

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

DEPARTMENT/DIVISION: _____

NAME: _____ Position: RI R2 R3 R4
F1 F2 F3

CURRENT POSITION: RI R2 R3 R4 F1 F2 F3

MEDICAL SCHOOL: _____ YEAR GRADUATED: _____

CITIZENSHIP: US Citizen Permanent Resident Foreign Citizen
If Foreign Citizen: J1 Visa H-1B Visa Other (specify): _____

Credentials Required

		Attached:	
		<u>Yes</u>	<u>No</u>
A. INTERNATIONAL GRADUATES APPLYING DIRECTLY FROM MEDICAL SCHOOL			
1.	WUH Application for Postgraduate Training <u>or</u> ERAS Application	___	___
2.	Dean's Letter	___	___
3.	<u>Two</u> Additional Letters of Reference	___	___
4.	Winthrop Referee Verification Letters	___	___
5.	Official Copy(ies) of Medical School Transcript(s)	___	___
6.	ECFMG Certificate: # _____	___	___
7.	External Clerkship Attestation Form	___	___
B. INTERNATIONAL GRADUATES WITH POST-MD TRAINING			
1.	WUH Application for Postgraduate Training <u>or</u> ERAS Application	___	___
2.	Chronological listing of <u>all</u> time spent since receipt of MD diploma to Winthrop start date (see page 2 of this form). Listing must be completed by Department before contract can be issued.	___	___
3.	Three Letters of Reference	___	___
4.	Winthrop Referee Verification Letters	___	___
5.	Official Copy (ies) of Medical School Transcript(s) with translation	___	___
6.	Copy of Original Medical School Diploma with translation	___	___
7.	ECFMG Certificate: # _____ ECFMG Verification of Status Sheet	___	___
8.	External Clerkship Attestation Form	___	___
FOR TRANSFERRING RESIDENTS			
9.	Letter of Release from Current Program Director (Must include performance evaluation <u>by core competencies</u>)	___	___

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

