**

***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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***