

**CHECKLIST TO ACCOMPANY APPOINTMENT
ON RESIDENTS IN TRAINING OR SUBSPECIALTY PROGRAMS**

NAME: _____ **UF ID #** _____

TITLE: _____ **DEPARTMENT:** _____

- ____ 2. Verification of Registration with Selective Service Please submit screen print from the Selective Service web page- for all male employees who are U.S. citizens between the ages of 18 and 26. This document will verify whether the OPS employee is registered with the Selective Service. (Attach results to the appointment packet).
- ____ 3. Health Information Policy (HIPAA)- Requires signature of employee to assure that identifiable health information, contained at in University of Florida or any other health records, will only be used or disclosed for its intended purpose and in accordance, with general and so specific patient notifications and permissions, except where permitted or required by law. Acknowledgement by signature on policy statement that the person understands that violation of this policy may result in disciplinary action, up to, and including dismissal in accordance with Florida Administrative Code Rules and Regulations (1 Copy of complete, and signed/dated document).
- ____ 4. **Florida Medicaid Statement** - If resident Letter of Offer not used with this statement included, this statement must be copied onto your departmental letterhead and sent to resident for signature. (If separate from Letter of Offer, send 1 signed copy with appointment packet).
- Medicaid Credit Balance Letter** -Acknowledgement and signature required for all physicians who are offered a position, faculty or resident. This statement pertains to Medicaid billing and whether or not a doctor has a credit balance under another tax identification number with the State of Florida Medicaid System. If a physician indicates that Florida Medicaid may have been billed on his/her behalf, this letter must be sent to the institution for clearance or admission.
- Letter to Institution** Indicated as Medicaid Credit Balance facility (submit only if applicable).
- ____ 5. Housestaff Appointment Information Coding Sheet (Required with all new appointments & appropriate changes).
- ____ 6. Housestaff Contract/Letter of Offer (1) copy
- ____ 7. Form 255 (Other Personal Services) (1) original (2) copies.
- ____ 8. I-9 Employment Eligibility Verification (Original & [1] copy)
- ____ 9. Florida license number _____, date issued _____.
- ____ 10. Registration Application for Unlicensed Physicians (original & [1] copy) (Required for processing initial appointment and reappointment for those who need to reapply every two years; DO's must apply every year) Please ensure that the appropriate certifications by the resident and the notary is included on the application.
- ____ 11. If a foreign medical school graduate:
- ECFMG Number: _____, date issued _____; (ECFMG must be validated with future appointment allowance or "Valid Indefinitely" and status-standard or interim. ECFMG certificate attached (2) copies).
- ____ 12. Medical School Diploma ([2] Copies)-(Required document – For new Residents completing medical school in the year they are being appointed, written verification from the school is acceptable. If not with initial appointment, please attach a letter explaining that the degree could not be verified until the resident graduate in May or June. A copy of the diploma must be submitted to the Board of Medicine by August 31.st New Residents with outstanding diplomas after this date will not be allowed to work in patient areas and cannot be paid on either Shands or VA contractual agreements but moved to departmental funds if allowed to stay on the payroll. . Those that are 2nd Year Residents and above, must have diploma with initial appointment NO EXCEPTIONS.
- ____ 13. If not a citizen of the U.S., type of visa _____ visa# _____ and visa expiration date _____.
- A. 2 Copies of Visa, i.e. I-94, Green card for permanent Immigrant, etc.
B. If awarded citizenship - Proof must be provided. (Copies of Naturalization Certificate or letter from department personnel office stating that they reviewed the Certificate, Port or Entry and DATE naturalization granted. U.S. Passport not acceptable.)
C. If J-1 Visa, attach (2) copies of the DS-2019.
- ____ 14. Foreign National Information Form (Windstar Form) –Copy of processed forms sent back from Steve Saul's office. If not completely processed, appointment cannot be sent to Academic Affairs.

- ____ 15. Ministry of Health Letter
- ____ 16. Form #270 (Original & [1] copy)
- ____ 17. VA Forms:
Application for Residency or Internship (VAH 10-28506) (Originals to VA - (1) copy to Office of the Dean).
Letter to VA from Department Chairman stating that Residents are physically and mentally verification fit;
and of receiving training in the proper use of biomedical equipment. (Send copy of letter with Appointment
Packet).
- ____ 18. Payroll and Other Signup Materials Required:
 - _____ W-4 Card (original & [2] copies)
 - _____ Loyalty Oath/Intellectual Property Agreement/Controlled/Questionnaire/Florida
 - _____ Retirement Plan Form - 4 part form (original & 1 copy)
 - _____ **Enrollment Card for Health/Life Insurance Policy (Original insurance paperwork goes to Janis
Smith's Fringe Benefits office.**
- ____ 19. Claiming Tax Exempt Status
- ____ 20. Authorization Request Form for Gator One ID Card (Send to appropriate office).
- ____ 21. G. I. Benefit Information (forms available in Dean's Office-call 352-265-8014).

RACE (CHECK ONE)

W - White _____	H - Hispanic _____	I - American Indian or Alaskan Native _____
B - Black _____	A - Asian or Pacific Islander _____	O - Other _____