

**Beth Israel Deaconess Medical Center
Internal Medicine Residency Training Program
2010-2011**

Checklist for Paperwork to be Returned

Please return this form, as well as the required forms to Andrea Crawford NO LATER THAN **FRIDAY APRIL 9, 2010**.

Forms can be mailed to:

Andrea Crawford
Beth Israel Deaconess Medical Center
Department of Medicine
185 Pilgrim Road
Deaconess 306
Boston, MA 02215

Please contact Andrea with any questions about any of the forms acrawfor@bidmc.harvard.edu

*Signature Required. If not provided, form cannot be processed.

Human Resources

- Employment Application** – Complete entire form. Please note in the “reference” section you can list your 3 letter writers from your ERAS application.
- *CORI Request Form**
- *Notice and Authorization for Consumer Reports**
- *Consumer Report/Investigative Consumer Report Authorization**
- Self Identity Gender Form**
- *Employment Eligibility Verification/I-9 Form** – Please read carefully and make selections accordingly. Provide photocopies of appropriate documents AND bring them to Orientation.
- *Form W-4** and
- *MA Employee’s Withholding Exemption Certificate** – Please read and make selections carefully

Further explanations of the HR documents are listed here:

<http://www.bidmc.org/MedicalEducation/GraduateMedicalEducation/IncomingHousestaffApplicants/HumanResourcesSection.aspx>

Employee Health

- *Pre-Placement Occupational Evaluation**

- *Employee And Occupational Health Service Form** – Please attach all requested documentation and we'll forward to Employee Health
- Health Screening for TB Respirator Fit Test**
- TB Compliance Form** (attached to Fit Test Form)

CRICO Physician Registration Form

- *Application** – Please ONLY complete sections 1, 2, 3, 7, 8 (if applicable), 11, 13, 24, 25, 26, 27, 28 and 29. If sections 24-27 are not applicable, please check the “I have had no...” box in each section.

BIDMC Access Request Forms

- *Access Request Form** – Please leave the employee ID section blank
- *CareVue Access Request Form**
- *PACS Radiology Request Form**
- Photo ID and Access Card Authorization Form** – Please just fill out your first and last name

- *Dana Farber Cancer Institute Credentialing Application** – Please fill out completely.

- *VA Application** – Documents should be sent to Andrea Crawford

Other Documents:

- *Contract** – will be sent to you via email, needs to be printed and signed
- *Code of Conduct Form**
This form
- 1 Photocopy of your Driver's License**
- 1 Photocopy of your Medical School Diploma** -- We understand you may not have this yet, but we mention it now for those of you who get it framed immediately after graduation. If your diploma is not in English, please provide a translated copy and shrink any oversized diplomas to 8 inches by 11 inches.
- 1 electronic copy of your CV** sent to acrawfor@bidmc.harvard.edu (the one you submit for your Mass. License will suffice)
- Updated final transcript from your medical school**
- Copies of Step 1 AND Step 2 results** (when both Steps are finally completed)

Survey links (required):

Outpatient Clinic Request Form (also attached to welcome letter from Primary Care)-- https://pm.caregroup.org/survey/med_ed_pref_de.asp

Available on surveymonkey: <https://www.surveymonkey.com/s/79FPC9T>

Questions include your preference for a Dana Farber rotation, your preference for a white coat, your vacation preferences and RSVPs for the BLS/ACLS course as well as the social events during orientation.