

## J1 Foreign Medical Graduate Checklist

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

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

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 Department	Checked into GME Office (Initials)	Turned into GME Office no later than	Required for GME Office (Circle one)
<b><u>All 'Packet' items need to be sent out to the new incoming residents and returned to the program</u></b>							
Packet	1	Kansas State License- or application sent to resident?	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a> or <a href="http://www.ksbha.org/licensing/pgrad_initial_app_fillable.pdf">http://www.ksbha.org/licensing/pgrad_initial_app_fillable.pdf</a>			June 12th	Y N N/A
Packet	2	Missouri State License – or application sent to resident?	Call 573-751-0293 to request application			June 12th	Y N N/A
Packet	3a	Complete application for J1 visa sponsorship through ECFMG (Obtain DS2019 from ECFMG and return to program)	<a href="http://www.ecfm.org/evsp/evspicln.pdf">http://www.ecfm.org/evsp/evspicln.pdf</a>			June 12th	Y N N/A
	3b	Include KU-SOM US Address on DS2019	ACGME Institution ID: 19-9501 (Section 12: Host Institution)			June 12th	Y N N/A
	3c	Shows program sponsor as ECFMG	Include all documents listed on the ECFMG J1 Checklist			June 12th	Y N N/A
Packet	4	Authorization to release residency/fellowship information to affiliates form	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>			June 12th	Y N N/A
Packet	5	Application for Admission to Graduate Medical Education (GME Application)	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>			June 12th	Y N N/A

Packet	6	Background Check Confirmation from GME Office and instructions - Username: ku2487 Password: background	<a href="https://www.validityacademics.com/">https://www.validityacademics.com/</a>			June 12th	Y	N	N/A
Packet	7	KUPI Chart Audit Card	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>	week of April 27th			Y	N	N/A
Packet	8	Missouri BNDD certificate	<a href="http://www.dhss.mo.gov/BNDD/AppsForms.html">http://www.dhss.mo.gov/BNDD/AppsForms.html</a>			June 12th	Y	N	N/A
Packet	9	Confidentiality Agreement ~ Contact person: Gwen Pierce, Hospital Systems Security	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>			June 12th	Y	N	N/A
Packet	10	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>			June 12th	Y	N	N/A
<b>All 'Resident' items need to be provided by the resident and returned to the program</b>									
Resident	11	Contact ECFMG to obtain all regulatory requirements	<a href="http://www.ecfm.org/">http://www.ecfm.org/</a>			June 12th	Y	N	N/A
Resident	12a	Obtain DS2019 from ECFMG and return to program				June 12th	Y	N	N/A
	12b	Include KU-SOM US Address on DS2019	<a href="#">Section 13</a>			June 12th	Y	N	N/A
	12c	Shows program sponsor as ECFMG				June 12th	Y	N	N/A
	12d	Exchange visitor category must state: Alien Physician				June 12th	Y	N	N/A
Resident	13	Immediately apply for Social Security Card (request verification/receipt is good for HR) when received take to Payroll	<a href="#">850 Nebraska, KC, KS</a>			June 12th	Y	N	N/A
Resident	14	Once in US, I-94 card attached to visa, program needs a copy				June 12th	Y	N	N/A
Resident	15	Step 1 USMLE Board Scores				June 12th	Y	N	N/A
Resident	16	Step 2 USMLE Board Scores (CS and CK for foreign medical graduates)				June 12th	Y	N	N/A
Resident	17	For new residents/fellows and above: Verification (including the date the exam was passed) for Step 3 USMLE Boards Scores				June 12th	Y	N	N/A
Resident	18	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				June 12th	Y	N	N/A
Resident	19	Notarized copy of their Medical School Diploma and/or Certificate or certified copy of medical school transcript				June 12th	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				June 12th	Y	N	N/A
Resident	20	Immunization Record and Medical History Form copy from Employee Health	Occupational health mails this form to resident/fellow			June 12th	Y	N	N/A
Resident	21	Employment Office – resident completes these forms at 1052 Wescoe							
		<b>J-1</b> FMGs are required to bring DS2019, visa or passport and social security card				June 12th	Y	N	N/A
		<b>J-1</b> Once in US, immediately apply for Social Security Card (request verification/receipt is good for HR)				June 12th	Y	N	N/A

