

# RESIDENT CHECKLIST

Name \_\_\_\_\_

Rotation \_\_\_\_\_ Preceptor \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

Rotation \_\_\_\_\_ Preceptor \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

Rotation \_\_\_\_\_ Preceptor \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

Application (1 for each requested rotation) \_\_\_\_\_

BLS or ACLS\* \_\_\_\_\_

Immunizations \_\_\_\_\_

COVID vaccination \_\_\_\_\_

2 Step TB & Flu\* \_\_\_\_\_

10 Panel Drug Screen\* \_\_\_\_\_

State & Federal Background Check\* \_\_\_\_\_

Picture for Badge \_\_\_\_\_

Training License # \_\_\_\_\_

DEA \_\_\_\_\_

NPI # \_\_\_\_\_

Affiliation Agreement \_\_\_\_\_

NPDB Query (completed by Med Ed) \_\_\_\_\_

Housing Requested (if applicable) \_\_\_\_\_

Orientation Scheduled \_\_\_\_\_

- Respiratory Mask Fit Test
- OR Orientation (if applicable)

Orientation Forms Submitted \_\_\_\_\_

Contact Preceptor for Schedule \_\_\_\_\_

Pick up badge at HR \_\_\_\_\_

\*Must be current / within 1 year of your rotation dates