

## H1B Foreign Medical Graduate Checklist

Resident Name: \_\_\_\_\_

Program: \_\_\_\_\_

Provide at least 4 months for processing/gathering of documentation

1. Please submit ALL documents including checklist signed by you and initialed by your Program Director to the GME office which will be stamped and initialed by a GME representative by June 12. PLEASE DO NOT bring any documentation unless the resident/fellow file is complete.
2. For those lines shaded in gray (lines 6, 22, 32, 33), bring the checklist and corresponding documentation to the GME Office for GME initials to check in and return original checklist to you by the week of April 27th. Note: Line 22 is required by April 8th, an email is sufficient for this item. These will be the ONLY documents accepted prior to June 12 unless resident/fellow file is complete.

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Initials

\_\_\_\_\_  
GME Initials/Date Stamp

|   |   | Check List  | Website/Notes | Due Date to Dept | Checked into GME Office (Initials) | Due Date to GME Office | Completed (Circle one) |
|---|---|---|---------------|------------------|------------------------------------|------------------------|------------------------|
| <b><u>Questions to review when determining sponsorship of an H1B resident</u></b> |   |   |               |                  |                                    |                        |                        |
| Program   | 1 | Does candidate qualify for a J1 visa? If yes, pursue that route   |               |                  |                                    |                        | Y N                    |
| Program   | 2 | Is candidate currently in the US on H1B Visa?   |               |                  |                                    |                        | Y N                    |
| Program   | 3 | Is candidate exception or rational?   |               |                  |                                    |                        | Y N                    |
| Program   | 4 | Is candidate outside of the US?   |               |                  |                                    |                        | Y N                    |
| Program   | 5 | Candidate exceptional needs to be heavily scrutinized - additional rational                                 |               |                  |                                    |                        | Y N                    |
| Program   | 6 | Is program prepared to REIMBURSE airline fare home if resident does not work out in the program?            |               |                  |                                    |                        | Y N                    |
| Program   | 7 | Is program prepared to pay \$820 for the application fee for the candidate? (two separate checks) -See # 37 |               |                  |                                    |                        | Y N                    |
| Program   | 8 | Is the program prepared to pay \$1000 for the Premium processing? Potential cause for Off-cycle residents   |               |                  |                                    |                        | Y N                    |

|  |     |  |   |  |  |  |  |         |
|--|-----|--|---|--|--|--|--|---------|
| Program  | 9   | Program contacts GME Administration and Julia Shaw in KUMC International Office  | 8-1485  |  |  |  |  | Y N     |
| <b><u>All 'Packet' items need to be sent out to the new incoming residents and returned to the program</u></b> |     |  |   |  |  |  |  |         |
| Packet   | 10  | Kansas State License- or application sent to resident?   | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  |  | Y N N/A |
|  |     |  | or<br><a href="http://www.ksbha.org/licensing/pgrad_initial_app_fillable.pdf">http://www.ksbha.org/licensing/pgrad_initial_app_fillable.pdf</a>         |  |  |  |  | Y N N/A |
| Packet   | 11  | Missouri State License – or application sent to resident?  | Call 573-751-0293 to request application  |  |  |  |  | Y N N/A |
| Packet   | 12  | Authorization to release residency/fellowship information to affiliates form   | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  |  | Y N N/A |
| Packet   | 13  | Application for Admission to Graduate Medical Education (GME Application)  | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  |  | Y N N/A |
| Packet   | 14  | Background Check Confirmation from GME Office and instructions - Username: ku2487 Password: background   | <a href="https://www.validityacademics.com/">https://www.validityacademics.com/</a>   |  |  |  |  | Y N N/A |
| Packet   | 15  | KUPI Chart Audit Card  | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  |  | Y N N/A |
| Packet   | 16  | Missouri BNDD certificate  | <a href="http://www.dhss.mo.gov/BNDD/AppsForms.html">http://www.dhss.mo.gov/BNDD/AppsForms.html</a>   |  |  |  |  | Y N N/A |
| Packet   | 17  | Confidentiality Agreement ~ Contact person: Gwen Pierce, Hospital Systems Security   | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  |  | Y N N/A |
| Packet   | 18  | Employee Personal Information Data Form  | <a href="http://www2.kumc.edu/finance/payroll/nhf_RES_new_hire_data_form.html">http://www2.kumc.edu/finance/payroll/nhf_RES_new_hire_data_form.html</a> |  |  |  |  | Y N N/A |
| <b><u>All 'Resident' items need to be provided by the resident and returned to the program</u></b>             |     |  |   |  |  |  |  |         |
| Resident   | 19a | Obtain DS2019 from ECFMG and return to program   |   |  |  |  |  | Y N N/A |
|  | 19b | Include KU-SOM US Address on DS2019  |   |  |  |  |  | Y N N/A |
|  | 19c | Shows program sponsor as ECFMG   |   |  |  |  |  | Y N N/A |
|  | 19d | Exchange visitor category must state: Alien Physician  |   |  |  |  |  | Y N N/A |
| Resident   | 20  | Once in US for 10 days, immediately apply for Social Security Card (request verification/receipt is good for HR) when received take to Payroll | 850 Nebraska, Kansas City, KS   |  |  |  |  | Y N N/A |
| Resident   | 21  | Once in US, I-94 card attached to visa, program needs a copy   |   |  |  |  |  | Y N N/A |
| Resident   | 22  | Once on campus, resident must check in with Julia Shaw.  | Julia's office: 4001 Student Center   |  |  |  |  | Y N N/A |
| Resident   | 23  | Step 1 USMLE Board Scores  |   |  |  |  |  | Y N N/A |
| Resident   | 24  | Step 2 USMLE Board Scores (CS and CK for foreign medical graduates)  |   |  |  |  |  | Y N N/A |
| Resident   | 25  | For new residents/fellows and above: Verification (including the date the exam was passed) for Step 3 USMLE Boards Scores                      |   |  |  |  |  | Y N N/A |

