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| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Please scan all forms and convert them to PDF files. Email to IMRP-Recruitment@ucdenver.edu – even if it says otherwise on the form.**  **SEND ALL FORMS IN ONE EMAIL TO IMRP-Recruitment@ucdenver.edu** |  |
| **Item** | **Form(s) that Need to be Submitted** | **Instructions Regarding Completion** | **Complete** |
| **1** | CO Physicians Training License Application – **Due Monday, March 25th, 2019** | $10 application fee is paid online. Application is completed online. Please email [IMRP-Recruitment@ucdenver.edu](mailto:IMRP-Recruitment@ucdenver.edu) a copy of your license. We do not reimburse for the $10.00 CO Training License application fee. Here is the link to the Colorado Medical Board Website: <https://www.colorado.gov/dora/Medical_Board>  Please refer to the CMB Training License Checklist found here: <https://drive.google.com/file/d/0BzKoVwvexVATVnFleGxOa1NMMFU/view>   * + NOTE: Every residency and fellowship program in Colorado is applying for licenses at the same time, on top if new physicians applying for licenses who have completed residency. As a state government funded entity, they do not have the staff to keep up with the high volume of requests. You are likely to get your CO Training License around Intern Orientation Week. Please be patient.   + **Fill out the application as if you are already a resident (you are employed as a physician by the University of Colorado/University of Colorado Hospital)**   + For the “Public Address” and “Mailing Address” sections, please use the University of Colorado Internal Medicine Residency Program address:   12631 E. 17th Ave., B177  Aurora, CO 80045   * + **Be sure you check the box for the following question:** “SECURITY OF PATIENT MEDICAL RECORDS – By checking this box, I attest that I have developed a written plan to ensure the security of patient medical records in compliance with C.R.S. 12-36-140.”     1. The CMB is aware you do not develop this, but you follow the security plans of the hospital. **Make sure you check this box.**   + Select “YES” for the question “Do you have an employer in the field of my licensure?”   + Select “YES” for the question “Do you have an affiliation with any CO”   + Select “NO” for the question “Do you have an affiliation with any non-CO hospitals?”   + Select “YES” for the question “Are you currently practicing in the healthcare profession associated with your profile?”   + If the resident applies for a full license before starting their training at CU, the resident must include a letter asking for Exception “D” (Example: “I currently reside outside of Colorado, and claim exemption D set forth in the attached rule. I understand that before I engage in any   medical practice in Colorado, I must obtain the required insurance or an acceptable equivalent.”)   * + Once you receive your CO Training License wallet cards, please email a PDF copy to [IMRP-Recruitment@ucdenver.edu](mailto:IMRP-Recruitment@ucdenver.edu) with the naming convention: “Lastname\_FirstName\_COTrainingLicense.pdf” |  |
| **2** | I-9 Form | I-9 Forms will be completed online using HireRight during orientation week.  Please email [IMRP-Recruitment@ucdenver.edu](mailto:IMRP-Recruitment@ucdenver.edu) a **FULL COLOR, LEGIBLE copy of ONE Primary Identification Source and ONE Secondary Identification Source from the PIV Credential Identity Verification Matrix** in a .pdf format with the naming convention: “Lastname\_Firstname\_I9.pdf”. |  |
| **3** | Complete VA Packet – **Due April 10th, 2019** | Please download the “Complete VA Packet” and refer to the instructions below. Save the packet as a PDF with the naming convention: “Lastname\_Firstname\_VAPacket.pdf” and email it to:  [IMRP-Recruitment@ucdenver.edu](mailto:IMRP-Recruitment@ucdenver.edu).  If you have a VA badge that has an expiration date later than December 23rd, 2019, you **do not** need fingerprints done but still need to do all paperwork. |  |
|  | 1. Clinical Trainee Checklist | Please fill out and return as part of the VA Packet. |  |
|  | 1. Application for Health Professions Trainees | Please fill out, sign, date, and return as part of the VA Packet. IMRP will send the Training Program Statement Form. |  |
|  | 1. Declaration for Federal Employment (OF 306) | Please fill out, sign, date, and return as part of the VA Packet. |  |
|  | 1. I-9 | You will need to sign and date this at your VA Appointment during Intern Orientation Week.  \*\*\*Please refer to the **PIV Credential Identity Verification Matrix** and **BRING WITH YOU** a Primary Source of Identification and a Secondary Source of Identification. |  |
|  | 1. Computer Access Request Form (CARF) | Please fill out, sign, and return as part of the VA Packet. |  |
|  | 1. Mandatory Training for Trainees and Certificates | If you have any problems logging into the TMS program, send an email request to: [vhaechtmshelpdesk@va.gov](mailto:vhaechtmshelpdesk@va.gov). Point of contact is [Virginia.Youngstrom@va.gov](mailto:Virginia.Youngstrom@va.gov). |  |
|  | 1. Random Drug Testing | Please fill out, sign, and return as part of the VA Packet. |  |
|  | 1. Local Policies | Please read and keep a copy for your reference. |  |
