

**University at Buffalo Office of Graduate Medical Education
Checklist for NEW RESIDENTS / FELLOWS**

Resident/Fellow Name: _____

UB Program Name: _____ PGY Level _____

Is this appointment for a Prelim Year? Yes No If Yes, for what specialty? _____

ALL NEW RESIDENT/FELLOW PACKETS MUST INCLUDE THE FOLLOWING DOCUMENTATION:
*PLEASE CHECK BOX NEXT TO EACH INCLUDED ITEM AND ARRANGE THEM IN ORDER SPECIFIED BELOW
WITH THIS FORM ON TOP*

INFORMATION TO BE SUBMITTED TO OGME:

- 1. Employee Biographical Data Form – COMPLETED
- 2. ORIGINAL Statement in Lieu of Oath – signed in TWO places; 2/09 Revision only
- 3. Copy of Social Security Card
- 4. Form I-9 – Section 1 COMPLETED by resident/fellow; Section 2 left blank
- 5. I-9 Proof – Documents as indicated on I-9 Form ONLY
 - o Non-U.S. citizens MUST include DS-2019 or I-797, I-94 (both sides), VISA, Passport as applicable
- 6. State and Federal Income Tax forms COMPLETED and SIGNED by resident/fellow
- 7. Medical School Diploma – with translation and translator certification, if not in English
- 8. ECFMG Certificate – for ALL International Graduates
- 9. COMPLETED UB, ERAS or PASS application
- 10. COMPLETED Emergency Contact Form
- 11. Employment contract signed by resident/fellow and Program Director
- 12. Confirmation of Compliance with “12 Week Rule” – for IMGs only

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

Donna M. Cummiskey, Director, GME Resource Management

Date

INFORMATION TO BE ON FILE IN PROGRAM DIRECTOR’S OFFICE:

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

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

Program Director

Program

Date