

Contract Checklist

Applicant Name: _____
Last Name, First Name, Middle Initial

Email: _____

Preferred Phone: _____

Address: _____

Street, Apt/Unit #

City, State, Zip Code, Country

Program: _____

Start Date: _____ End Date: _____

Length of Program: _____ PGY Level: _____

Requires J-1 Visa Sponsorship?

☐ Yes

☐ No

Documents required for contract issuance

☐ Application (MedStar/ERAS/Universal Application)

☐ CV (Please include if not provided in application)

☐ Dean's Letter (Not required if ECFMG certified)

☐ Diploma from Medical School

☐ ECFMG certificate or status report (if applicable)

☐ Letters of recommendation (three)

☐ Picture

☐ Personal Statement

☐ Transcripts

☐ USMLE Step 1 (or COMLEX equivalent)

☐ USMLE Step 2CK (or COMLEX equivalent)

☐ USMLE Step 2CS (or COMLEX equivalent)

☐ USMLE Step 3 ***if applicable*** (or COMLEX equivalent,)

☐ Verification of Previous Training

- The Final Summative Evaluation must be obtained from the prior program upon the completion of the training year.

Fellowship Applicants:

☐ Verification of Completion of Residency Training (ACGME or Foreign)

Signature of Program Director

Date

Outside the Match Hires:

- Documents are submitted to and collected by program coordinator:
 - MedStar Health Contract Checklist
 - Application for Post graduate training
 - Verification of Previous Training (currently in program or no longer in program)
 - ❖ **Critical piece of information. Must be completed by the PD.**
- All materials on the checklist must be submitted in one packet to local GME office
 - *In some cases additional local GMEC approval is required. Please refer to your program's ACGME requirements.
- Jen Remington and/or Jamie Padmore review and reach a decision.
- If approved, GME will work with the coordinator to create the commitment letter. The GME signature must be the first signature.