|  | 1. Local Policies Acknowledgement | Please sign, date, and have a witness sign as well. (Witness can be anyone). Then return as part of the VA Packet. |  |
|  | 1. Non-Citizen Memo (if applicable) | Please contact Latoya Connor at [Latoya.Conner@va.gov](mailto:Latoya.Conner@va.gov) with any questions. If applicable, please sign, date, and return as part of the VA WOC packet. If not applicable, please leave blank. |  |
|  | 1. Naturalization (if applicable) | Please contact Latoya Connor at [Latoya.Conner@va.gov](mailto:Latoya.Conner@va.gov) with any questions. If applicable, please sign, date, and return as part of the VA WOC packet.  If not applicable, please leave blank. |  |
|  | 1. Fingerprint Form | A printed hard copy of this form must be taken to your local VA.  Fingerprints must be taken at your local VA or local police department.  You can also obtain your fingerprints here in Denver while house hunting.  If you have a VA badge that has an expiration date **later than** December 23rd, 2019, you **do not** need fingerprints done but still need to do all paperwork. |  |
| **5** | NPI Number | Email copy of NPI number confirmation to Celsey and upload into MedHub.   * + Please see the NPI Number instructions   + You need to use the address below as your work/permanent address. Please follow the instructions.   12631 E. 17th Ave., B177  Aurora, CO 80045   * + *Please* keep a copy of your NPI confirmation and the final NPI Number documentation for your records. You will need this for the rest of your career as a physician.   + If you already have an NPI Number, you do not need to apply for a new one. Please send your NPI information & official documentation to [IMRP-Recruitment@ucdenver.edu](mailto:IMRP-Recruitment@ucdenver.edu) |  |
| **6** | Denver Health Employee Badge & IS Access Forms | Please print, fill out, sign, date, then scan as a PDF file with the naming convention: “Lastname\_Firstname\_DHBadgeandIS.pdf” |  |
| **7** | Denver Health VPN Policy & Signature Form 2019 | Please print, fill out, sign, date, then scan just the last signature page as a JPEG file with the naming convention: “Lastname\_Firstname\_DHVPN.jpeg” |  |
| **8** | HealthOne Clinical Access Authorization Form | * + On page 3, for CAT/HTT/PC/PSTP - Resident grad date: 6/30/2022 OR for Prelims - Intern grad date: 6/22/2020   + Please leave the “Providers/Group Name” section blank.   + Exhibit D – The Internal Medicine Residency Program will submit proof of malpractice insurance. You are covered by the residency’s malpractice insurance for the duration of your training.   + Please fill out and return as a PDF with the naming convention: “Lastname\_Firstname\_HealthOne.pdf”. |  |
| **9** | University of Colorado Computer System Security Statement | Employee # (UCD ID #) can be found in MedHub under Demographics.  You will have access to MedHub beginning April 2nd, 2019.  Please fill out and return as a PDF with the naming convention: “Lastname\_Firstname\_UCComputerSystemSecurity.pdf”. |  |
| **10** | Copy of BLS & ACLS Cards | **Must be valid through June of 2020**. Due by your first day, June 23rd, 2019.   * + You need to have BOTH your AHA Accredited ACLS and BLS certifications valid through June 2020.   + If your certification for either is going to expire before June 2020, then you need to get re-certified now.   + We do NOT provide ACLS/BLS re-certification for you, so you will have to pay for your recertification yourselves.   + If you need AHA Accredited ACLS recertification, you can schedule this at UCH during one of your house hunting trips.  UCH offers AHA training.  You can sign up and pay for classes here:  <https://www.uchealth.org/events/events> |  |
| **11** | Medicare & Medicaid Enrollment Applications | Please do NOT worry about the PECOS/Medicare and CO Medicaid forms during onboarding. With the CO Licenses being completed online, we will not have them back until Intern Orientation Week and we will address PECOS/Medicare and CO Medicaid forms at that time. |  |
| **12** | W-9 | Use your current address.  Follow the instructions on Page 3.  Please fill out and return as a PDF with the naming convention: “Lastname\_Firstname\_W9.pdf”. |  |
| **13** | Mentoring Form | Please fill out and return as a PDF with the naming convention: “Lastname\_Firstname\_MentoringForm.pdf”. |  |
| **14** | Ropes Course – Risk and Waiver of Responsibility | Email [IMRP-Recruitment@ucdenver.edu](mailto:IMRP-Recruitment@ucdenver.edu) if you will NOT be attending.  Please put **“University of Colorado IMRP”** for the “**Challenge Course Program for: (group name)”** section.  Please fill out and return as a PDF with the naming convention: “Lastname\_Firstname\_RopesCourseWaiver.pdf”. |  |
| **15** | Lab coat **– SEND A CHECK ONLY – NO CASH** | You **must** have a white coat during orientation. Personalization option on website.   * + The program does not provide you a lab coat.   + Please order the STAFF LENGTH – NOT the FULL LENGTH     1. The Staff Length is a bit shorter and is what you will wear during residency.     2. Upon completing your residency, you will graduate to the long, full-length lab coat.   + Formatting     1. Please put your first name, last name, then credentials     2. EX: “Jane Doe, M.D.” or “John Doe, D.O.” |  |