LSU Health New Orleans
HEALTH SCIENCES CENTER
School of Medicine
Office of Medical Education

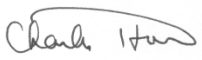
June 24, 2014

Dear House Officer,

Welcome to LSU Health Sciences Center and the great city of New Orleans. You are entering the most exciting phase of your medical career where you finally get to concentrate on your chosen field. In addition, you will be training in an environment where each resident can develop at his/her own pace in a city and region unlike any other in the United States. I encourage each of you to develop a strong and positive working relationship with your Program Director and to eagerly seek feedback on how you can continue to improve and develop. The GME Office stands ready to help you as you progress in your training. Over the next few years you will witness major positive developments in the LSUHSC medical complex which will enhance both your graduate and post graduate education. We look forward to working with you to continue making this a premier learning environment.

Again, welcome to our institution and to the most stimulating years of your life.

Sincerely,



Charles Hilton, M.D.

Associate Dean for Academic Affairs

Robert S. Daniels Professor of Medical Education

Louisiana State University Health Sciences Center • 2020 Gravier Street, Suite 602 • New Orleans, Louisiana 70112
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LSUHealthNewOrleans
HEALTH SCIENCES CENTER
School of Medicine
Office of Medical Education

March 1, 2014

TO: All Incoming House Officers

CC: Clinical Department Heads/Clinical Business Managers
Residency and Fellowship Program Directors/Residency and Fellowship Program Coordinators

FROM: Charles Hilton, MD
Associate Dean for Academic Affairs
Designated Institutional Official (DIO)

RE: **2014-2015 Incoming House Officer Orientation Schedule (June 24, 25, 26, 27, 2013)**

All orientation training days are MANDATORY in order to start employment on July 1 2014.

The **LSUHSC Orientation** will be held on **Tuesday, June 24, 2014 from 8:00 a.m. to 4:00 p.m., in the Medical Education Building, 1901 Perdido, Lecture Room B**. For your convenience, access to a map of the LSUHSC Downtown campus is available at http://www.lsuhsc.edu/maps/downtown.aspx. Campus parking for this event has yet to be confirmed. For this and other information concerning Orientation, please check the website at http://www.medschool.lsuhsc.edu/medical_education/graduate. If you have any questions regarding the LSUHSC Orientation, please feel free to contact the Graduate Medical Education Office at 504-568-4006.

Parking: Student lot #2 on the 2000 block of Perdido Street will be open for orientation parking.

The **Pelican Project Electronic Medical Record training** will be held on **Wednesday, June 25 and Thursday, June 26, 2014 from 8:00 am to 6:00 pm in the Medical Education Building, 1901 Perdido Street, 5th floor MDL teaching labs.**

In addition, the **Interim LSU Public Hospital (ILPH formerly MCLNO)** will host a separate Orientation on **Friday, June 27, 2014 from 8:00 a.m. – 4:00 p.m., in the Medical Education Building, 1901 Perdido, Lecture Room B**. This Orientation is sponsored by the hospital's Medical Staff Office. If you have any further questions regarding the Interim LSU Public Hospital Orientation, please contact Senora Paul, 504-903-0381.

NOTE TO ALL ADVANCED LEVEL TRAINEES: If your current training program has not released you prior to June 23, 2014 to begin at LSUHSC and you are unable to attend any of the Orientation dates listed above, *please contact your program coordinator immediately to make other arrangements.*
updated : February 2014

LSUHealthNewOrleans
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March 1, 2014

TO: All Incoming LSUHSC House Officers

CC: Clinical Department Heads/Clinical Business Managers
Residency and Fellowship Program Directors/Residency and Fellowship Program Coordinators

FROM: Charles Hilton, MD
Associate Dean for Academic Affairs
Designated Institutional Official (DIO)

2014-2015 National Provider Identifier Application for Incoming House Officers

All Incoming House Officers must have a National Provider Identifier number to begin their Residency/Fellowship training. Please follow the attached instructions and complete the online application on or before May 1, 2014. **Applications initiated after May 1, 2014 could result in an administrative delay in processing your payroll documents and delay the start of your Residency/Fellowship training.**

For Incoming House Officers applying for Louisiana permit:

Complete the NPI online registration **for an individual** choosing the "**Student in an Organized Health Care Education/Training Program - 390200000X**" taxonomy code, which is located under the "**Student, Health Care**" category.

For Incoming House Officers with a valid Louisiana medical license:

Complete the NPI online registration **for an individual** choosing the taxonomy code for the enrolled program, providing the Louisiana medical license number.

For Incoming House Officers with a valid out-of-state medical license:

Complete the NPI online registration **for an individual** (if not already done) or update current NPI registration choosing the appropriate taxonomy code for the specialty formerly in (whether an outside practice or previously enrolled in a program), providing the state license information. When granted a full unrestricted Louisiana medical license, update the NPI registration to include the enrolled specialty taxonomy code with the Louisiana license number.

LSUHealthNewOrleans
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2014-2015 Drug Testing for Incoming House Officers

In order for incoming house officers to begin training and be paid through the payroll system, they must undergo pre-employment drug testing on or after April 1st, 2014. Testing after May 15th, 2014 could result in an administrative delay in processing your payroll documents and delay the start of your residency/fellowship training.

*Instructions regarding the drug testing procedures will follow your initial communication with your department coordinator.

****All incoming House Officers must contact their program coordinator to schedule the drug test. ****

2014-2015 House Officer Pager Service

The Graduate Medical Education Office provides pagers to all LSUHSC New Orleans House Officers. The pager unit rental fee and cost of monthly service are of no charge to house officers. We provide local (Louisiana and Mississippi) service to all pagers. The pager is, however, the house officer's responsibility. If a pager is lost or stolen there is a $55.20 fee that is paid for by the house officer to LSUHSC (PERSONAL CHECKS OR CASHIERS CHECKS MADE PAYABLE TO "LSUHSC" ARE ACCEPTED**. NO CASH)**. Any damaged pagers can be returned to the GME office at no charge to the house officer.

Coordinators: Please maintain New Innovations with any pager number changes, as these pager numbers need to always be accurate, especially for the yearly swap every June. **For the swaps involving outgoing and incoming HO's, please utilize the GME website to make your swaps. (go to *Program Resources*, then *Pager Management*).**

LSU Health New Orleans
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March 1, 2014

TO: All Incoming House Officers

CC: Clinical Department Heads/Clinical Business Managers
Residency &Fellowship Program Directors/Residency & Fellowship Program Coordinators

FROM: Charles Hilton, MD
Associate Dean for Academic Affairs
Designated Institutional Official (DIO)

RE: 2014-2015 Health Requirements for Incoming House Officers

Written documentation of health requirements is required prior to starting your training program. **All documents must be submitted before May 1, 2014. The following health requirements must be provided with this page as a cover sheet.**

Name_____ DOB_____ SS#_____
Program_____ Start Date_____

1. PPD skin test 4-6 months prior to start date (include results)
2. Rubella (German measles) immunity proven by titer or documentation of vaccination as per the CDC guidelines.
3. Measles and Mumps immunity proven by titer or documentation of vaccination as per the CDC guidelines.
4. Varicella (Chicken pox) - Proof of immunity by titer or proof of varicella vaccination as per the CDC guidelines.
5. Proof of Hepatitis B vaccine or proof of antibodies to Hepatitis B.
6. Proof of Td/Tdap (Tetanus) within past 10 years.
7. Flu shot documentation or signed declination form (seasonal, accepted after September 1, 2013)

All Health Requirements documentation should be forwarded to your program coordinator.

If you have any questions, please contact the Student Health Office at 504-525-4839.

Louisiana State University Health Sciences Center • 2020 Gravier Street, Suite 602 • New Orleans, Louisiana 70112
phone 504.568.4006 • **fax** 504.599.1453 • **www**.lsuhsc.edu

LSU HEALTH SCIENCES CENTER – NEW ORLEANS BIOGRAPHICAL DATA FORM

1. Name _____ 2. SS# XXX-XX-_____ 3b. Sex __ 3a. Race

☐ American Indian/Alaskan Native
☐ Black/African American
☐ Native Hawaiian/Pacific Is.
☐ Asian ☐ White
☐ Other _____

4. Address _____ 5. Home Phone _____

6. Marital Status _____

7. Birth Date _____ 8. Birth City _____ 8a. Birth State _____

Ethnicity
☐ Hispanic /Latino
☐ Non-Hispanic/Latino

9. Country of Citizenship _____

EDUCATION DATA

10. High School Graduate/GED? __ Highest Grade Completed (1-18+) _____

11. College/University Attended	Degree Received	Major	Date Received (Month/day/year)

BACKGROUND

(Please include current application, curriculum vitae, or resume)

If you answer yes to any of the following questions, please provide additional information under item number 16.

12. Do you have a relative employed by LSU? (If yes, provide name, relationship, department, and position held). ☐ Yes ☐ No
13. Have you previously been employed by any LSU campus (If yes, indicate campus, original appointment date, and total length of LSU service in months). ☐ Yes ☐ No
14. Do you have prior State Service? (If yes, indicate name of agency, position(s) held and dates of service) ☐ Yes ☐ No
15. Are you a member of any professional organization, society, or hold licenses in any area? (If so, indicate name of organization or society, license held and certificate number, if applicable) ☐ Yes ☐ No

WORK EXPERIENCE

Employer	Location	Dates	Position/Title

EMERGENCY NOTIFICATION DATA: In case of emergency, please notify the following individual:

Name _____ Relationship _____
Address _____ Home Phone _____
_____ Work Phone _____

16. Remarks: If you answered "yes" to questions 12-15, please provide the requested information in the following spaces. The space may also be used to expand on any of the items listed on the top of the form. Please ensure that the item number is indicated for the area of continuation.

I certify that to the best of my knowledge and belief all the information on this form is correct.

Signature _____ Date _____

OATH OF AFFIRMATION TO SUPPORT THE CONSTITUTION AND LAWS OF THE UNITED STATES AND OF THIS STATE OF LOUISIANA

"I _____ do solemnly swear (or affirm) that I will support the Constitution and laws of the United States and the Constitution and laws of this State; and I will faithfully and impartially discharge and perform all the duties incumbent upon me as _____ and according to the best of my ability and understanding. So help me God."

