CHECKLIST FOR INTERNAL TRANSFERRING HOUSE OFFICERS

| Transfer = transferring from one LSU program, N.O, Baton Rouge, Lafayette, Bogalusa, or Lake Charles to another LSU Program ** RECEIVING PROGRAM COMPLETES CHECKLIST ** Please note: all items listed below are required. No House Officer will be paid if documents are missing unless exceptions have been approved by GME office. If transfer is Off-Cycle – Submit at least a month before transfer date. For Malpractice purposes and Health Science Center Policy, Residents/Fellows are NOT allowed to begin or continue training without valid Medical License/Intern Card/GETP, or other State Board of Medical Examiners licensing approval. There are NO EXCEPTIONS. | | | | | |
|--|---|---|-----------|-------------------|----------|
| | | | Name: | | Program: |
| | | | HO level: | Appointment Date: | Salary: |
| Name of Pro | gram Transferring From: | | | | |
| | s or Updates to New Innovations than March 31 | | | | |
| | omit signed, Appointment Form <i>Auto populated fo</i> | rm on GME Website. | | | |
| | | preadsheet listing Transferring House Officers promoting to | | | |
| | the next House Officer level Auto populate | | | | |
| PER | R 3 to Transfer to New Department/Program an | d Promote and/or Change in Title | | | |
| | Required only if: House Officer level changing to lo change | ower level, and if Transfer is an Off-Cycle Transfer regardless of Level | | | |
| | or Updates to New Innovations | | | | |
| | It no Later than May 31 | | | | |
| | IE Data Sheet - updated to include transfer info | rmation | | | |
| Acad | demic Year Appointment Packet: | | | | |
| | a. Health Requirements - Only if Transferrin be required if not on file with GME Office | g from Baton Rouge, Lafayette Lake Charles, LSU Shreveport. May also | | | |
| | b. Annual TB Test | d. House Officer Manual Acknowledgement Form | | | |
| | c. House Officer Agreement (Contract) | C C | | | |
| Exti | ra-Curricular Form | | | | |
| FCV | /S Release Form | | | | |
| HCN | N Break Glass Policy | | | | |
| LSB | ME Release Form | | | | |
| DS 2 | 2019 form (for Foreign Medical Graduates with | J-1 Visa) to verify I-9. | | | |
| Vali | id LA Medical License/Intern Card/PGY 2/GETP/ date in New Innovations – Date MUST be valid for | Other permits - Check LSBME Website and enter updated expiration July 1. | | | |
| | to be submitted to Outside Agency | | | | |
| | it no later than May 31 | | | | |
| | ICNO Hospital Forms – Send directly to UMCNO GME | | | | |
| | forms (If applicable) – Send completed forms to LSU | GME Office | | | |
| | s or Updates to New Innovations | | | | |
| | It no Later than July 31 | icable) | | | |
| Internship completion Certificate/Diploma (if applicable) Residency completion Certificate/Diploma (if applicable) | | | | | |
| | | rnship, Residency and Fellowship dates in New Innovations | | | |
| Nev | new, opuate biographical, medical school, inte | manip, residency and renowship dates in New Innovations | | | |

ATTACH CHECKLIST TO PACKET OF DOCUMENTS BEFORE SUBMITTING TO THE GME OFFICE