

RESIDENTS CREDENTIAL CHECKLIST
VA NY Harbor Healthcare System

Service: _____

Name: _____ SS# _____

Service: _____ PGY Level: _____

DOCUMENTS REQUIRED	YES	NO	N/A	REMARKS
Residency Application				
Release of Information Statement Signed				
Declaration of Federal Employment (OF-306)				
Medical School Diploma				
Name of Medical School				
Country: _____ Date Graduated: _____				
Official Medical School Transcript				
Dean's Letter				
Reference Letters (3)				
(I-9) Form Birth Certificate & SS Card Passport: Naturalized Citizens need Certificate of Naturalization				
Visa Type J-1 Exp. Date				
E.C.F.M.G. Verified Exp. Date				
Competency Assessment				
Employee Health Clearance				
Computer Access Request				
PIV				

Verified by: _____ Date: _____
Name

Verified by: _____ Date: _____
Name