_____
Signature

_____
Date

_____
Department

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity iincome, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	**A** _____
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less. . . .	**B** _____
C	Enter "1" for your **spouse.** But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	**C** _____
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	**D** _____
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . .	**E** _____
F	Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . (**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	**F** _____
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $65,000 ($95,000 if married), enter "2" for each eligible child; then **less** "1" if you have three to six eligible children or **less** "2" if you have seven or more eligible children. • If your total income will be between $65,000 and $84,000 ($95,000 and $119,000 if married), enter "1" for each eligible child . . .	**G** _____
H	Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ►	**H** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

---------- **Separate here and give Form W-4 to your employer. Keep the top part for your records.** ----------

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

► **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

OMB No. 1545-0074

2014

1	Your first name and middle initial	Last name	**2** **Your social security number**
	Home address (number and street or rural route)	**3** ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note.** If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
	City or town, state, and ZIP code	**4** **If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.** ► ☐	

5	Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)	**5**	
6	Additional amount, if any, you want withheld from each paycheck	**6**	$
7	I claim exemption from withholding for 2014, and I certify that I meet **both** of the following conditions for exemption. • Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and** • This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability. If you meet both conditions, write "Exempt" here . . . . . ►	**7**	

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature
(This form is not valid unless you sign it.) ► **Date** ►

8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	**9** Office code (optional)	**10** Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over $305,050 and you are married filing jointly or are a qualifying widow(er); $279,650 if you are head of household; $254,200 if you are single and not head of household or a qualifying widow(er); or $152,525 if you are married filing separately. See Pub. 505 for details	1	$
2	Enter: { $12,400 if married filing jointly or qualifying widow(er); $9,100 if head of household; $6,200 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $3,950 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet	3	

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $6,000	0	$0 - $6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $74,000	$590	$0 - $37,000	$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Notice 1392
(December 2009)

Department of the Treasury
Internal Revenue Service

Supplemental Form W-4 Instructions for Nonresident Aliens

Nonresident aliens must follow special instructions when completing Form W-4, Employee's Withholding Allowance Certificate, available at *http://www.irs.gov/pub/irs-pdf/fw4.pdf*, for compensation paid to such individuals as employees performing dependent personal services in the United States. Compensation for dependent personal services includes amounts paid as wages, salaries, fees, bonuses, commissions, compensatory scholarships, fellowship income, and similar designations for amounts paid to an employee.

Are you a nonresident alien? If so, these special instructions apply to you. Resident aliens should follow the instructions on Form W-4.

If you are an alien individual (that is, an individual who is not a U.S. citizen), specific rules apply to determine if you are a resident alien or a nonresident alien for federal income tax purposes. Generally, you are a resident alien if you meet either the "green card test," discussed at *http://www.irs.gov/businesses/small/international/article/0,,id=96314,00.html*, or the "substantial presence test," discussed at *http://www.irs.gov/businesses/small/international/article/0,,id=96352,00.html*, for the calendar year. Any alien individual not meeting either test is generally a nonresident alien. Additionally, a dual-resident alien who applies the so-called "tie-breaker" rules contained within the Resident (or Residence or Fiscal Residence) article of an applicable U.S. income tax treaty in favor of the other Contracting State is treated as a nonresident alien. See Publication 519, U.S. Tax Guide for Aliens, available at *http://www.irs.gov/pub/irs-pdf/p519.pdf*, for more information on the green card test and the substantial presence test.

What compensation is subject to withholding and requires a Form W-4?

Compensation paid to a nonresident alien for performing personal services as an employee in the United States is subject to graduated withholding. Compensation for personal services also includes amounts paid as a scholarship or fellowship grant to the extent it represents payment for past, present, or future services performed as an employee in the United States. Nonresident aliens must complete Form W-4 using the modified instructions provided later, so that employers can withhold the correct amount of U.S. federal income tax from compensation paid for personal services performed in the United States. This Notice modifies the instructions on Form W-4 to take into account the restrictions on a nonresident alien's filing status, the limited number of personal exemptions allowed, and because a nonresident alien cannot claim the standard deduction.

Are there any exceptions to this withholding?

Yes. Nonresident aliens may be exempt from wage withholding on the following amounts.

- Compensation paid to employees of foreign employers if such pay is not more than $3,000 and the employee is temporarily present in the United States for not more than a total of 90 days during the tax year.
- Compensation paid to regular crew members of a foreign vessel.
- Compensation paid to residents of Canada or Mexico engaged in transportation-related employment.
- Certain compensation paid to residents of American Samoa, Puerto Rico, or the U.S. Virgin Islands.

See Publication 519 to see if you qualify for one of these exemptions.

Nonresident aliens may be exempt from wage withholding on part or all of their compensation for dependent personal services under an income tax treaty. If you are claiming a tax treaty withholding exemption, do not complete Form W-4. Instead, complete Form 8233, Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, available at *http://www.irs.gov/pub/irs-pdf/f8233.pdf*, and give it to each withholding agent from whom amounts will be received. Even if you submit Form 8233, the withholding agent may have to withhold tax from your income because the factors on which the treaty exemption is based may not be determinable until after the close of the tax year. In this case, you must file Form 1040NR, U.S. Nonresident Alien Income Tax Return, available at *http://www.irs.gov/pub/irs-pdf/f1040nr.pdf*, (or Form 1040NR-EZ, U.S. Income Tax Return for Certain Nonresident Aliens With No Dependents, available at *http://www.irs.gov/pub/irs-pdf/f1040nre.pdf*, if you qualify) to recover any overwithheld tax and to provide the IRS with proof that you are entitled to the treaty exemption. See Form 8233 and Instructions for Form 8233, available at *http://www.irs.gov/pub/irs-pdf/i8233.pdf;* Publication 901, U.S. Tax Treaties, available at *http://www.irs.gov/pub/irs-pdf/p901.pdf;* and Publication 519 for further information on treaty benefits.

Am I required to file a U.S. tax return even if I am a nonresident alien?

Yes. Nonresident aliens who perform personal services in the United States are considered to be engaged in a trade or business in the United States and generally are required to file Form 1040NR (or Form 1040NR-EZ). However, if your only U.S. trade or business was the performance of personal services and the amount of compensation is less than $3,650 in 2010 (the personal exemption amount), then you may not need to file Form 1040NR (or Form 1040NR-EZ). Also, you do need to file Form 1040NR (or Form 1040NR-EZ) to claim a refund of any overwithheld taxes. See the Instructions for Form 1040NR, available at *http://www.irs.gov/pub/irs-pdf/i1040nr.pdf*, or the Instructions for Form 1040NR-EZ, available at *http://www.irs.gov/pub/irs-pdf/i1040nre.pdf*, for more information.

Nonresident aliens who are bona fide residents of U.S. possessions should consult Publication 570, Tax Guide for Individuals with Income from U.S. Possessions, available at *http://www.irs.gov/pub/irs-pdf/p570.pdf*, for information on whether compensation is subject to wage withholding in the United States.

Will my withholding amounts be different from withholding for my U.S. co-workers?

Yes. Nonresident aliens cannot claim the standard deduction. In addition, nonresident aliens do not qualify for the Making Work Pay credit. The benefits of the standard deduction and the Making Work Pay credit are included in the existing wage withholding tables published in Publication 15 (Circular E), Employer's Tax Guide, available at *http://www.irs.gov/pub/irs-pdf/p15.pdf*.

Because nonresident aliens do not qualify for these benefits, employers are instructed to withhold an additional amount from a nonresident alien's wages. For more information, see Notice 2009-91, 2009-48 I.R.B. 717, available at *http://www.irs.gov/irb/2009-48_IRB/ar10.html*. For the specific amounts to be added to wages before application of the wage tables, see Publication 15.

Note. A special rule applies to students and business apprentices from India who are eligible for the benefits of Article 21(2) of the U.S.-India income tax treaty, because such individuals may be entitled to claim an additional withholding allowance for the standard deduction. See Publication 519 for more information.

What are the special Form W-4 instructions?

Nonresident aliens should pay particular attention to the following lines when completing Form W-4.

Line 2. You are required to enter a social security number (SSN) on line 2 of Form W-4. If you do not have an SSN, you must apply for one on Form SS-5, Application for a Social Security Card, available at *http://www.socialsecurity.gov/online/ss-5.pdf*.

You also may get Form SS-5 from any Social Security Administration (SSA) office.

Note. You cannot enter an individual taxpayer identification number (ITIN) on line 2 of Form W-4.

Line 3. Check the single box regardless of your actual marital status.

Line 5. Generally, you should claim one withholding allowance. However, if you are a resident of Canada, Mexico, or South Korea, a student or business apprentice from India, or a U.S. national, you may be able to claim additional withholding allowances for your spouse and children. See Publication 519 for more information.

If you are completing Form W-4 for more than one withholding agent (for example, you have more than one employer), figure the total number of allowances you are entitled to claim and claim no more than that amount on all Forms W-4 combined. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest-paying job and zero allowances are claimed on the others.

Line 6. Write "nonresident alien" or "NRA" on the dotted line. If you would like to have an additional amount withheld, enter the amount on line 6.

Line 7. Do not claim that you are exempt from withholding on line 7 of Form W-4 (even if you meet both of the conditions listed on that line).

R-1300 (4/11)

LDR
Contributing to a better quality of life

Employee Withholding Exemption Certificate (L-4)

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. if you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "Single" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "Married" under number 3 below.

A.

Block B

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**
Louisiana Department of Revenue

Employee's Withholding Allowance Certificate

1. Type or print first name and middle initial	Last name
2. Social Security Number	**3.** Select one ☐ No exemptions or dependents claimed ☐ Single ☐ Married

4. Home address (number and street or rural route)

5. City	State	ZIP

6. Total number of exemptions claimed in Block A	**6.**
7. Total number of dependents claimed in Block B	**7.**
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.	**8.**

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date

The following is to be completed by employer.

