



## MCG GME Office Clinical Rotator On-Boarding Checklist

Rotation Dates: \_\_\_\_\_ PGY Level \_\_\_\_\_

Ever worked for Wellstar, either as a team member or contractor? No  Yes  ID# \_\_\_\_\_

Rotation Name and Associate MCG GME Program: \_\_\_\_\_

Program Coordinator Name and Email: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Credentials (MD/DO/MBBS): \_\_\_\_\_

Current GME Program (Location & Specialty): \_\_\_\_\_

License Number: \_\_\_\_\_

Rotator Phone Number: \_\_\_\_\_

Rotator Date of Birth: \_\_\_\_\_

Rotator Social Security Number: \_\_\_\_\_

Rotator NPI Number: \_\_\_\_\_

Do you have a Personal DEA? No  Yes  If yes, DEA Registration # \_\_\_\_\_

Rotator (Best) Email: \_\_\_\_\_

Clinical Rotator Address \_\_\_\_\_

Rotator Medical School Name: \_\_\_\_\_

Rotator Medical School Graduate Date: \_\_\_\_\_

ECFMG Certificate Number and Date, if applicable: \_\_\_\_\_

WMCG Address: Wellstar MCG Health 1120 15<sup>th</sup> Street, Augusta, GA 30912

WMCG Department Phone Number where rotating: \_\_\_\_\_

WMCG Department Fax Number where rotating: \_\_\_\_\_

Please check all that is attached:

- Driver's License
- GA Training Permit or Unrestricted GA License
- Updated CV
- BLS/ACLS/PALS (requirements vary based on rotation)
- Program Letter of Agreement
- Malpractice Certificate (from current location)
- Signed Attestation of Drug Screen and Background Check **(Next Page)**

**PLEASE PUT ON INSTITUTIONAL LETTERHEAD**

Dear MCG GME and Wellstar MCG Health,

I attest that my resident/fellow, **full name here**, has completed and passed a urine drug screen as part of their onboarding process. In addition, a background check was completed on this resident/fellow without any concerning findings identified.

Sincerely,

**Your Signature Here**

**Your Name Here**

Program Director, **Program Name Here**