

Name: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Title: \_\_\_\_\_  
\_\_\_\_\_

Provide the following information/documents:

- \_\_\_\_\_ CV in month/year specific format (must be up to date)
- \_\_\_\_\_ Medical school diploma
- \_\_\_\_\_ Residency Certificate
- \_\_\_\_\_ Fellowship Certificate
- \_\_\_\_\_ Board Certification
- \_\_\_\_\_ ACLS if applicable
- \_\_\_\_\_ Medical school Transcript
- \_\_\_\_\_ LA State Medical License (please sign)
- \_\_\_\_\_ LA Controlled Dangerous Substance License-CDS License (State DEA)
- \_\_\_\_\_ Federal Controlled Substance Registration(Federal DEA)--note if you do not have one, please contact your assigned admin
- \_\_\_\_\_ Copies of all previous state licenses
- \_\_\_\_\_ Typewritten explanation of all settlements, medical malpractice claim or suit, or any written notice of intent of suit filed (if applicable)
- \_\_\_\_\_ CME credits from the last 2 years (unless you graduated from residency or fellowship within 2 years)
- \_\_\_\_\_ Passport size photograph

- \_\_\_\_\_ HR Packet including the following documentation:
- \_\_\_\_\_ SS Card (if use Passport for I-9, please provide number)
- \_\_\_\_\_ Driver's License (will be used for some credentialing packets)
- \_\_\_\_\_ Passport (used for I-9 in lieu of previous documents)
- \_\_\_\_\_ Marriage certificate (if applicable)
- \_\_\_\_\_ Voided Check

4 Peer references: Please alert your references that they will be sent letters from multiple facilities on your behalf.

Name	_____	Name	_____
Mailing Address	_____	Mailing Address	_____
email address	_____	email address	_____
Fax number	_____	Fax number	_____
Administrator's name	_____	Administrator's name	_____
Administrator's email	_____	Administrator's email	_____

Name	_____	Name	_____
Mailing Address	_____	Mailing Address	_____
email address	_____	email address	_____
Fax number	_____	Fax number	_____
Administrator's name	_____	Administrator's name	_____
Administrator's email	_____	Administrator's email	_____

Your LSUHSC Contact will be:

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

If you have not started the FCVS & LSBME licensing process you should do so immediately.  
You may authorize your contact to inquire as to the status of your application and assist you in obtaining the documentation needed to