9. Employer's name and address	**10.** Employer's state withholding account number

Instructions for Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit **www.justice.gov/crt/about/osc**.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
4. **An alien authorized to work:** If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

   If you check this box:

   a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

   b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

   (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

   (2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on **www.uscis.gov/I-9Central** before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include **(1)** the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and **(2)** the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.
3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
5. Sign and date the attestation on the date Section 2 is completed.
6. Record the employer's business name and address.
7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at **www.uscis.gov/I-9Central** for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

   To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

   For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the **"USCIS Privacy Act Statement"** below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at **I-9Central@dhs.gov**, or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028**.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at **1-800-870-3676**. You may also obtain forms and information by contacting the USCIS National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired), call **1-800-767-1833**.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at **E-Verify@dhs.gov** or by calling **1-888-464-4218**. For TDD (hearing impaired), call **1-877-875-6028.**

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling **1-888-897-7781**. For TDD (hearing impaired), call **1-877-875-6028.**

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

►START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (*Family Name*)	First Name *(Given Name)*	Middle Initial	Other Names Used *(if any)*

Address (*Street Number and Name*)	Apt. Number	City or Town	State	Zip Code

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	E-mail Address	Telephone Number
	___-___-____		

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date *(mm/dd/yyyy):*

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date *(mm/dd/yyyy):*
Last Name *(Family Name)*	First Name *(Given Name)*		
Address *(Street Number and Name)*	City or Town	State	Zip Code

STOP ***Employer Completes Next Page*** STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:		Expiration Date *(if any)(mm/dd/yyyy)*:
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date *(if any)(mm/dd/yyyy)*:				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment *(mm/dd/yyyy)*: _____ **(*See instructions for exemptions*.)**

Signature of Employer or Authorized Representative	Date *(mm/dd/yyyy)*	Title of Employer or Authorized Representative
Last Name *(Family Name)* First Name *(Given Name)*		Employer's Business or Organization Name
Employer's Business or Organization Address *(Street Number and Name)*	City or Town	State / Zip Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name *(if applicable)* Last Name *(Family Name)* First Name *(Given Name)* Middle Initial	**B.** Date of Rehire *(if applicable) (mm/dd/yyyy):*

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date *(if any)(mm/dd/yyyy)*:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date *(mm/dd/yyyy):*	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Act 372
Selective Service Registration for Hiring

Act 372 of the 1999 Regular Session of the Legislature became effective August 15, 1999. It requires that any male who is required to register with the Selective Service for a federal draft must do so before he is eligible to be hired in either a state classified or unclassified position.

Act 372

To amend and reenact R.S. 42:33, relative to civil service; to provide relative to employment in the state civil service; to require proof of draft registration to be eligible for certain classified and unclassified state civil service employment; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:
Section 1. R.S 42:33 is hereby amended and reenacted to read as follows:

- 33. State civil service positions; Selective Service System registration required

A. Except as provided in Subsections B and C of this Section, no person who is required to register for the federal draft under Section 3 of the Military Selective Service Act (50 U.S.C App. 453) shall be eligible for employment or appointment in a state civil service position, whether classified or unclassified, until such person has registered for such draft, as evidenced by a statement of compliance pursuant to rules and regulations promulgated by the State Civil Service Commission.

B. A veteran of the armed forces of the United States may submit a copy of his discharge papers or his discharge certificate in lieu of the statement of compliance required by Subsection A of this section.

C. A person who has not registered for the federal draft, as provided in Subsection A of this Section shall be eligible for employment or appointment in a state civil service position if the requirement for the person to register has terminated or become inapplicable to the person. The State Civil Service Commission may adopt rules for documentation of termination or inapplicability of such requirement.

Approved by the Governor, June 16, 1999
Published in the Official Journal of the State; July 13, 1999

In summary, this law requires LSUHSC to ask all male applicants between the ages of 18 and 25 if they are registered for the draft. If they are not, and one of the exemptions listed in the above statute is not applicable, the person cannot be hired until they register for the draft. A person can register on line at http://www.sss.gov.

Name: _____

Last 4 digits of SS#: _____

Selective Service No.; if applicable _____

Signature: _____

Data Protection

IMPORTANT – Public Records Act 44

Occasionally LSU Health Sciences Center receives a request for information under Title 44, Public Records and Recorders Act. Responding to such a request may involve disclosing data from your LSUHSC Payroll/Personnel file.

You may elect to have your home address and home telephone number made "confidential" and thus not subject to disclosure under the Public Records Act. Please complete the data below and return this form to the Benefits Section, Room 608, Resource Center. A copy of your election will be placed in your personnel file.

DATA PROTECTION DESIGNATION

☐ I would like to have my home address and telephone number kept confidential. I am electing to keep the data protection option.

☐ I do not want my home address and telephone number designated as confidential. It can be released when designated by a signed consent form. I am waiving the data protection option.

Name (Please print)	Signature
Home Address	Home Telephone Number
Last 4 digits of SS#	Date

LSU Health Sciences Center
NEW ORLEANS

VETERANS SELF-IDENTIFICATION FORM

LSU Health Sciences Center-New Orleans is a Federal Contractor subject to the requirements of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (38USC 2012), and to the requirements of Section 503 of the Rehabilitation Act of 1973 as amended, and their implementing regulations.

These Acts and regulations require that LSU Health Sciences Center-New Orleans take affirmative action to employ, and to advance in employment, qualified disabled veterans, special disabled veterans, and veterans of the Vietnam era.

If you are a special disabled veteran, or a veteran of the Vietnam era, and would like to be considered under the Affirmative Action Program, please tell us. Provision of this information is voluntary. If you do not wish to identify yourself at this time a special disabled veteran, or veteran of the Vietnam era, you will not be subject to any adverse treatment. If you do wish to identify yourself, the information provided will be used only in accordance with the Acts and the regulations.

Veteran Status (41CFR60-250 and 41CFR60-300) please check all of the following categories that apply to you.

I further attest, by checking the appropriate space and signing below, that I am:

☐ **Disabled Veteran** means (i) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

☐ **Special disabled veteran** means: 1. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap.

2. A person who was discharged or released from active duty because of a service-connected disability.

☐ **Veteran of the Vietnam era** means 1. Served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed: (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) Between August 5, 1964, and May 7, 1975, in all other cases.

2. Was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed: (A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) Between August 5, 1964, and May 7, 1975, in any other location

☐ **Other protected veteran means:** Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized

☐ **Recently separated veteran means:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the **one-year period** beginning on the date of such veteran's discharge or release from active duty (41CFR 60-250)

Date of Discharge _____

LSU Health Sciences Center
NEW ORLEANS

VETERANS SELF-IDENTIFICATION FORM

☐ **Recently separated veteran means:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the **three-year period** beginning on the date of such veteran's discharge or release from active duty (41CFR 60-300)

Date of Discharge _____

☐ **Armed forces service medal veteran** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).

☐ **Active Reserve**

☐ **Inactive Reserve**

☐ **Retired Military**

☐ **No Military Service**

☐ **I do not wish to Self Identify**

I certify that I have read the above "Veterans Self Identification Form" and that I understand its terms.

Name	_____	Signature	_____
Employee ID	_____	Military Branch	_____
School/Division	_____	Department	_____
Contact Phone	_____	Email Address	_____

LOUISIANA STATE UNIVERSITY HEALTH SCIENCE SYSTEM

Alien Tax Information Request

All non-U.S. citizens who receive compensation from Louisiana State University Health Science Center must complete this form. The information you provide is used to determine your residency status for the purposes of U.S. tax withholding.

Please print.

1. PERSONAL INFORMATION

Last Name	First Name	Middle	U.S. Social Security Number

Street Address
(In home Country)

Postal Code	Province/Region	City	Country

2. STUDENT INFORMATION

Name of Academic Department

Are you a student?
☐ Yes ☐ No

If you have attended or currently attending another U.S. educational institution, provide:

Name of educational institution:

Period of attendance: From to

Degree Granted (if any):

Did you receive tax treaty benefits at another U.S. educational institution during the current year?

☐ Yes ☐ No

3. IMMIGRATION & ALIEN TAX INFORMATION
(Permanent residents with Green Cards may skip section 3.g, but must provide copy of documentation)

a. Date of first U.S. entry	b(1). Visa type upon first U.S. entry	b(2). If you arrived on spouse/dependent visa, what was the visa type of the primary visa holder (ex. visa type/student or non student)?

c. Current Visa type (check appropriate box):

☐ F-1 Student ☐ F-1 Student (on practical training) ☐ F-2 Spouse/Dependent of F-1 ☐ H-1 Distinguished Worker

☐ J-1 Student ☐ J-1 Student (on "academic training") ☐ J-2 Spouse/Dep. of J-1 Student ☐ TN – NAFTA Free Trade

☐ Other J-1 Visitor (_one) ☐ Other INS classification (list status):

☐ Short-term scholar _____

☐ Professor

☐ Research Scholar ☐ U. S. Permanent Resident (must provide documentation;

☐ Other e.g., copy of green card, etc.)

d. Country of Birth

e. Country of Citizenship

f. Country of Residence (for tax purposes)

g. Furnish the requested information to detail the number of days you were physically present in the United States during the calendar years listed below. Note: The term "calendar year" refers to the period January 1 to December 31.

	Calendar Year (e.g. 19)	Number of days present in U.S. during the year	Date of Entry	Date of Exit	Visa	J-1 Sub type (if applicable)	Did you receive tax treaty benefits?
Current Calendar year	2014						☐ Yes ☐ No
Last Calendar year							☐ Yes ☐ No
Two years ago							☐ Yes ☐ No
Three years ago							☐ Yes ☐ No
Four years ago							☐ Yes ☐ No
Five years ago							☐ Yes ☐ No
Six years ago							☐ Yes ☐ No

RESIDENCE FOR TAX PURPOSES
Under Internal Revenue Service definitions,
For tax purposes I am considered a ☐ **RESIDENT ALIEN** ☐ **NONRESIDENT ALIEN**

4. CERTIFICATION OF INFORMATION

I certify to the best of my knowledge, all of the information I have provided above is true, correct and complete. Also, I understand it is my responsibility to keep my employment authorization documents including passport, IAP-66, I-20, I-688B, or other INS employment authorization current (un expired) at all times. To avoid being removed from the University payroll, I will inform Payroll of any extensions, renewals, or changes in status by completing an I-9 form in the International Services Office by the expiration date of the employment documentation.

Signature **Date Completed:**

LSU Health Sciences Center
Bank Deposit Authorization

Reset Form

Complete Entire Page
(Attach a Copy of Voided Check)

NOTE: Changing Banks or Account numbers may cause your next paycheck to be a physical check and not a non-negotiable stub.

Name: _____ Date: _____

Social Security Number: _____

It is understood that this banking procedure is a courtesy extended by LSU Health Sciences Center and DOES NOT GUARANTEE the bank's posting of the deposit by any given date.

