

Resident Name: \_\_\_\_\_

Program: \_\_\_\_\_

## **CHECKLIST FOR TRANSFERRING HOUSE OFFICERS FROM OTHER INSTITUTIONS**

### **Process for Accepting Transferring House Officers Outside the MATCH / Off Cycle**

According to ACGME Institutional Requirements, the institution and our ACGME-accredited programs are at risk for loss of accreditation if non-eligible residents are accepted into our training programs. For that reason, when applicants for positions are under consideration via transfer, the GME Office must be included in the process. The process follows the sequence:

1. Application is made by an individual to transfer from another ACGME-accredited program.
2. The receiving program reviews supporting documentation. If the applicant is considered to be suited to the position, the program obtains further information as appropriate and completes the checklist below.
3. The completed checklist is sent to the GME Office for review.
4. The GME Office will review the information and communicate approval/non approval to the program within three days of receipt of a completed checklist.
5. If the GME Office approves, the position may be officially offered to the applicant.

### **TRANSFERRING HOUSE OFFICERS FROM OTHER INSTITUTIONS**

\_\_\_\_\_ Transfer Checklist

\_\_\_\_\_ Transfer Application

\_\_\_\_\_ Transfer Application Program Director Questionnaire  
**\*\* This form must be completed by each program that the applicant has attended.**

\_\_\_\_\_ Release Data to LSU Form

\_\_\_\_\_ Curriculum Vitae

\_\_\_\_\_ Original or Certified Copy of Diploma

\_\_\_\_\_ Dean's Letter

\_\_\_\_\_ Residency Diploma (if applicable)

\_\_\_\_\_ Fellowship Diploma (if applicable)

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

\_\_\_\_\_ Copy of All Licenses or Permits

\_\_\_\_\_ DEA (if applicable)

\_\_\_\_\_ USMLE Scores (All)

\_\_\_\_\_ ACGME or CanMEDS Milestones Assessments from the Prior Training Program

Resident Name: \_\_\_\_\_

Program: \_\_\_\_\_

**Instructions: LSU Program Director must review and verify the entire submission packet. Place an "X" in the box to verify completion.**

1.	Curriculum Vitae Reviewed by Program Director	<input type="checkbox"/>
2.	All parts of the Application & Applicant Attestation reviewed by Program Director. (Any "yes" answers explained to program satisfaction?)	<input type="checkbox"/>
3.	Reviewed by Program Director: <input type="checkbox"/> Original or Certified Copy of Diploma <input type="checkbox"/> Dean's Letter <input type="checkbox"/> Residency Diploma (if applicable) <input type="checkbox"/> Fellowship Diploma (if applicable) <input type="checkbox"/> ECFMG Certificate (if applicable) <input type="checkbox"/> Copy of All Licenses or Permits <input type="checkbox"/> DEA (if applicable) <input type="checkbox"/> USMLE Scores (All) <input type="checkbox"/> ACGME or CanMEDS Milestones Assessments from the Prior Training Program	
4.	Training Dates Verified? Any gaps explained to program satisfaction?	<input type="checkbox"/>
5.	ACGME required letter and program questionnaire from each program?	<input type="checkbox"/>
6.	Licensure verified at State Website? No actions/limitations?	<input type="checkbox"/>
7.	Copies of USMLE scores verified, reviewed?	<input type="checkbox"/>
8.	Applicant has all USMLE Steps passed necessary for licensure?	<input type="checkbox"/>

Please submit any comments regarding the above required documentation that the program would like to explain to the GME Office \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Submitted to the GME Office for Review: \_\_\_\_\_

Approved by the GME Office \_\_\_\_\_

Not Approved by the GME Office \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DIO Signature

\_\_\_\_\_  
Date