () NO _____ _____
	<ul style="list-style-type: none"> • If international medical school graduate, check documents 	
	USMLE results: Step 1 Step 2 Step 3 Note: For licensure in Texas (see http://www.tsbme.state.tx.us), 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.	Score: _____ # of attempts: _____ Score: _____ # of attempts: _____ Score: _____ # of attempts: _____
	ECFMG Certificate, if applicable:	() YES () NO Expiration date _____ or Other # _____
	Residency Information	
	Signed Release from applicant for permission to speak with specific individual(s) involved in the applicant's medical education (e.g., program directors)	Date of release: _____
	Residency #1: <ul style="list-style-type: none"> • Dates of training: _____ • Letter from Program Director: () YES () NO • Phone call to Program Director if appropriate: () YES () NO 	_____
	Residency #2 (if applicable): <ul style="list-style-type: none"> • Dates of training: _____ • Letter from Program Director: () YES () NO • Phone call to Program Director if appropriate: () YES () NO 	_____
	Medical Licensure: Does candidate have license? <ul style="list-style-type: none"> • Check State Medical Board website (see http://www.fsmb.org/ for a directory of all state medical boards) 	() YES () NO State: _____ License no: _____ Expiration date: _____
	ABMS Board Certificate/Eligibility? Get letter or email from the board. Document in writing any verbal conversations with the board. Confirm whether the candidate has taken boards, is eligible to take boards, or has accrued months in training toward ABMS certification.	Certification: () YES () NO Board: _____ Certificate: _____
		Eligibility: () YES () NO Board: _____ # months of training: _____

	Item	Comments
	<p>US Citizenship The applicant must show two types of identification to prove US citizenship.</p> <p>For non US Citizens, copy of permanent resident document or visa</p>	<p>Driver's license: State: _____ # _____</p> <p>and Official birth certificate: City or County _____ State _____</p> <p>OR Driver's license: State: _____ # _____</p> <p>and US passport: Place of issue: _____ Expires: _____</p> <p>Permanent Resident Document:</p> <p>Type of Visa _____ Expiration date: _____</p>
	If applicant needs a visa, check with Human Resources re: application process.	Do not proceed until this is clear.
	<p>Security Background Check: Obtain a signed release from applicant for a security background check. Any offer is contingent 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.</p>	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 _____
	Certificate of completion prepared and given to resident and copy made for resident's permanent file.	Date _____