Begin Deposit: _____

Name of Bank: _____

Address: _____

City, State, Zip: _____

Account Name: _____
(As shown on bank statement)

☐ Checking ☐ Savings Account #_____

Deposit Amount: _____
(Net Pay or an Amount)

Classification: ☐ Classified ☐ Faculty or Unclassified ☐ Resident ☐ Student

_____
Employee's Signature

DATA SHEET
LSU SCHOOL OF MEDICINE – GME OFFICE

PLEASE PRINT LEGIBLY OR TYPE

(Check one):

Department: _____ House Officer Level _____ ☐ Residency or ☐ Fellowship
(Level you will be in July)

Training Program Name _____
(State Combined name if is combined Program & Fellowship name if fellowship)

Name: _____
(Last) ***(First)*** ***(Middle)***

Mailing Address: _____
(Street) ***(City)*** ***(State)*** ***(Zip)***

Telephone Number (_____) _____ Beeper Number (____)_____

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Citizenship: _____

Date of Birth _____/_____/_____ Place of Birth: _____

Sex: ☐ Male ☐ Female Marital Status: ☐ S ☐ M ☐ W ☐ D Spouse's Name: _____

Race: ***(Please check one)***
American Native ☐ Asian or Pacific Islander ☐ Hispanic ☐ White ☐ Black ☐

List Person to Contact in case of Emergency: _____

Relationship: _____ Telephone (____) _____

This section MUST be completed or form will be returned

EDUCATION:

College:_____ City, State: _____

Dates Attended: _____ Degree: _____

Medical School:_____City,State:_____

Dates Attended:_____Degree:_____

Dental School:_____City,State_____

Dates Attended:_____Degree:_____

FMGEM, ECFMG or NBMEE Number and Date: (please provide us with a copy of your ECFMG Certificate).

_____

Complete Page 2

Name: _____

A continuous and inclusive list of internships, residencies, fellowships, staff positions, leave of absences, etc must be provided from Medical School graduation through the current internship, residency or fellowship.

The first entry should be the program you will be training in as of July 1.

Beginning Date **(Month/Day/Year):** _____

Expected End Date **(Month/Day/Year):** _____

Program: _____

Facility: _____

City and State: _____

Beginning Date **(Month/Day/Year):** _____

End Date **(Month/Day/Year):** _____

Program: _____

Facility: _____

City and State: _____

Beginning Date **(Month/Day/Year):** _____

End Date **(Month/Day/Year):** _____

Program: _____

Facility: _____

City and State: _____

Beginning Date **(Month/Day/Year):** _____

End Date **(Month/Day/Year):** _____

Program: _____

Facility: _____

City and State: _____

If needed, print another copy of page 2 and attach to the 2-sided copy completed.

Explain any gaps in the above longer than 1 month—use additional pages if necessary.

Acknowledgement of policy regarding extracurricular medical activities for trainees of Louisiana State University School of Medicine programs

I understand that I must make a request to, and receive the explicit permission of, my Department Head at the School of Medicine (or Chief of Service at free-standing affiliated training programs) before engaging in any extracurricular medical practice. Further, I understand that I must receive such permission for any additional extracurricular medical practice which differs in location or nature from that which may have originally been approved, or for any substantive change (increase in frequency or duration) from that which may have been originally approved.

Foreign Medical Graduates sponsored for clinical training as a J-1 by ECFMG are not allowed to moonlight or perform activities outside of the clinical training program.

For purposes of this Acknowledgment, "extracurricular medical practice" activities shall mean medical practice which is not an official part of the undergraduate medical education program, or any post-graduate training medical education program of the School, or any of the School's free-standing affiliated post-graduate medical education programs.

I understand that the School, by its approval of permission to participated in extracurricular medical practice, is not a party to any such arrangement, nor will the School furnish medical malpractice insurance for extracurricular medical practice, nor defend any claim made against me (malpractice or otherwise) that arises out of, or is in connection with, any extracurricular medical practice.

_____ _____

Signature of Trainee (Date)

_____

PRINTED NAME OF TRAINEE:

_____ _____

Signature of Department Head (Date)
(Or Chief of Service)

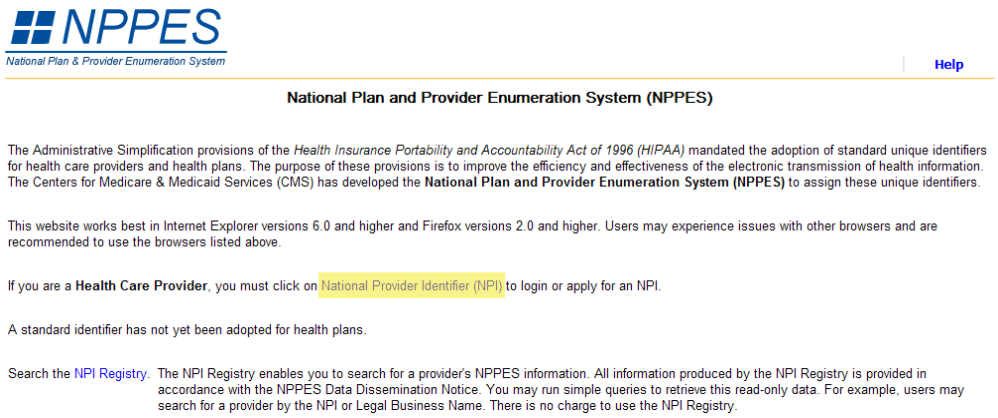
_____

PRINTED NAME OF DEPARTMENT HEAD
(Or Chief of Service)

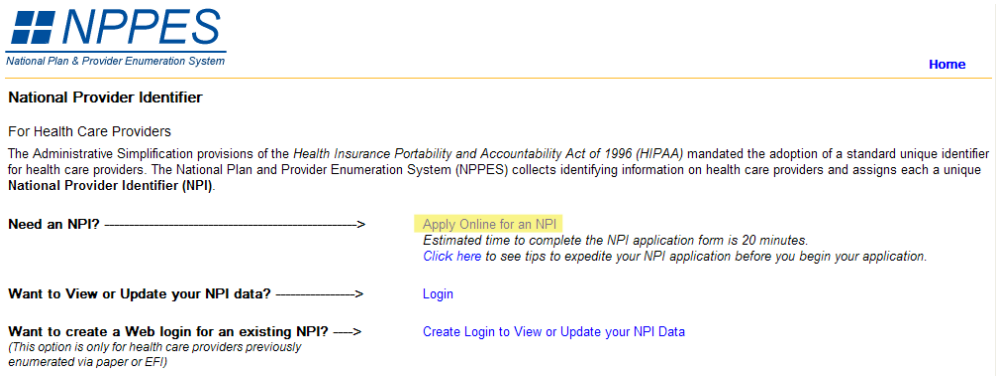
National Provider Identification (NPI) Registration Instructions

The Federal Government now requires all practicing physicians to have a National Provider Identification Number. When you are assigned an NPI number, this will be your number for life. Outside of extenuating circumstances, this number will never change, and you will need to keep your information up-to-date in the National Plan and Provider Enumeration System.

1. Go to the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov

2. 

   Click the **National Provider Identifier (NPI)** link

3. 

   Click **Apply Online for an NPI**

4.

NPPES
National Plan & Provider Enumeration System

Home | Help

NPI Application Instructions

Step 1: Before you begin, make sure you have the following information.
This information will be required to complete the NPI Application Form.
You will not be able to save your work if you quit before you have completed the application form.

- **Information Required for Individual Providers**
  - Provider Name
  - ** SSN (or ITIN if not eligible for SSN)
  - Provider Date of Birth
  - Country of Birth
  - State of Birth *(if Country of Birth is U.S.)*
  - Provider Gender
  - Mailing Address
  - Practice Location Address and Phone Number
  - Taxonomy (Provider Type)
  - * State License Information
  - Contact Person Name
  - Contact Person Phone Number and E-mail
- **Information Required for Organizations**
  - Organization Name
  - *** Employer Identification Number (EIN)
  - Name of Authorized Official for the Organization
  - Phone Number of Authorized Official for the Organization
  - Organization Mailing Address
  - Practice Location Address and Phone Number
  - Taxonomy (Provider Type)
  - Contact Person Name
  - Contact Person Phone Number and E-mail

* *(required for certain taxonomies only)*
** *(SSN or ITIN information should only be reported in the SSN or ITIN field)*
*** *Do not report an SSN or IRS ITIN in the EIN field*

Online Help is available from each page of the Application / Update Form by clicking "Help" at the top right of the page.

If you need additional help or have any questions concerning your application, contact the NPI Enumerator.

NPI Enumerator Contact Information

By phone:	By e-mail at:	By mail at:
1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY)	customerservice@npienumerator.com	NPI Enumerator PO Box 6059 Fargo, ND 58108-6059

Step 2: Read the information below.
You must agree to the terms below when you submit your application:

I have read the contents of the application and the information contained herein is true, correct, and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator immediately.

I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.

I understand that the information provided in this application may be used by other agencies in accordance with privacy regulations.

I have read and understand the Privacy Act Statement.

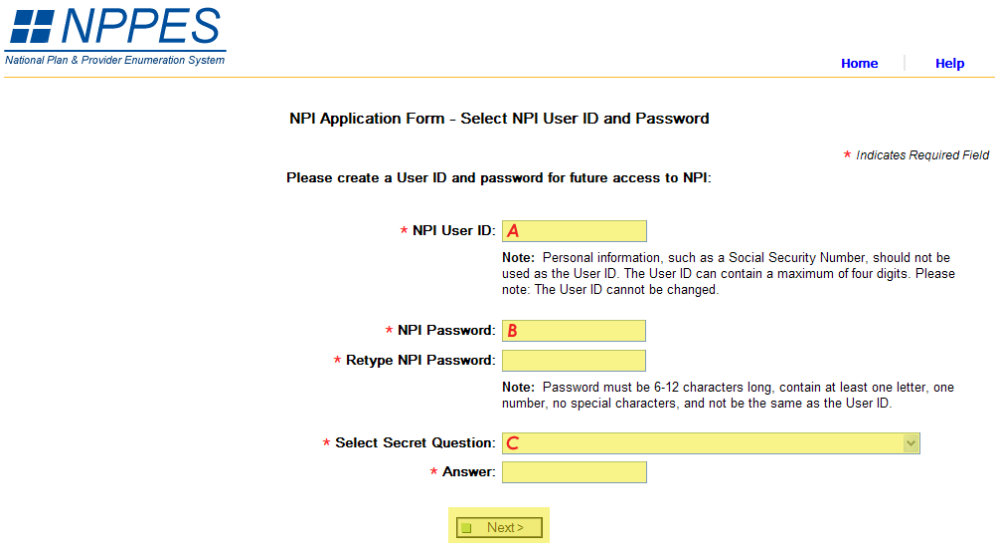
*I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.*

Penalties for Falsifying Information on the NPI / Update Form:
18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictictious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

Step 3: Begin online application. Begin Application Form

Click the **Begin Application Form** button at the bottom of the page

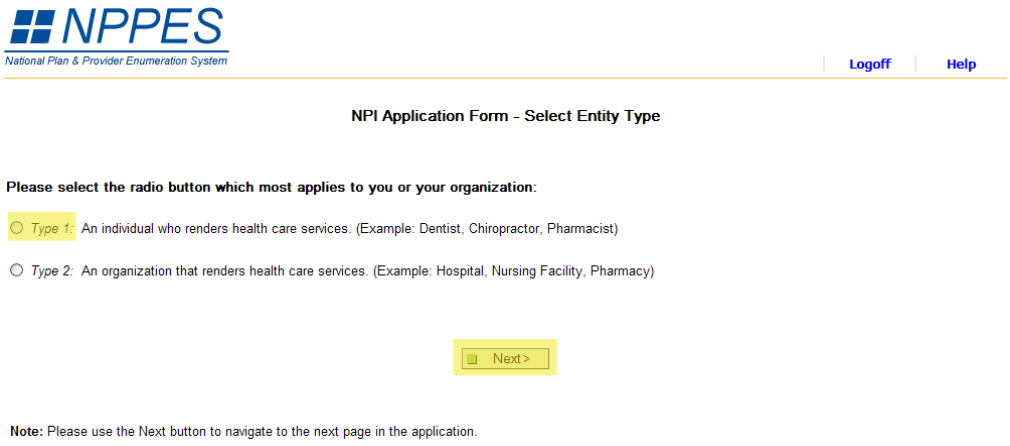
5.



