**CHECK LIST OF REQUIRED DOCUMENTS-NEW HIRE HOUSE OFFICERS**

To be completed and attached to New Hire packet when submitting to GME Office.

**Please note:** House Officers will not be entered in PS or paid if documents are missing unless exceptions have been approved by GME and/or HRM offices. For Malpractice purposes and LSU Health Policy, Residents/Fellows are NOT allowed to begin training without valid Medical License/Intern Card/GETP or without clearance for hire from drug screening - **No Exceptions.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HO level: \_\_\_\_\_ Appointment Date: \_\_\_\_\_\_\_\_\_\_**

**Previously Due Documents:**

\_\_\_\_\_\_\_ **GME-0** - Health Requirements – Due May 1

**Documents to Attach to Checklist:**

**(Due ASAP but no Later than June 1. Attach documents the following order)**

\_\_\_\_\_\_ **GME-1** - Cover sheet

\_\_\_\_\_\_ **GME-2** - [Personal Data Sheet for GME Office completed (front & back if applicable)](http://www.medschool.lsuhsc.edu/medical_education/graduate/house_officer_documents/Data%20Sheet%20for%20Residents%20and%20Fellows.doc);   
 ***Must include all activities from Med School Graduation to Present.***

\_\_\_\_\_\_ **GME-3** - [Extra-Curricular Form](http://www.medschool.lsuhsc.edu/medical_education/graduate/house_officer_documents/Extracurricular%20(moonlighting)%20Policy%20Form.doc)

\_\_\_\_\_\_ **GME-4** - [FCVS](http://www.medschool.lsuhsc.edu/medical_education/graduate/house_officer_documents/Extracurricular%20(moonlighting)%20Policy%20Form.doc) Release Form

\_\_\_\_\_\_ **GME-5** - Healthcare Network Break Glass Policy

\_\_\_\_\_\_ **GME-6** - LSBME Release Form

\_\_\_\_\_\_ **GME-7** - House Officer Manual Confirmation page

\_\_\_\_\_\_ **GME-8** - Library Form

**Human Resource Management New Hire Documents:**

\_\_\_\_\_\_ **PER 2** (Personnel Form), signed by Business Manager;   
 ***(verify all required fields are correct & completed).***

\_\_\_\_\_\_ **HR-1** - [Biographical data form](http://www.lsuhsc.edu/no/Administration/hrm/Forms/BIOGRAPHICAL%20DATA%20FORM1.doc); ***(Must include college & Medical School & Grad dates).***

\_\_\_\_\_\_ **HR-2** - [Oath of Affirmation](http://www.lsuhsc.edu/no/Administration/hrm/Forms/oath%20of%20affirmation.doc)

\_\_\_\_\_\_ **HR-3** - [W-4 form](http://www.irs.gov/pub/irs-pdf/fw4.pdf)

\_\_\_\_\_\_ **HR-4** - [L-4 form](http://www.rev.state.la.us/forms/taxforms/1300(4_01)f.pdf)

\_\_\_\_\_\_ **HR-5** - [Employee Eligibility Verification Form (I-9)](http://www.lsuhsc.edu/no/Administration/hrm/Forms/i-9.pdf) with proper documentations

\_\_\_\_\_\_ **HR-6\*** - Copy of I-9 verification documents (see I-9 form for acceptable documents)

\_\_\_\_\_\_ **HR-7** - [Act 372 – Selective Service Registration](http://www.lsuhsc.edu/no/Administration/hrm/Forms/Act%20372.dot)

\_\_\_\_\_\_ **HR-8** - [Data Protection Form](http://www.lsuhsc.edu/no/Administration/hrm/Forms/Data%20Protection.pdf)

\_\_\_\_\_\_ **HR-9** - [Invitation to Self-Identification](http://www.lsuhsc.edu/no/Administration/hrm/Forms/INVITATION%20FOR%20SELF%20IDENTIFICATION.pdf)

\_\_\_\_\_\_ **HR-10** - [Direct Deposit](http://www.lsuhsc.edu/no/administration/hrm/Forms/Bank%20Deposit1.pdf)

\_\_\_\_\_\_ **HR-11\*** - Drug Screen:Agreement to submit to Drug/Alcohol Testing Form

\_\_\_\_\_\_ **HR-12\*** - Drug Screen clearance email notification  
 ***(Must be dated prior to appointment/start date).***

\_\_\_\_\_\_ **HR-13A** - [Alien Tax Information Request](http://www.lsuhsc.edu/no/Administration/hrm/Forms/alien%20tax%20information%20request.doc) (Include ONLY if Applicable)

\_\_\_\_\_\_ **HR-14A\*** – Alien / Foreign National Identification Documents (listed below)

\_\_\_\_\_\_ Copy of J-1Visa (if applicable)

\_\_\_\_\_\_ DS 2019 (if applicable)

\_\_\_\_\_\_ Copy of Foreign Passport (if applicable)

\_\_\_\_\_\_ Copy of I-94 (if applicable)

**Documents Due to GME No Later Than August 1**

**May be attached to checklist or submitted separately:**

\_\_\_\_\_\_ Copy of Medical School Graduation Certificate/Diploma

\_\_\_\_\_\_ Copy of ECFMG Certificate (if applicable)

\_\_\_\_\_\_ Copy of Verification of Internship completion (if applicable)-*Letter from Program or Certificate.*

\_\_\_\_\_\_ Copy of Verification of Residency completion (if applicable)-*Letter from Program or Certificate.*

\_\_\_\_\_\_ House Officer Agreement-(Contract) w/TB requirement

\_\_\_\_\_\_ Written Verification of Performance Including Performance in the six competencies – from previous program (if accepted to LSU from another program)