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|---|----|--|---|--|--|--|--|---------|
| Resident  | 26 | Basic Life Support Exam (BLS) - <b>required</b> & Advanced Cardiac Life Support Exam (ACLS) ~ must be current or Advanced Trauma Life Support Exam (ATLS) – have resident send previous certifications from prior medical school or training                   |   |  |  |  |  | Y N N/A |
| Resident  | 27 | Certified copy of their Medical School Diploma with word for word English translation  |   |  |  |  |  | Y N N/A |
|   | a. | Medical School Diploma that meets the KSBHA requirements for licensure–LCME, American Osteopathic Association, Fifth Pathway or Foreign Medical School   |   |  |  |  |  | Y N N/A |
| Resident  | 28 | Immunization Record and Medical History Form copy from Employee Health   | Occupational health mails this form to resident/fellow  |  |  |  |  | Y N N/A |
| Resident  | 29 | Cirriculum Vitae (CV)  |   |  |  |  |  | Y N N/A |
| Resident  | 30 | Employment Office – resident completes these forms at 1052 Wescoe  |   |  |  |  |  |         |
|   |    | <b>HIB</b> FMGs are required to bring visa, passport and social security card  |   |  |  |  |  | Y N N/A |
| Resident  | 31 | ID Badge - 1052 Wescoe   |   |  |  |  |  | Y N N/A |
| Resident  | 32 | Last entry Form I-94, front and back   |   |  |  |  |  | Y N N/A |
| Resident  | 33 | Passport ID pages (cannot be expired)  |   |  |  |  |  | Y N N/A |
| Resident  | 34 | Visa   |   |  |  |  |  | Y N N/A |
| Resident  | 35 | Driver's License   |   |  |  |  |  | Y N N/A |
| Resident  | 36 | Social Securiry Card   |   |  |  |  |  | Y N N/A |
| <b><u>All 'Coordinator' items need to be completed by the coordinator</u></b> |    |  |   |  |  |  |  |         |
| Coord   | 37 | Before offering interview, verify ECFMG certification  |   |  |  |  |  | Y N N/A |
| Coord   | 38 | Prior to interview, verify Foreign Medical School has been instructing for a minimum of 15 years - KSBHA licensure requirement   | <a href="https://imed.faimer.org/">https://imed.faimer.org/</a>   |  |  |  |  | Y N N/A |
| Coord   | 39 | Send offer letter to candidate to assist with visa process   | <a href="#">template under construction</a>   |  |  |  |  | Y N N/A |
| Coord   | 40 | Obtain prevailing wage for the candidate by working with KU Human Resources and securing the correct "O-NET Code" 29-1199 for Health Diagnosing and Treating Practitioners. (Typically residnet salaries are higher than the required minimum prevailing wage) |   |  |  |  |  | Y N N/A |
| Coord   | 41 | Contact Julia Shaw to process checks payable to USCIS for \$500 and \$320 respectively with a request form   | <a href="http://www.kumc.edu/international/forms.html">http://www.kumc.edu/international/forms.html</a> |  |  |  |  | Y N N/A |
| Coord   | 42 | Position Description   |   |  |  |  |  | Y N N/A |

