



Credential Check List
 For All Clinical House Staff
Residents and Fellows (both Accredited & Non-Accredited)
Academic Year 2003/2004

Name of Applicant	Department	
PGY (Training) Level	Stipend Level	Program

**THE FOLLOWING DOCUMENTS MUST BE SUBMITTED TO THE
 PROGRAM COORDINATOR BY APRIL 30, 2003**
(See Explanation of All Items on Attached Pages)

<i>Documents Required for All (Items 1 – 8)</i>		<i>Initials</i>	<i>Date</i>
1	Signed House Staff Contract (applicable to all House Staff except Rotators)		
2	Letter of Offer from Director of Service or Program Director, to the Chief of Academic Affairs and House Staff Affairs. (Must include program, title, duration of training, salary level, and cost center to be charged for any non-accredited programs.)		
3	A fully completed NYU House Officer Application Form		
4	Current Curriculum Vitae (updated within last six (6) months)		
5	Original Medical School Diploma or Original Final Transcript		
6	Dean's Letter from the Degree-Granting Institution		
7	Two (2) Current Letters of Recommendation from doctors who actually supervised clinical work of the applicant, including information about the clinical work done and length of contact.	1	
		2	
8	BCLS or ACLS certification, (mandatory); PALS, (Emer. Med, Peds.); NALS (Emer. Med, Peds, & OB)		
<i>International Medical School Graduates (IMG's)</i> <i>(In addition to 1-8, 9 & 10 are required)</i>			
9	Original Transcript from the Degree-Granting Undergraduate Institution (if Different from Medical Degree-Granting Institution)		
10	Valid Educational Commission for Foreign Medical Graduates (ECFMG) Certificate or Fifth Pathway Certificate		
<i>Residents Who Have Had Previous Training in the U.S.</i> <i>(In addition to 1-8, 11 & 12 are required)</i>			
11	Letter(s) of Recommendation from all Head(s) of Departments where the applicant has worked/trained. (dated within the last 6 months)		
12	Original Certificate(s) of Training or Letter(s) from Program Director certifying successful completion of all accredited training		
<i>Fellows in Non-Accredited Programs</i> <i>(In addition to the above, 13 is also required)</i>			
13	NYS Medical License or Limited Permit and Scope of Practice		

Statement by Program Director: ***I have reviewed and approved the credentials of the above named applicant.***

Program Director (Signature/Title)	Date
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EXPLANATION OF CREDENTIALS

Following is an explanation of the documents listed on the checklist on page 1.

Item 1: Signed House Staff Contract- All NYU Hospitals Center sponsored House Staff must sign and return the original contract. This original will be returned when it is fully executed. (This does not apply to Rotating House Staff not “employed” by NYU).

Item 2: Letter of Offer should be written by the Program Director or Chair and addressed to:
Deborah Considine – Administrative Director of House Staff Affairs

*This letter must be forwarded to the office of House Staff Affairs.
(not required for NRMP applicants)*

The letter must contain the following information:

- **Name of appointee and title**
- **Department, training level and specialty, if applicable**
- **Proposed dates of residency/fellowship training**
- **Stipend Level**
- **Cost center to be charged**
- **Name of Medical School and year graduated**
- **Previous training, if any**

Item 3: NYU House Officer Application:

- **Must be completed legibly, in its entirety, signed and dated.**

Item 4: Current Curriculum Vitae (CV) must be updated within last six (6) months.

If there is a gap of 6-months or more in education and/or training:

- **The Program Director must:**
- **Investigate and address the issue**
- **Have the resident explain the reason for the gap, in writing.**
- **If the Program Director accepts the explanation and still wishes to hire the applicant, the Program Director should:**
- **prepare a memo, addressed to the Director of House Staff Affairs, acknowledging the situation and describing the circumstances**
- **submit a copy of the letter of explanation from the resident/fellow**

Item 5: Original Medical School Diploma or Original Final Transcript

When the resident/fellow brings in the original diploma:

- **The Coordinator must make a notation on the copy stating:**
- **Original Seen By (Program Coordinator’s signature) and date (use stamp)**
- **If the diploma is not in English, an official certified translation must be included.**

If they choose to submit the Original Final Transcript, the resident/fellow, or Coordinator, should:

- **Request, in writing, the Original Final Transcript from the medical school (Form enclosed).**
- **Request that it be sent to the Department.**
- **Look for the wording, “Date Degree Conferred”, or “Date Degree Awarded” on the transcript.**

Item 6: Dean's Letter – required document. (Will be accepted through ERAS.)