Create an *NPI User ID* (A) and *Password* (B). Make sure to choose a *User ID* and *Password* that you will be able to remember. You will need this information to update your NPI registration during your residency. Choose a *Secret Question* (C) that will allow you to recover your *Password* if you forget it.

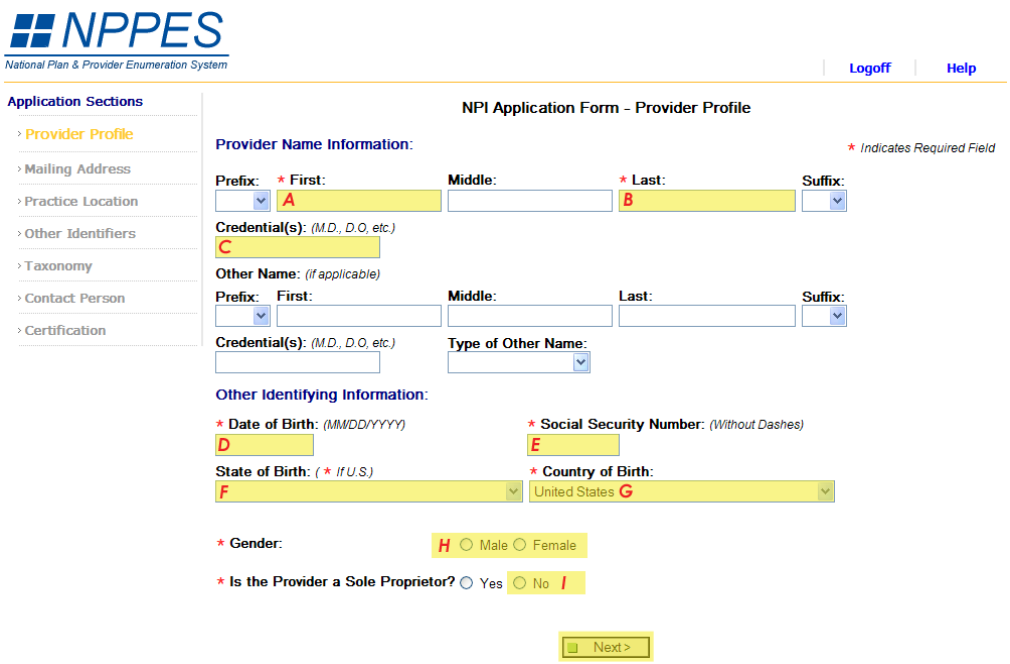
Click the **Next >** button.

6.



Choose ***Type 1*** and then click the **Next >** button.

7.



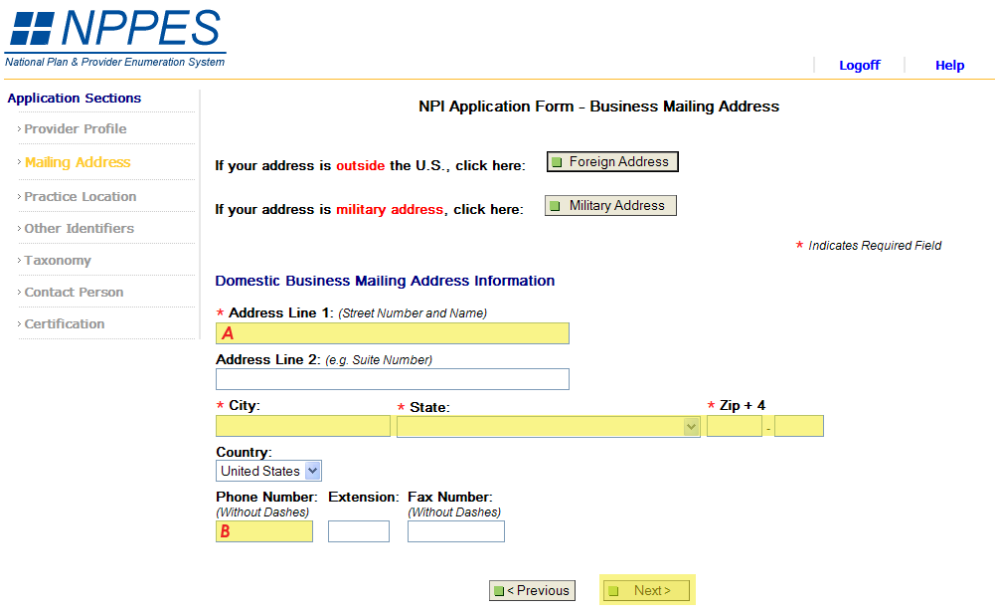
Fill out the *Provider Profile* information.

NOTE: This form is a LEGAL APPLICATION being submitted to the Federal Government. The name entered on this form **MUST** be your legal name as it is TODAY. If you will be getting married and changing your name before beginning your residency, you still must use your CURRENT legal name. After legally changing your name, you can come back to the NPPES system to change your name. Also, if you do not have a Social Security Number, you cannot complete this application until you have been assigned an SSN.

Fill out the *First Name* (A) and *Last Name* (B). Do not enter any *Credentials* (C), if you have not yet graduated from Medical School (this can be updated after graduation). Enter your *Date of Birth* (D), *Social Security Number* (E), *State of Birth* (F), *Country of Birth* (G), and *Gender* (H). Select **No** to the question about being a Sole Proprietor (I).

Click the **Next >** button.

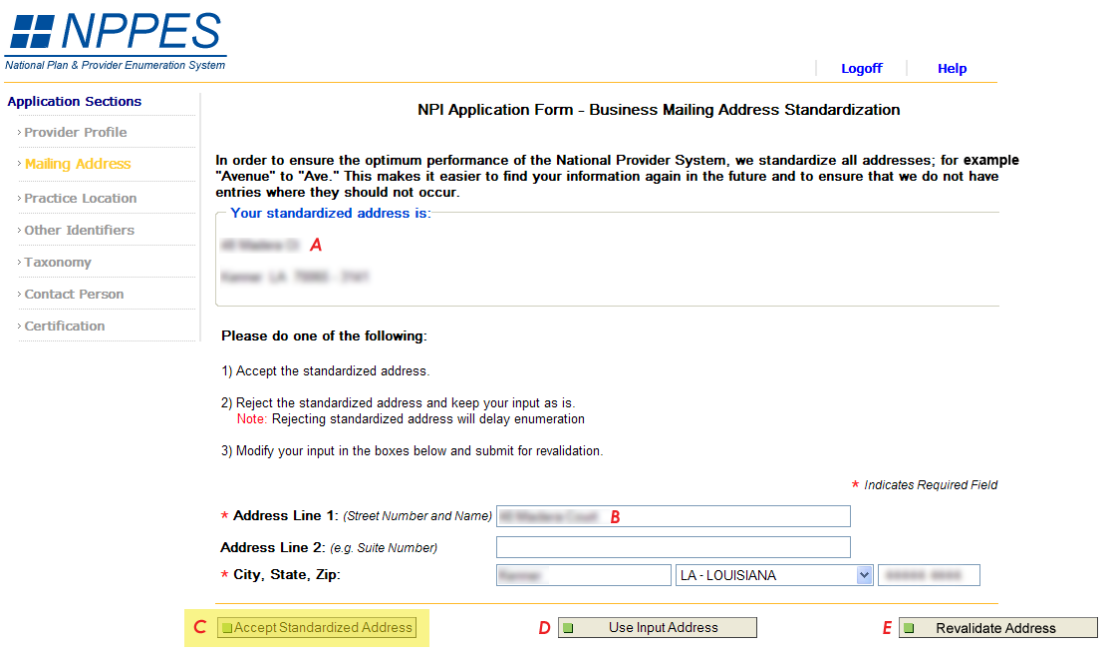
8.



Enter your current home mailing address (A). If you will be moving prior to beginning your residency, you should update this address after completing your move. Also, some residency programs may require you to use a specific mailing address, so you may need to update this information to satisfy their requirements.

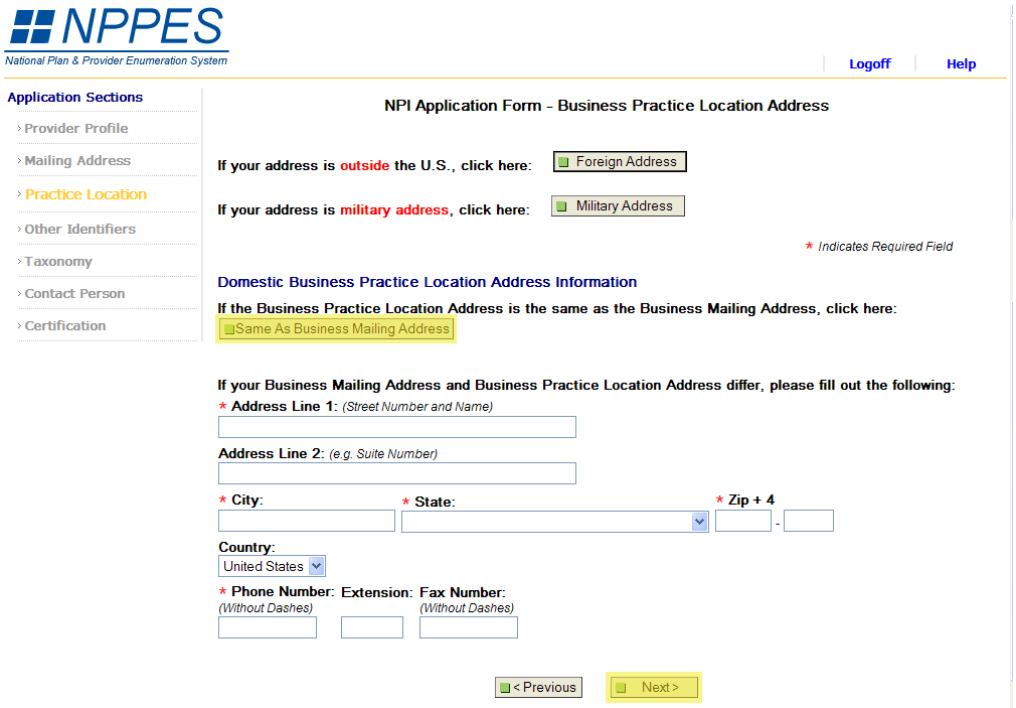
While not required, it is recommended that you enter a *Phone Number* (B). If there is a problem with your NPI application, they will attempt to contact you by phone to resolve the problem.

