**

***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-acomea@lsuhsc.edu)  
\*\*If a resident is OFF CYCLE please send their packets within 30 days of their departure\*\**

***DUE DATE is Thursday -JULY 31, 2015***

*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( under program resources then coordinator documents*

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

*\_\_\_ Duty hour report showing up to date completetion( in NI use the complaince 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 turned in*

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

*\_\_\_ Personal data change form \*original should be sent directly to HR\*-I need a copy only (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’.****Coordinator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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