

Onboarding and Credentialing

Instructions:

This checklist is designed to assure that all required licensing and credentialing is complete in a timely manner. Failure to follow specific instructions and complete tasks on time may result in delaying the start of residency or have personal financial implications.

For the purposes of these forms, you should use your SR-AHEC email address: Firstname.Lastname@sr-ahec.org for any form requiring an email address. The practice address and phone numbers are 1601 Owen Drive, Fayetteville, NC 28304, phone: 910-678-0100, fax: 910-678-0115.

While the entire checklist must be completed by May 30th, some steps require several weeks or months to complete, so it is imperative that you review each step immediately and complete them as soon as possible.

Please note that all forms must be uploaded as a pdf file. Please *do not* take a picture of any of these documents and upload as jpeg, png or any other type photo files. Access to a free pdf converter is included as a step in this checklist.

If at any time you have any questions, please contact Cheryl Haynes, Residency Manager at 910-678-7259 or Cheryl.Haynes@sr-ahec.org.

Checklist:

Contract

You are required to sign your and return your contract within ten days of the match. Please download, print, sign, and then upload your signed contract to this checklist.

License Application

Using the link provided, you are required to submit an application for a North Carolina Resident Training License (RTL). Following the instructions in this application is crucial. Errors and omissions can delay receipt of your license and subsequently your matriculation into residency. Remember that per your contract, SRAHEC will not reimburse the cost of your RTL if you have not received it by **June 15th**. Print each form and follow the instructions closely. Some will require submission to SR-AHEC, others will require submission to the NCMB. The appointment letter will be prepared and submitted by SR-AHEC.

NC Med Board File Number

Once you have started your online application for your NC Training License, you will be assigned a File Number. Please enter your file number in the box to right, then click on "Submit".

Order your USMLE or COMLEX score reports now!

The score reports must be sent directly from the reporting authority to the NC Med Board. Strongly recommend that you do this immediately.

Reimbursement of NC RTL fee

SR-AHEC will reimburse you the cost of the NC RTL if it is received by **June 15th**. Please upload your receipt here. Payment will be processed during the first week of July.

Establishing your CMS Access/NPI Number

The National Provider Identifier is a number unique to you as a health care provider and will follow you for the rest of your career. Complete the attached form so that we can establish your CMS access and apply for your NPI numbers. Know that once established, the user name can never be changed.

ESTABLISHING YOUR NPI NUMBER

Name: _____

State of Birth: _____

Username: _____ (CANNOT BE CHANGED)

Password: _ _ _ _ _

Note: Password must be 8-12 characters long, contain at least one letter, one number, no special characters, and not be the same as the User ID.

Security Questions (answers must be one word only):

What was the name of your first pet? _____

Who taught the class you remember most from school? _____

What is your favorite sport? _____

What was your favorite place to visit as a child? _____

What was the color of your first car? _____

Application for Malpractice Insurance

Following the instructions on the first page of the attached document, complete the application for malpractice insurance. Once completed, please scan and upload to your checklist.

SRAHEC Employment Application

Please complete, sign and upload this form.

Direct Deposit

Please download, complete and upload the attached form. NOTE: You must also upload a voided check on the account you are designating for direct deposit.

Emergency Contact

Please complete, sign and upload this form.

Disclosure Release Form

Please complete, sign and upload this form.

Background Check Authorization

Please complete, sign and upload this form.

Tax Forms

Please complete, sign and upload the attached federal and state tax forms **once you have obtained a Fayetteville address**. Should you need assistance in completing these forms, please feel free to contact Robin Thompson, SRAHEC Human Resources Assistant, at 910-223-0646.

CFVHS Confidentiality & Info Access

Please complete, sign and upload this form. **No need for a witness.**

CFVHS Computer Access Form

Instructions: Under the Profile section, legibly print your name (First name, MI, Last name). Category: select MD or DO. **Personal Email:**

firstname.lastname@sr-ahec.org **Personal Phone:** cell phone number. We will

enter your DEA and NPI numbers. Print your city of birth and then sign under **Applicant's Signature.**

CFVHS Email and Internet Access Form

Please complete, sign and upload this form.