Item 7: Two (2) current letters of recommendation:

- **On letterhead and dated within the last six (6) months.**
- **Applicants completing medical school immediately prior to starting training must have letters dated within one year. (Letters submitted through ERAS will be accepted for first year residents.)**
- **Applicants who have been employed or engaged in training after medical school MUST have letters dated within six months of the start date.**
- **(Note: All Programs accepting residents for advanced positions (one year ahead) will need new letters prior to appointment.)**

Item 8: ACLS and BCLS are required by NYU for all incoming house staff. The PALS course is designed for and must be taken by all Emergency Medicine and Pediatrics residents. The NALS course should be taken by Emergency Medicine, Pediatrics and Obstetrics & Gynecology. (See terminology below). As of this date, courses have been scheduled for June 2003:

- **The dates are: June 13, (Friday) for NALS, June 16, 17, & 18 (Monday, Tuesday and Wednesday) for BCLS and ACLS and June 19th and 20th (Thursday and Friday) for PALS**
- The ACLS/BCLS courses will be conducted in the:
- Schwartz Lecture Hall, Classroom F (530 First Avenue, Ground floor)
- You may contact the CPR office at 212-562-6561, for more information.

(ACLS – Advanced Cardiac Life Support); (BCLS – Basic Cardiac Life Support); (NALS-Neonatal Advanced Life Support); (PALS – Pediatric Advanced Life Support)

Please fill out the enclosed registration form(s) and return to Sue Montella via fax # 212-562-3001 or by e-mail to susan.montella@popmail.med.nyu.edu.

Please call Victoria Palimino at the Neonatology Office 212-263-7477 to register for the NALS course

International Medical School Graduates (IMGs)

International Medical School Graduates must provide Items 1-8, in addition to:

Item 9: **Original Final** Transcript from the Degree-Granting Undergraduate Institution (if different from Medical Degree-Granting Institution). If the information is in a foreign language, it must be translated, dated, and notarized.

Item 10: Valid Educational Commission for Foreign Medical Graduates (ECFMG) Certificate. The Standard ECFMG Certificate is issued to applicants who meet the examination requirements, fulfill the medical education credential requirements, and clear their financial accounts with ECFMG. They are required to take:

- **Steps 1 and 2 of the United States Medical Licensing Examination (USMLE)**

ECFMG requires that foreign graduates meet the English language proficiency requirement and are required to take:

- **The Test of English as a Foreign Language (TOEFL)**
- **The Clinical Skills Assessment**
- **If the Certificate is not stamped, “Valid Indefinitely”, a copy of completed form, or letter requesting “Valid Indefinitely” should be included with the credentials forwarded to the House Staff Affairs office**

Residents Who Have Had Previous Training in the U.S.

In addition to 1-8, 11 & 12 are required.

Item 11: Letter(s) of Recommendation from all Head(s) of departments where the applicant has worked or trained. The letter must state:

- **Name of institution**
- **Name of department and training level**
- **Dates of training**
- **Letter must be dated, on the institution's letterhead, and must be signed by the Head(s) of department(s) or Program Director.**

Item 12: Certificate(s) of Training or Letter(s) from Program Director on letterhead

If it is a Certificate:

- **It must be an original certificate and the Program Coordinator must make a notation on the copy stating: "Original Seen by (Program Coordinator's signature) and the date"**
- **Compare and verify the dates against the CV. If they are Letter(s) of Recommendation, the letter(s) must contain:**
- **The same information as Item 11.**

Fellows in Non-Accredited Programs

In addition to the above, 13 is also required.

Item 13: NYS Medical License or Limited Permit (**Mandatory**) and Scope of Practice. Required of all fellows in a non-accredited program, **no exceptions**. The fellow must submit:

- The original license registration noting expiration date