9.



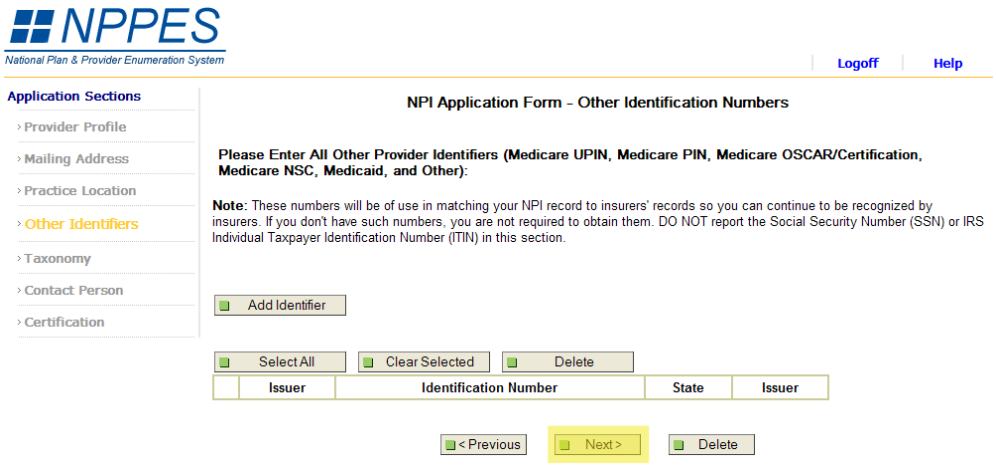
If the *Standardized Address* (A) is correct, click the **Accept Standardized Address** button (C). If the *Standardized Address* is NOT correct, make corrections to the address (B) and click the **Revalidate Address** (E) button. If the new *Standardized Address* still isn't correct, make any necessary changes to the address (A) and click the **Use Input Address** button (D).

10.



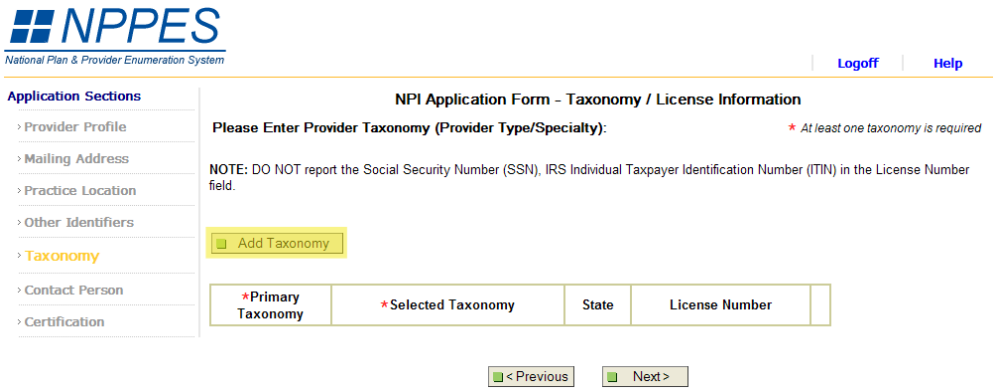
Click the **Same as Business Mailing Address** button, and then click the **Next >** button. Once you begin your residency, you will need to update this address to the location where you are practicing the most.

11.



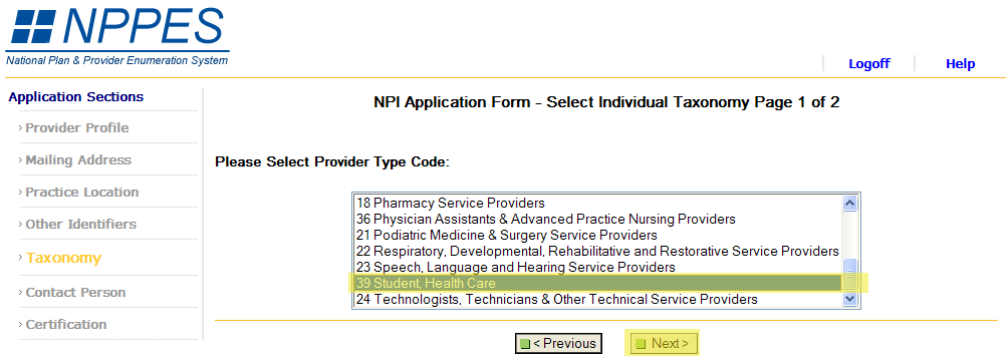
Click the **Next >** button. You do not currently have any other identification numbers. Once you begin your residency, you will begin to be assigned other identification numbers, such as a Medicaid Provider Number. You will need to update your NPI registration with those numbers as they are issued to you.

12.



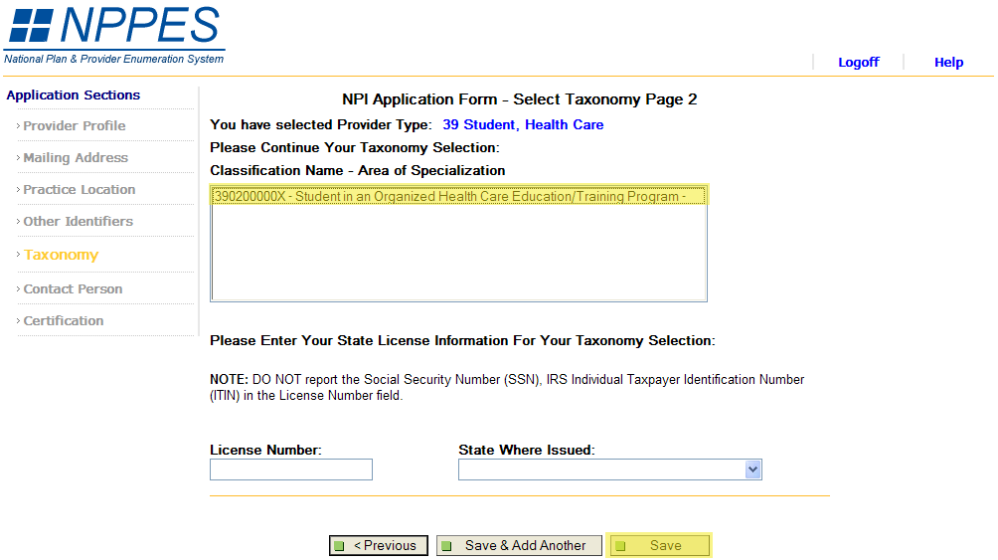
Click the **Add Taxonomy** button.

13.



Choose **39 Student, Health Care** from the list and then click the **Next >** button.

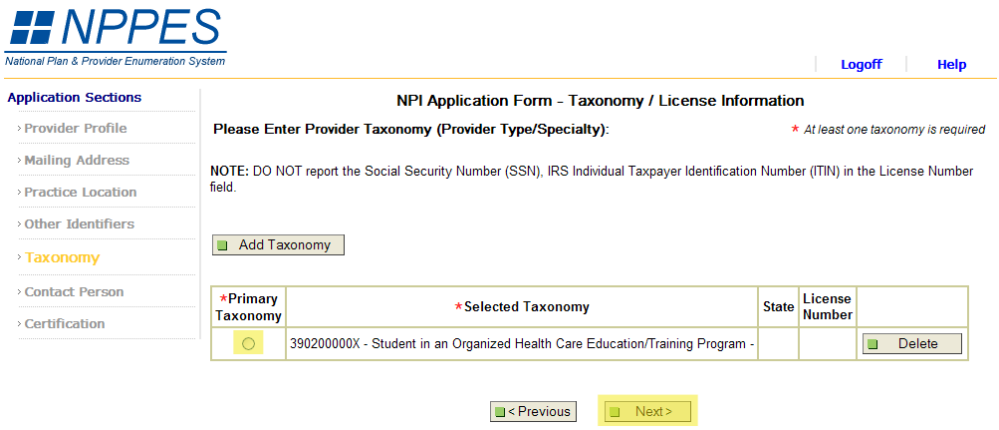
14.



Choose **390200000X – Student in an Organized Health Care Education / Training Program**. Leave the *License Number* and *State Where Issued* fields blank. Click the **Save** button.

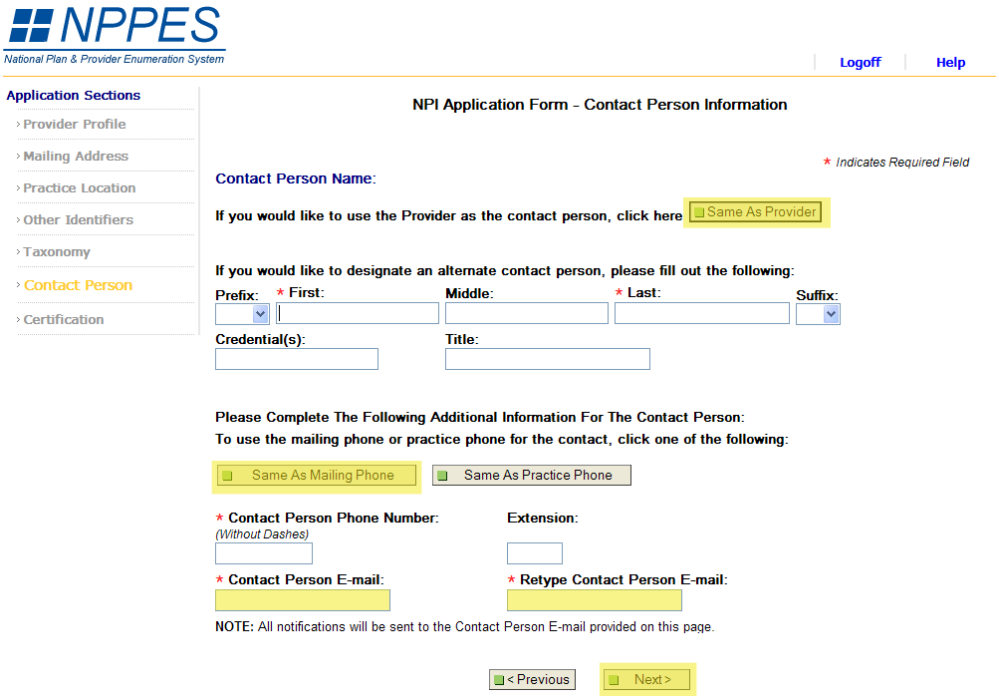
Note: LSU's current understanding of the NPPES regulations is that a resident should use the Student taxonomy code until a full, unrestricted medical license has been granted. Some non-LSU residency programs may ask that you choose a different taxonomy code. Use whatever instructions your residency program dictates.

