

**UB OFFICE OF GRADUATE MEDICAL EDUCATION**

**Resident/Fellow Credentials Checklist**

Name \_\_\_\_\_

Program \_\_\_\_\_ PGY Level \_\_\_\_ Hospital Payline \_\_\_\_\_

**ALL NEW RESIDENT PACKETS MUST INCLUDE THE FOLLOWING DOCUMENTATION:**

**\*\*PLEASE ARRANGE PACKET IN ORDER SPECIFIED BELOW WITH THIS FORM ON TOP**

- 1. Employee Biographical Data Form
- 2. Statement in Lieu of Oath – Original form only
- 3. Form I-9 – 6/5/07 Revision only(Employment Eligibility Verification) signed by resident AND Program Coordinator
- 4. I-9 Proof –see I-9 form for list of acceptable documents
  - Non U.S. citizens must also have DS-2019 or I-797 with unexpired passport as applicable
- 5. State and Federal Income Tax forms – completed and signed
- 6. Medical/Dental School Diploma (for verification of degree)
- 7. ECFMG Certificate (for International Graduates only)
- 8. UB or ERAS application
- 9. Emergency Contact Form
- 10. Current signed contract (either UMRS, UDRS or VA)

The documents listed above, where applicable, have been received and reviewed and copies are on file in the Office of Graduate Medical Education.

\_\_\_\_\_  
Office of Graduate Medical Education Representative

\_\_\_\_\_  
Date

**INFORMATION TO BE ON FILE IN PROGRAM DIRECTOR'S OFFICE:**

Medical School Transcript  
Clinical Clerkship  
Prior Post-Graduate Experience (if applicable)  
College Diploma/Transcript for MD Degree (recommended)

The documents listed above, where applicable, have been received and reviewed and copies are on file in my office.

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date