



PARKLAND HEALTH & HOSPITAL SYSTEM

CHECKLIST FOR NON-REMUNERATIVE RESIDENTS AND/OR FELLOWS

Parkland

All forms listed on this checklist **MUST** be downloaded, completed (please type or print clearly) and mailed to Ms. Barbara Torrance, Parkland Graduate Medical Education Office, Parkland Health & Hospital System, 5201 Harry Hines Blvd., Dallas, Texas 75235. If you have any questions, please call us at (214) 590-8036.

NOTE: Please observe those items high-lighted in **RED (*)** as these are considered “**SHOW STOPPERS**” which means that we **MUST** have these items completed and cleared by the Parkland House Staff GME Office in order to allow you to begin your residency and/or fellowship.

APPLICATION

- PARKLAND CONTRACT** (E-mailed to you, please print, sign and return along with documentation from this check-list)
- RESIDENCY/FELLOWSHIP TRAINING APPLICATION**
- (*) CRIMINAL BACKGROUND CHECK:** Provide an attestation on letterhead from the University of Texas Southwestern Medical Center at Dallas (UTSW) stating that no adverse actions were found and/or pending prior to the commencement of the clinical rotation at Parkland. Attestation must be signed, dated and sent via mail or fax from the UTSW Human Resources Department directly to the Parkland GME Office.
- (*) DRUG SCREENING ATTESTATION:** Provide an attestation on letterhead from the University of Texas Southwestern Medical Center at Dallas (UTSW) Occupational Health Department stating that you have been cleared and ready to work prior to the commencement of the clinical rotation at Parkland. Attestation must be signed, dated and sent via mail or fax from the UTSW Occupational Health Department directly to the Parkland GME Office.

GRADUATE MEDICAL EDUCATION FORMS

- PUBLIC ACCESS FORM**
- CODE OF CONDUCT** (Need to sign and return the last page called “Personal Commitment and Certification”)
- CONFLICT OF INTEREST DISCLOSURE FORM**
- PATIENT CONFIDENTIALITY FORM**
- RECORDS & INFORMATION AUTHORIZATION RELEASE FORM**
- NATIONAL PROVIDER IDENTIFICATION NUMBER RELEASE/ACKNOWLEDGMENT FORM (NPI)**
- MEDICAL/DENTAL SCHOOL VERIFICATION:** Request your Medical/Dental School Registrar’s Office to complete this form. Your Registrar’s Office should mail this form to Parkland’s Graduate Medical Education Office after you have graduated. **Do NOT delay sending in your paperwork pending this form, as your registrar will mail the form just as soon as your degree has been posted. If you graduated from a foreign medical school please attempt to have your medical school answer this form. But, if you have problems in getting them to answer this form and you have a letter from your dean on official medical school letterhead, we will accept that letter in place of the attached form. First, make the attempt to get the form answered.**

REQUIRED DOCUMENTATION

- MEDICAL SCHOOL DIPLOMA:** Submit **8 1/2” x 11”** copy. If your diploma is in a foreign language it must be accompanied by an official translation. **NOTE: Do not delay sending in your paperwork pending your diploma, as we are aware that you will not receive your diploma until after graduation. Upon graduation, it is your responsibility to provide the Parkland House Staff GME office with a copy of your diploma.**
- ORIGINAL MEDICAL SCHOOL TRANSCRIPT or MEDICAL STATEMENT OF MARKS:** Request your Medical School Registrar’s Office to send one FINAL transcript directly to Parkland Health & Hospital System, Attention: Graduate Medical Education Office, 5201 Harry Hines Blvd., Dallas, Texas 75235. **NOTE: Do not delay sending in your paperwork pending transcripts; your school will submit them as soon as your degree has been posted. Ask your registrar’s office to submit these after your final grades and degree (MD/DO/DDS/MBBS) have been posted.**
- USMLE SCORES:** Please submit copies of Steps I, II, 2CK, 2CS and if applicable a copy of Step III
- Provide copy of your driver’s license regardless of the State in which it was issued or Official State issued ID.
- Provide copy of your Social Security Card. **Note:** If you do not have your Social Security card or have lost it, you will need to reapply for a replacement card by contacting the U.S. Social Security Administration Office at www.socialsecurity.gov
- Provide copy of current certification as applicable to you, Advanced Cardiac Life Support (ACLS), Advanced Life Support (ALS), Advance Trauma Life Support (ATLS) and/or Pediatric Advanced Life Support (PALS).

OCCUPATIONAL HEALTH

- (*) IMMUNIZATIONS LETTER for Non-Remunerative House Staff:** (Please contact your University of Texas Southwestern Administrator/Coordinator for specific employee process).
- OSHA Respirator Medical Evaluation Questionnaire**

TEXAS MEDICAL BOARD <http://www.tmb.state.tx.us>

- (*) Physician in Training Permit (PIT)** If you do not currently have a full Texas Medical License, you will receive an e-mail from the Parkland GME Office with instructions on how to apply for your permit.

OR

- (*) Texas Medical License**

TRAINING MODULES

- (*) ON-LINE TRAINING** (You **MUST** complete **ALL** courses assigned to you prior to start date of residency and/or fellowship)

ANNOUNCEMENTS (please note time and dates on flyers located on the website)

- ORIENTATION:** Please NOTE, this is a two part orientation in which you are required to attend.
 - 1) One full day of Parkland Orientation.
 - 2) One full day and as assigned of Parkland EPIC Training. You will be notified by your University of Texas Southwestern Medical Center Program Coordinator as to what day you are to attend this training.
- ID BADGE** (Must obtain prior to coming to orientation)

INTERNATIONAL GRADUATES

Please provide a copy of the items listed below that are applicable to you. Please remember to **bring your original documents** with you to your scheduled interview with Ms. Torrance.

- VALID ECFMG CERTIFICATE**
 - THECB Coursework Verification Form:** This form applies to those graduating from a foreign medical school ONLY
 - PARKLAND INTERVIEW FOR INTERNATIONAL GRADUATES:** ASAP, but **NO** later than June 19, 2009, contact Ms. Barbara Torrance at (214) 590-8036, to set up your interview to go over all of your original documents.
- VISA STATUS:**
 - J-1 "Certificate of Eligibility for Exchange Visitor Status"
 - DS-2019
 - Passport with I-94
 - Permanent Resident Card
 - Conditional Permanent Resident Card along with Form i-551
 - Temporary Permanent Resident card, or EAD along with Form I-688
 - H1-B (sponsored by UT Southwestern)

NOTE: In addition to making sure you turn in all required documentation listed above in a timely manner prior to starting your residency and/or fellowship, PLEASE note that you will not be allowed to start your residency and/or fellowship at Parkland Health & Hospital System if your Texas Medical License or Physician In Training Permit, Background Check, Drug Screening and Immunizations Records Release have not been received.