



LOYOLA
UNIVERSITY
HEALTH SYSTEM

Loyola University Chicago

Checklist for submission of documents for incoming trainees

Documents to be provided in total to GME Office.
Incomplete packages will be returned for completion.

Trainee Name: _____

Department: _____

Licensure:

Check one box

- Application for temporary licensure for the State of Illinois (if applicable)
Requires separate checklist
 - Proof of eligibility for permanent licensure in the form of copies of Steps I, II and III, or copy of permanent license, for incoming fellows (NBOME scores are acceptable for D.O.s)
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- LUMC Graduate Medical Education Application – must be signed and dated no more than 3 months prior to submission
 - LUMC Consent and Release Form – must be signed and dated no more than 3 months prior to submission with passport sized photo attached
 - Acknowledgement of receipt of Housestaff Handbook form
 - Conflict of Interest Statement - must be signed and dated no more than 3 months prior to submission
 - Answer Sheet for Safety/HIPAA examination
 - Medical School Diploma or Transcript
 - Copy of work authorization (J-1 with DS-2019, Perm Res, EAD) if applicable
 - ECFMG certificate for IMG's
 - EPLS (www.epls.gov) and OIG (<http://exclusions.oig.hhs.gov/>) forms

Date: _____

Program Coordinator

Date: _____