15.



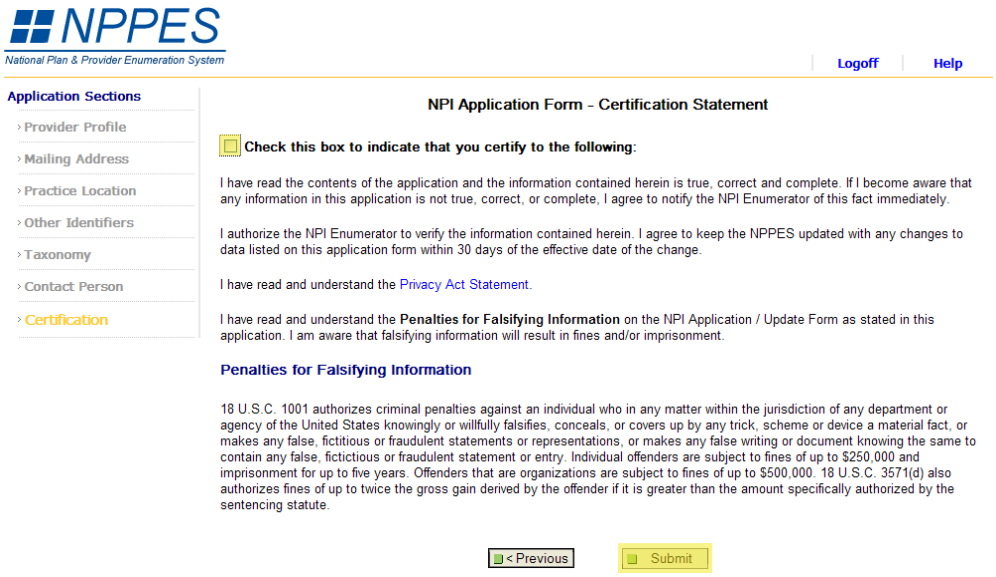
Select the radio button next to the student taxonomy and then click the **Next >** button.

16.



Click the **Same as Provider** button to use yourself as the contact for this NPI registration. Click the **Same as Mailing Phone** button to use your phone number as the contact phone number. Enter your email address in the *Contact Person E-Mail* fields, and then click the **Next >** button.

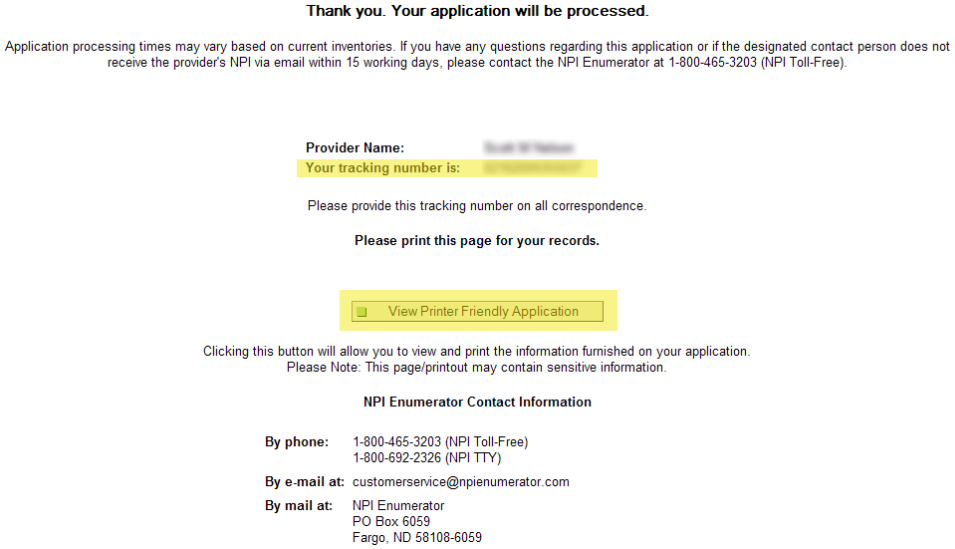
17.



Click the checkbox and then click the Submit button to complete and submit your NPI Application.

NOTE: Please read the certification statement carefully. There can be serious repercussions for willingly submitting false information.

18.



When your application is complete, you will be issued a tracking number. This number is NOT your NPI number. You will receive your NPI number via email in several days. If you do not receive your NPI number after 15 days, you can contact the NPI Enumerator with the contact info provided on the page. It is recommended that you print a copy of the confirmation page, as well as a copy of your completed application (by clicking the **View Printer Friendly Application** button).

LSU Health Sciences Center Library

Patron Registration Form

SECTION ONE --PERSONAL INFORMATION: *(Please Print Clearly)* DATE:_____

Full Name:_____ Social Security #:_____ EmplID #:_____
Last First Middle

Local/Home Address:_____

(City, State, Zip Code) _____ Email Address:_____

Home Phone #:_____ Pager/Other Phone #:_____
Area Code Area Code

Department:_____ Campus Building/Box #:_____

Campus Phone #:_____ Office/Business Phone #:_____

Office or Business Address:_____

SECTION TWO --AFFILIATION INFORMATION:

☐ **LSUHSC:**

☐ School of Allied Health ☐ School of Dentistry ☐ School of Graduate Studies
☐ School of Medicine ☐ School of Nursing ☐ School of Public Health
☐ Other _____

Status: ☐ Faculty *(check one, if faculty:* ☐ *Full-Time* ☐ *Part-Time* ☐ *Clinical* ☐ *Gratis)*
☐ Resident
☐ Fellow
☐ Staff
☐ Proxy Staff/Student Worker checking out for _____/_____ (Faculty /Dept.)
☐ Student -- *Please circle your program:*
Allied Health: CPSC CLS OT PT RC COMD MHS OMT
Medicine: L1 L2 L3 L4
Graduate Studies: _____ (Dept)
Dental: D1 D2 D3 D4 DH DLT
Nursing: BSN GN IGRO CRNA
Public Health: _____ (Dept)

☐ **Tulane Medical Center:**

☐ School of Graduate Studies ☐ School of Medicine ☐ School of Public Health

Status: ☐ Faculty ☐ Fellow ☐ Resident ☐ Student ☐ Staff Tulane Library barcode:_____

☐ **Other:**

☐ Licensed Health Professional: License Type:_____ License #:_____
☐ Outside LALINC Patron
☐ Courtesy Patron (approval required)

SECTION THREE -- PATRON RESPONSIBILITY STATEMENT:

I agree to observe all library regulations; to be responsible for all library materials checked out with this card; to pay charges for all lost or damaged materials; to immediately report loss of card or incur liability for its misuse. I understand that any abuse of library regulations may result in suspension of privileges.

Signature:_____ Date:_____

Library Staff Use Only:

Library Staff Initials_____ Ptype____ Pcode____ Pcode2____ Pcode3____

Expiration Date_____ Barcode_____

FCVS RELEASE FORM

For you to obtain initial licensure in the state, the Louisiana State Board of Medical Examiners (LSBME) uses a service of the Federation of State Medical Boards (FSMB) called Federation Credentials Verification Service (FCVS). As you move to full licensure, the LSBME will use reports from FCVS. To have the information to prepare those reports, FCVS requires us to update their files each year on your progress by filling out the below form which is the same one filled out for initial licensure. By copy of this release you consent to allow us to release all of the below requested information to FCVS on an annual basis during your training including a summary report if requested by FCVS. For those not pursuing full licensure, we will still prepare and submit these same reports to FCVS. A benefit to you is that throughout your practice years as you switch hospitals and health plans your training information will be available through FCVS which will significantly speed your credentialing process. This release is valid for activities occurring during your training program.

Resident name: (print)________________________ Program Name:______________________________

Resident signature: _________________________________ Date:______________________________

Federation of STATE MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)
Federation Place, P.O. Box 619850, Dallas, TX 75261-9850
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Postgraduate Medical Education

Institution: ______________________
Address: ______________________
____

Attention: **Program Director**
Affiliated University: ______________________

Verification For:

Name: ______________________
SSN: ______________________
DOB: ______________________
Individual's Name on Record (If different from above): ______________________

Program Participation:
Important:
Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

PGY: ___ **Specialty/Subspecialty:** ______________________
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research
From: __________ **To:** __________
Successfully Completed?: Yes ☐ No ☐ In Progress ☐
Accredited by: ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ FMRAC ☐ None of these ☐

PGY: ___ **Specialty/Subspecialty:** ______________________
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research
From: __________ **To:** __________
Successfully Completed?: Yes ☐ No ☐ In Progress ☐
Accredited by: ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ FMRAC ☐ None of these ☐

PGY: ___ **Specialty/Subspecialty:** ______________________
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research
From: __________ **To:** __________
Successfully Completed?: Yes ☐ No ☐ In Progress ☐
Accredited by: ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ FMRAC ☐ None of these ☐

Unusual Circumstances:
Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1. Did this individual ever take a leave of absence or break from his/her training? . . . . . ☐Yes ☐No
2. Was this individual ever placed on probation? . . . . . ☐Yes ☐No
3. Was this individual ever disciplined or placed under investigation? . . . . . ☐Yes ☐No
4. Were any negative reports for behavioral reasons ever filed by instructors? . . . . . ☐Yes ☐No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? . . . . . ☐Yes ☐No

Please explain any "Yes" response from above: (attach an additional sheet if necessary)

Certification:

Affix your institutional seal in this space. If no seal is available, you must have this form notarized.

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. This section must be signed by the Program Director (M.D./D.O. only), or if appropriate, the Director of GME.

