WINTHROP-UNIVERSITY HOSPITAL
CHECKLIST OF CREDENTIALS FOR AMERICAN MEDICAL SCHOOL GRADUATES
(Credentials Attached)

DEPARTMENT/DIVISION: _____

NAME: _____ **Position: Rl R2 R3 R4 F1 F2 F3**

CURRENT POSITION: Rl R2 R3 R4 F1 F2 F3

MEDICAL SCHOOL: _____ **YEAR GRADUATED:** _____

Credentials Required

A.	**AMERICAN GRADUATES APPLYING DIRECTLY FROM MEDICAL SCHOOL**		**YES**	**NO**
1.	**WUH Application for Postgraduate Training** or **ERAS Application**		___	___
2.	**Dean's Letter**	___	___	
3.	**Two Additional Letters of Reference**	___	___	
4.	**Winthrop Referee Verification Letters**	___	___	
5.	**Official Copy(ies)** of **Medical School Transcript(s)**	___	___	
B.	**AMERICAN GRADUATES WITH POST-MD TRAINING**			
1.	**WUH Application for Postgraduate Training** or **ERAS Application**		___	___
2.	**Chronological listing of all time spent since receipt of MD diploma to Winthrop start date (see page 2 of this form)**. L**isting must be completed by Department before contract can be issued.**	___	___	
3.	**Official** Copy(ies) of **Medical School Transcript(s)**	___	___	
4.	Copy of **Original Medical School Diploma**	___	___	
5.	**Three Letters of Reference**	___	___	
6.	**Winthrop Referee Verification Letters**	___	___	
7.	**FOR TRANSFERRING RESIDENTS**: **Letter of Release** from **Current Program Director** (**Must include performance evaluation by core competencies**)	___	___	

Requested Action on Applicant

_____ Approval for New Appointment (**through** NRMP Match) Appt. Begins: _____

_____ Approval for New Appointment (**outside** NRMP Match) Appt. Begins: _____

_____
Program Director Date

Approved By: _____
Director of Academic Affairs Date

CHRONOLOGICAL LIST OF POST MD EXPERIENCES
(From medical school graduation date to start of Winthrop program)

NAME OF APPLICANT_____

MEDICAL SCHOOL_____

DATE OF GRADUATION_____

***Please provide below a list of all experiences from medical school graduation to the start date at Winthrop in chronological order. There should be no gaps. Documentation, including start and end dates by month/year is required for all periods of training and/or employment. Documentation of start and end dates for periods of time which cannot be verified by a third party (e.g., vacation, child care, study for exams) may take the form of a signed statement from the applicant.**

DATES: (start date to end date)	**EXPERIENCE:**	**Documentation Attached? (Y or N)**

_____

Residency Coordinator (Signature) Date