

## **CHECKLIST FOR COURTESY RESIDENTS**

- \_\_\_ 1) Checklist
- \_\_\_ 2) Form 255
- \_\_\_ 3) Contract - Should identify which institution is responsible for Salary, Malpractice, and Fringe Benefits.
- \_\_\_ 4) Coding Sheet
- \_\_\_ 5) I-9
- \_\_\_ 6) 4 in 1 Form – Sections 1, 3 and 4 not applicable
- \_\_\_ 7) Form 270
- \_\_\_ 8) Copy of Diploma
- \_\_\_ 9) Unlicensed Physician Application – not required for military \$200.00 Registration Fee must be paid by the department or physician.
- \_\_\_ 10) Foreign National Form (Windstar)
- \_\_\_ 11) ECFMG Certificate – if foreign medical school graduate
- \_\_\_ 11) Visa information, DS-2019, I-94, etc. – if not a US Citizen
- \_\_\_ 12) Copy of Social Security Card
- \_\_\_ 13) Other – Which may include VA forms, enrollment card for health/life insurance if applicable (salary paid from another source, but fringes paid by the department). If requesting fringes for Courtesy Housestaff, a letter of request must be written to Dr. C. Craig Tischer, Dean for the College of Medicine. Submit original letter of request to Janis Smith. When the original is approved, Fringe Benefits Office will send copy to Personnel Section.
- \_\_\_ 14) Health Information Policy (HIPAA) – Requires signature of employee to assure that identifiable health information contained at the University of Florida or any other health records will only be used or disclosed for their intended purpose and in accordance with specific patient notifications and permissions.
- \_\_\_ 15) Florida Medicaid Statement – If the resident Letter of Offer does not contain this statement then the statement must be copied onto your departmental letterhead and sent to resident for signature.
- \_\_\_ 16) Medicaid Credit Balance Letter – Acknowledgement and signature required for all physicians who are offered a position.
- \_\_\_ 17) Letter to Institution – Indicated as Medicaid Credit Balance facility. Submit only if applicable.