Name: __________ Signature: __________
Title: __________ **Date of Signature:** __________
Tel: __________ **Fax:** __________ **E-Mail:** __________

Rev. 09/07/05 Packet ID: __________ Request ID: __________ __________

Rev2/11

Health Information Management (HIM)
Policy and Procedures

Policy Title:	**Break Glass Policy**		**Policy Number:**	**HIM30001**
Departments:	All		**Effective Date:**	June 2010
Reviewed/ Revised Date:	October 2011, October 2012			
Approval:	Cathi Fontenot, M.D. - Chief Executive Officer			
Approval:	Sharon Rives - Chief Financial Officer			

Purpose: To assess the appropriate level of access to the EHR via document security and user roles.

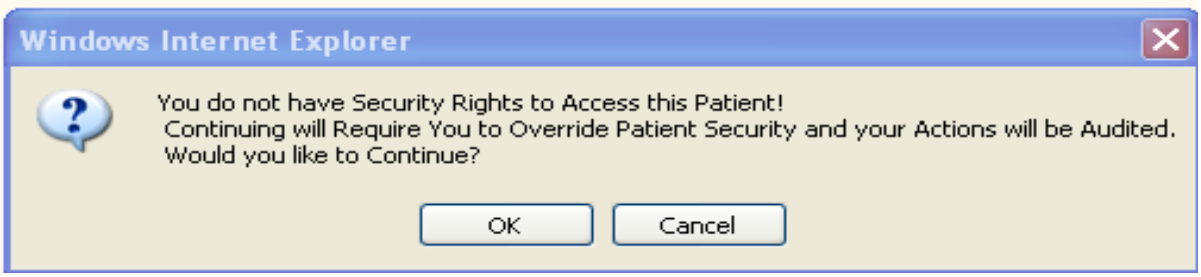
Policy: LSU Healthcare Network's (LSUHN) electronic health record (EHR) shall be treated in a confidential manner and accessed only for appropriate purposes. LSUHN recognizes the variation of user roles, privileges, and restrictions regarding the EHR. Therefore, LSUHN shall establish document security requirements for faculty, staff, residents, and students regarding access to the EHR.

Procedure: Viewing Secure Documents

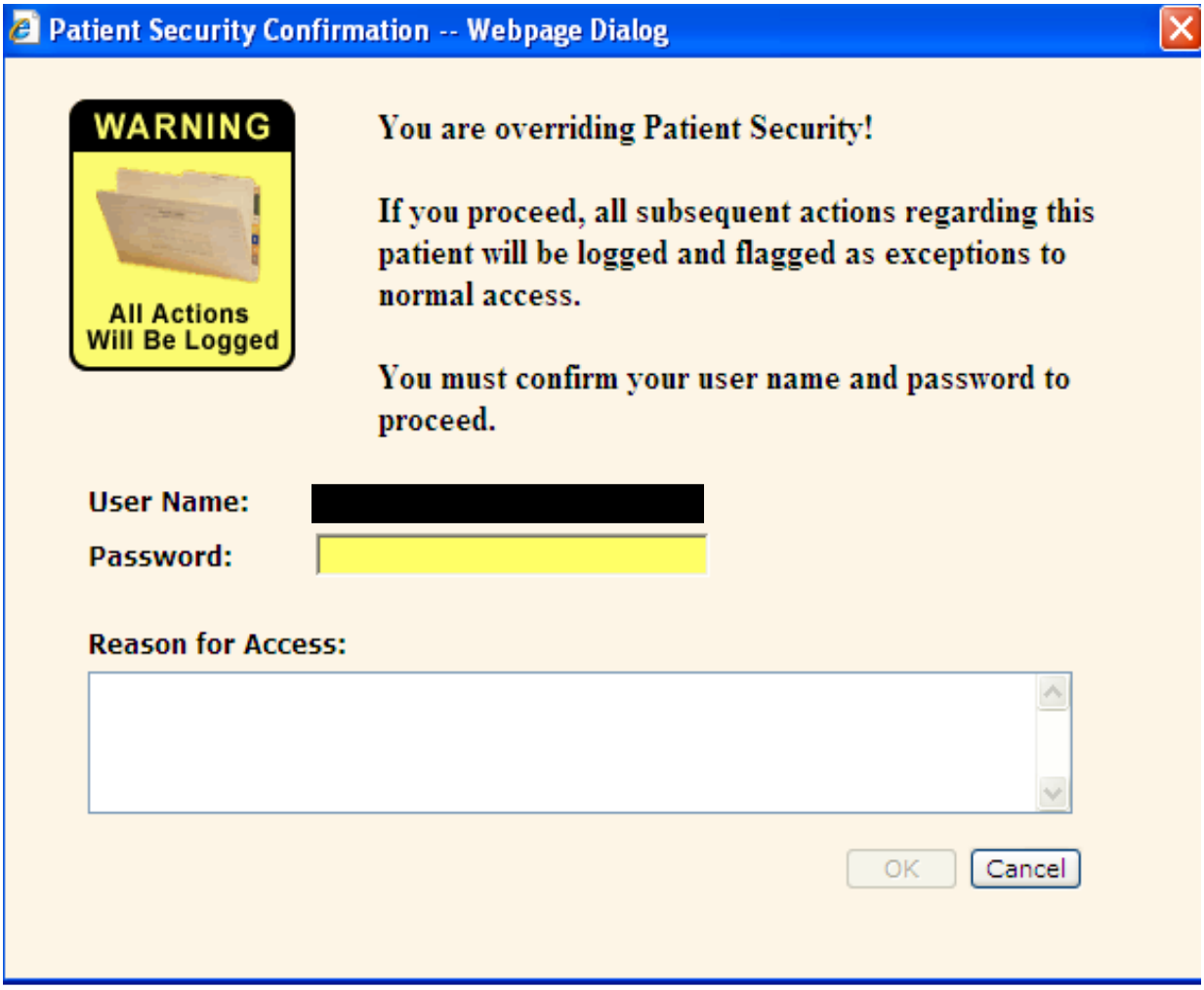
Viewing security allows certain patients' health information to be visible only to designated users.

Break Glass is a security code that allows users to access patient accounts under viewing security upon supplying a password. Users who do not have viewing security rights to view these accounts will have to "break glass."

a. At the time a user accesses a patient's account to which they do not have viewing security rights, the user will be prompted with a warning screen.



b. If the user chooses to continue, a Patient Security Confirmation screen will appear.



c. The user must type in their password and reason for accessing the patient's record. The user must provide a valid reason for accessing the information such as scheduling an appointment or triaging the patient.
d. The EHR will allow the user to "break glass" and access the patient's record.

The EHR tracks all documents the user accessed, edited, and the length of time spent in each document.

Monitoring Break Glass Policy

a. Designated personnel will run a monthly break glass report and deliver to the compliance department for review.
b. Compliance department will monitor break glass report on a monthly and as needed basis.
c. Compliance department will work with administration, HIM department and clinic directors to educate staff and enforce the "Break Glass" Policy.

Break Glass Confidentiality Agreement

Users who do not have the security access to view secure documents will be asked to sign a Break Glass Confidentiality Agreement. (See attachment)

Violation of Break Glass Policy

LSUHN will appropriately discipline employees who fail to comply with the Break Glass Policy.

Violations shall be addressed through the LSUHCN Human Resources Disciplinary Policy, HR-17, and may include the following sanctions:

Verbal Warning /Written Warning
Suspension for 5 Working Days
Termination

Sequential sanctions are not mandatory. LSUHN maintains the authority to decide which sanction most effectively addresses the severity of the violation.

Attachment: Signature Attestation

Break Glass Policy

Scope

This policy establishes requirements for staff, faculty and students regarding access to LSU Healthcare Network information as well as the responsibilities for stewardship of LSU Healthcare Network information. LSU Healthcare Network information is all information generated or acquired, in printed or machine-readable form, by LSU Healthcare Network faculty, staff, students, contractors or others engaged on the LSU Healthcare Network's behalf, in the course of carrying out the LSU Healthcare Network's mission or conducting its patient care.

Policy Statement

LSU Healthcare Network shall be used only in appropriate purposes. Information is a resource analogous to Network financial and physical resources. All members of the Network community should be aware of their obligations to protect Network information. In particular:

- Network information may not be accessed by or disclosed to anyone who does not need the information to perform the activities and fulfill the responsibilities associated with his or her Network position.
- Those accessing Network information are responsible for giving a password and reason for entering a secured chart.
- Entering Network secured charts without entering the required information will be regarded with utmost seriousness. Alleged violations of this policy will be pursued in accordance with the appropriate disciplinary procedures for faculty, staff and students, and when indicated, sanctions up to and including dismissal will be imposed.

By signing this document, you are acknowledging that you have read and understand LSU Healthcare Network's Break Glass Policy.

Printed Name: _____

Signature: _____

Date: _____

LSU Health New Orleans
HEALTH SCIENCES CENTER
School of Medicine
Office of Medical Education

Pursuant to LAC 46XLV.422, a physician participating in postgraduate medical training in this state by way of registration, permit or license, shall report and shall request that the training program report to the Louisiana State Board of Medical Examiners (LSBME) in writing the suspension, termination, non-renewal, surrender, resignation or withdrawal of the physician's participation in training for any reason other than impairment by drugs or alcohol within thirty days of such action. To comply with this requirement, I, the undersigned, do hereby consent and give authority to LSU and its representatives to notify the LSBME in writing the suspension, termination, non-renewal, surrender, resignation or withdrawal of my participation in training in my GME program(s). Should I revoke this release at anytime LSU will notify the LSBME of such revocation.

_____ _____

Print Name Department

_____ _____ _____

Signature HO Level Date

Louisiana State University Health Sciences Center • 2020 Gravier Street, Suite 602 • New Orleans, Louisiana 70112
phone 504.568.4006 • **fax** 504.599.1453 • **www**.lsuhsc.edu

LSU Health New Orleans
HEALTH SCIENCES CENTER
School of Medicine
Office of Medical Education

Charles W. Hilton, MD
Associate Dean for Academic Affairs
Office of Graduate Medical Education
2020 Gravier Street, Suite 602
New Orleans, LA 70112

I hereby certify that I have received the mandatory 2014-15 House Officer Manual. I understand that I will be accountable for conducting duties in the workplace in accordance with the information contained in this manual. I understand that additional information is available through the LSUHSC-NO website; http://www.lsuhsc.edu/; http://www.lsuhsc.edu/no/administration/hrm; http://www.medschool.lsuhsc.edu/medical_education/graduate; LSU Bylaws and Regulations, LSU System Policies, LSUHSC Policies and GME Policies. I understand that these rules and policies are subject to change and the latest revision of this manual is at http://www.medschool.lsuhsc.edu/medical_education/graduate/HouseOfficerManual.aspx.

Print Name	AY 2014-2015 HO Level	Department
Signature	Date	SSN or EMPLID

Return this form to Program Coordinator