



School of Medicine
Office of Medical Education

POST PROGRAM COMPLETION PACKET

This packet is to be completed for each graduating resident and sent to the GME office, Lions Bldg, 2020 Gravier Street, 6th Floor, Room 614, with the checklist. (Scans are accepted-acomea@lsuhsc.edu)

****If a resident is OFF CYCLE, please send the packet to the GME office within 30 days of departure****

DUE DATE is JULY 31, 2016

NAME: _____ PROGRAM: _____

RESIDENT'S non-LSU email: _____

- _____ Updated Personal Data Sheet for GME office (Must include all training/jobs/LOA from Medical School thru Residency/fellow training including training completed or leaving if not completed.)
- _____ Duty hour report showing up to date completion (in NI use the compliance report for the year, then filter by person)
- _____ Procedure log summary (if applicable, Summary listing)
- _____ Core Curriculum completion summary report (from GME website, under program resources)
- _____ Beeper returned to Program Office
- _____ Copy of diploma
- _____ Final completion letter
- _____ Copy of Personal data change form *original should be sent directly to HR* (HRM webpage under intranet/forms) If no address change, put NA on the form and include in packet)
- _____ Verify the resident's file is complete and organized according to the Resident File Checklist Guidelines

Program Coordinator's Signature: _____ **Date:** _____

Program Director's Signature: _____ **Date:** _____