|       |     |  |   |  |  |  |   |   |     |     |
|-------|-----|--|---|--|--|--|---|---|-----|-----|
| Coord | 43  | Labor Condition Application for foreign labor certification  | Check with Julia Shaw to verify completion  |  |  |  | Y | N | N/A |     |
| Coord | 44  | Federal DEA License and expiration date  | <a href="http://www.deadiversion.usdoj.gov/drugreg/index.html">http://www.deadiversion.usdoj.gov/drugreg/index.html</a>                           |  |  |  | Y | N | N/A |     |
|       |     | Verify that DEA dates of coverage and note when it expires so you can use this system for renewals.  |   |  |  |  | Y | N | N/A |     |
|       |     | Create a spreadsheet listing each Resident's DEA date of coverage as well as expiration date, use this as a check system for all renewals including DEA, KS and MO licenses. |   |  |  |  | Y | N | N/A |     |
| Coord | 45a | Verify license on KSBHA Website is consistent with paper license in your files   | <a href="http://www.docboard.org/ks/df/kssearch.htm">http://www.docboard.org/ks/df/kssearch.htm</a>   |  |  |  | Y | N | N/A |     |
|       | 45b | Verify program name, expiration date, and correct name spelling on KS Post Graduate Permit is consistent with website  | or<br><a href="http://www.ksbha.org/licensing/pggrad_initial_app_fillable.pdf">http://www.ksbha.org/licensing/pggrad_initial_app_fillable.pdf</a> |  |  |  | Y | N | N/A |     |
|       | 45c | Verify expected graduation date matches KS license expiration date   |   |  |  |  | Y | N | N/A |     |
| Coord | 46a | Verify license on MO Division of Professional Registration Website   | <a href="https://renew.pr.mo.gov/licensee-search.asp">https://renew.pr.mo.gov/licensee-search.asp</a>   |  |  |  | Y | N | N/A |     |
|       | 46b | Verify program name, expiration date, and correct name spelling on MO license  |   |  |  |  | Y | N | N/A |     |
| Coord | 47  | Send copies to all Missouri affiliates   |   |  |  |  | Y | N | N/A |     |
| Coord | 48  | NPI Information Form and NPI Confirmation Email  | <a href="https://nppes.cms.hhs.gov/NPPES/Welcome.do">https://nppes.cms.hhs.gov/NPPES/Welcome.do</a>   |  |  |  | Y | N | N/A |     |
| Coord | 49  | Signed and dated Resident Agreement with Attachments "A", "B", "C", "D", & "E"   | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  | Y | N | N/A |     |
|       |     | <b>-Please note if any Attachments are not included</b>  |   |  |  |  |   |   |     |     |
| Coord | 50  | ERAS Application, SF Match Application or American Urological Association application  |   |  |  |  | Y | N |     |     |
| Coord | 51  | HRIS form  | Processed via PeopleSoftHR  |  |  |  | Y | N | N/A |     |
| Coord | 52  | Request Novell/Groupwise access  |   |  |  |  | Y | N | N/A |     |
| Coord | 53  | Process the resident with the two Federal Government Exclusionary databases  | <a href="http://www.oig.hhs.gov/">http://www.oig.hhs.gov/</a><br><a href="https://www.epls.gov/">https://www.epls.gov/</a>                        |  |  |  | Y | N | N/A |     |
|       |     | a. Disclosure Statement Regarding Exclusion  | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  | Y | N | N/A |     |
|       |     |  |   |  |  |  |   |   |     |     |
| Coord | 54  | Liability Insurance Form titled Notice of Basic Coverage Form (KSA 40-3414D) – found on GME website: forms/liability.  | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>   |  |  |  | Y | N | N/A |     |
| Coord | 55  | For Residents rotating to Children's Mercy Hospital - for all other affiliates please send all items listed on the Authorization to Release information                      |   |  |  |  |   |   |     |     |
|       |     | a. Completion of CMH Immunization Record and Health Form   |   |  |  |  |   | Y | N   | N/A |
|       |     | b. Copy of Missouri License ( <i>same as above</i> )   |   |  |  |  |   | Y | N   | N/A |
| Coord | 56  | Passport sized photo loaded into EValue  | can be pulled from ERAS app   |  |  |  | Y | N | N/A |     |
| Coord | 57  | Verify Evalue Biographic Data page for resident is accurate – add email address  |   |  |  |  | Y | N | N/A |     |

|       |    |  |   |  |  |  |         |
|-------|----|--|---|--|--|--|---------|
| Coord | 58 | Reiterate resident education for accurate duty hour logging during program orientation   |   |  |  |  | Y N N/A |
| Coord | 59 | JCAHO Hospital procedures for residents  | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a> |  |  |  | Y N N/A |
| Coord | 60 | A form must be created to include each resident's photo, department name, PGY year and corresponding academic cycle, signature from Program Director and approved procedure list by PGY year |   |  |  |  | Y N N/A |
| Coord | 61 | IDX Scheduling (KUPI Clinic only)  | <a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a> |  |  |  | Y N N/A |

Revised on 4/15/09