**

***POST PROGRAM COMPLETION PACKET for coordinators****This packet is to be completed for each graduating resident and sent to the GME office, Lions Blding, 2020 Gravier Street, 6th Floor, Room 619, in a folder with the checklist in the front.(Scans are accepted-kcanno@lsuhsc.edu)
\*\*If a resident is OFF CYCLE please send their packets within 30 days of their departure\*\**

***DUE DATE is Friday -JULY 31, 2013***

*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.*

 *\_\_\_Exit survey form*

 *\_\_\_ Mid year evaluation and final evaluation*

 *\_\_\_ Duty hour report showing up to date completetion*

 *\_\_\_ Procedure log summary (if applicable)*

 *\_\_\_ Core Curriculum completion summary report*

 *\_\_\_ Beeper turned in*

 *\_\_\_ Copy of diploma & final completion letter*

 *\_\_\_ Personal data change form (HRM webpage) If no address change, put NA on the form)*

 *\_\_\_ Verify the resident’s file is complete and organized according to the ‘resident file checklist guidelines’.*

***Coordinator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Director’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***