Resident	22	Gap Health Insurance to provide coverage for first 90 days - required by ECFMG	Contact an insurance agent			June 12th	Y	N	N/A
Resident	23	ID Badge - 1052 Wescoe				June 12th	Y	N	N/A
Resident	24	Driver's License/Passport				June 12th	Y	N	N/A
Resident	25	Social Security Card				June 12th	Y	N	N/A
<b>All 'Coordinator' items need to be completed by the coordinator</b>									
Coord	26	Before offering interview, verify ECFMG certification				June 12th	Y	N	N/A
Coord	27	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>			June 12th	Y	N	N/A
Coord	28	Send offer letter to candidate to assist with J1 process (department does not pay for anything)	template under construction			June 12th	Y	N	N/A
Coord	29	Program completes portion of DS2019 and return to ECFMG	Complete section 12, 13, 14, and TPL (Coordinator) Certification			June 12th	Y	N	N/A
Coord	22	Email list of new residents/fellows to GME Office		April 8th			Y	N	N/A
Coord	30	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>			June 12th	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	31a	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>			June 12th	Y	N	N/A
	31b	Verify program name, expiration date, and correct name spelling on KS Post Graduate Permit is consistent with website	or <a href="http://www.ksbha.org/licensing/pgrad_initial_app_fillable.pdf">http://www.ksbha.org/licensing/pgrad_initial_app_fillable.pdf</a>			June 12th	Y	N	N/A
	31c	Verify expected graduation date matches KS license expiration date				June 12th	Y	N	N/A
Coord	32a	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>			June 12th	Y	N	N/A
	32b	Verify program name, expiration date, and correct name spelling on MO license				June 12th	Y	N	N/A
Coord	33	Send copies to all Missouri affiliates				June 12th	Y	N	N/A
Coord	34	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>			June 12th	Y	N	N/A
Coord	35	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>			June 12th	Y	N	N/A
		<b>-Please note if any Attachments are not included</b>							

Coord	36	ERAS Application, SF Match Application or American Urological Association application				June 12th	Y N	
Coord	37	HRIS form	Processed via PeopleSoftHR	week of April 27th			Y N N/A	
Coord	39	Process the resident with all three the Federal Government Exclusionary databases	<a href="http://www.oig.hhs.gov/">http://www.oig.hhs.gov/</a>	week of April 27th			Y N N/A	
			<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	40	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>			June 12th	Y N N/A	
Coord	41	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				June 12th	Y N N/A	
		b. Copy of Missouri License ( <i>same as above</i> )				June 12th	Y N N/A	
Coord	42	Passport sized photo loaded into EValue	can be pulled from ERAS app			June 12th	Y N N/A	
Coord	43	Verify Evalue Biographic Data page for resident is accurate – add email address				June 12th	Y N N/A	
Coord	44	Reiterate resident education for accurate duty hour logging during program orientation				June 12th	Y N N/A	
Coord	45	JCAHO Hospital procedures for residents	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>			June 12th	Y N N/A	
Coord	46	A form must be created to include each resident's procedures. This form should include a photo, department name, PGY year and corresponding academic cycle, signature from Program Director and approved procedure list by PGY year	Include on annual resident checklist			June 12th	Y N N/A	
Coord	41	Make copies of Departmental Policy Manual to handout during Program Orientation				June 12th	Y N N/A	
Coord	47	IDX Scheduling (KUPI Clinic only)	<a href="http://gme.kumc.edu/forms.html">http://gme.kumc.edu/forms.html</a>			June 12th	Y N N/A	

Revised 4/28/09