



CHECKLIST FOR ONBOARDING RESIDENTS and FELLOWS

Medical Staff Office

Name (Last, First): _____ Date of Birth: _____

Street Address: _____ City/State: _____ Zip: _____

Email Address: _____ Cell phone: _____

Sponsoring Physician Name: _____ Affiliated Practice: _____

DOCUMENTS FROM TPQVO*:

- ☐ Profile
- ☐ Curriculum Vitae
- ☐ Continuing Education
- ☐ Current Insurance
- ☐ Current Professional License/DEA
- ☐ Driver's License

HEALTH REQUIREMENTS:

- ☐ Measles, Mumps, Rubella (MMR) – 2 doses given at least 28 days apart, laboratory documented immunity, or laboratory documentation of prior disease
- ☐ Varicella immunization or proof of immunity
- ☐ Hepatitis B vaccination or proof of student's declination to receive vaccination
- ☐ Tetanus, diphtheria, pertussis (Tdap) vaccination – with booster within 10 years
- ☐ Influenza (flu) vaccination within the past 12 months
- ☐ Personal health insurance
- ☐ Urine Drug Screen
- ☐ Covid-19 vaccination
- ☐ Nicotine Screen

BACKGROUND CHECK: A retrospective background check has been conducted. The background check includes the following:

- ☐ SSN verification
- ☐ Criminal Search (7 years)
- ☐ Violent Sexual Offender and Predator registry
- ☐ HHS/OIG/SAM
- ☐ Applicable state exclusion list

ACCESS TO EPIC:

- ☐ Access to EPIC (electronic medical record) required for job
- ☐ Reason access required: _____

*University of Tennessee-Chattanooga **GME program participants** (e.g. General Surgery Program, Vascular Fellowship & Colon and Rectal Fellowship, etc.) can complete these requirements and sign to acknowledge that this information is available to CHI Memorial upon request.

Signature: _____ Date: _____

Signature of University representative: _____ Date: _____

Signature of Sponsoring Physician: _____ Date: _____

Notify the Medical Staff Office upon graduation or termination of residency program