Acceptable Forms of Identification

On your first day at SRAHEC, you will be required to complete an **I-9, Employment Eligibility Verification.** To complete this form, you will have to provide proof of identity. The attached document provides a list of the documents that will be accepted for this purpose. **NOTE: YOU MUST HAVE THESE ORIGINAL DOCUMENTS WITH YOU ON YOUR FIRST DAY. IF YOU DO NOT HAVE THE ORIGINAL DOCUMENTS, YOU WILL BE SENT HOME.** Double check the list of approved forms now in case you to have to obtain a copy of your birth certificate, so that you will have time to do so. Pay close attention to the "or" and the "and".

Immunizations

Prior to beginning residency, you must have received MMR, Hepatitis B, Varicella and TDAP vaccines. Upload your immunization record here. Note that you will be given a TB skin test during orientation.

Driver's License

Please upload a copy of both the front and back of your driver's license. Please make sure that your license is valid through July 30th of this year.

Reimbursement of Moving Expenses

SRAHEC will reimburse the cost of legitimate moving expenses up to \$500. To file for reimbursement, simply sign your receipt(s) and upload them here. Reimbursements will be processed during the second week of July. Rental of a truck, gas, purchases of boxes/tape/packing materials, etc. are legitimate moving expenses. Security deposits, tires for your car, furniture purchases, etc. are not. For any questions/clarification, please call Dana Blumenschein at (910) 678-7308.

Required IHI Online Courses

Log into the IHI website and complete these courses: PS 101, PS 102, PS 103, PS 104 and TA 101 by May 30, 2018. Note that there is no fee for taking these courses. After completing each module, you will be able to download a completion certificate; you must then upload each certificate to your checklist.

IHI Open School link

Required SR-AHEC Employee Courses

These online courses must be completed prior to May 30, 2018.

Employee Courses link

Required Hospital Orientation

Complete both the Corporate Compliance and the Abbreviated Hospital Orientation modules at the website listed below. The password is: 1638owen

Print your completion certificates and upload them here.

CFVHS Online Orientation link

Current BLS certification is required prior to the start of your residency.

You may upload your current certification card on this site. - OR - If you do not have current certification and have to take a course, you may take the American Heart Association online course, HeartCode® BLS Part 1. A link is available below. You will have to create a user name and password. Note that the online course is only part of the certification.

Approved Online Certification Courses link

Local Housing

The attached document contains a list of local apartment communities in which our current or recent residents have lived and recommended to incoming residents.

Fayetteville has numerous housing options not included on this list. We strongly suggest that if you are new to the area and choose an apartment complex not included on this list, you check with someone in Residency Administration prior to signing a contract or paying a deposit.

Free PDF Converter

If you do not have access to a scanner, you can download this free pdf converter.

Cutepdf link

Keys to Success

The attached document outlines SR-AHEC's administrative expectations of you as a resident in this program. During the course of Family Medicine Month (orientation), each of these requirements will be explained and instruction will be provided as appropriate. Please review this document prior to your start date. At the end of Family Medicine Month, you will be required to sign this document indicating that you have read, understand and accept responsibility for each requirement. Your signed statement will remain in your file throughout residency.

KEYS TO SUCCESS

I have read, understand and accept responsibility for the following requirements:

I understand that I represent Southern Regional AHEC and the Family Medicine Residency program and will behave in a professional, courteous manner at all times.

I will be an active member of my clinical team by taking responsibility for our patients, being prepared for each patient encounter, being on time and keeping my Centricity desktop up to date:

- Prescriptions within 48 hours
- Notes completed/signed within 72 hours
- Forms in 5 business days

I have access to the Resident Manual, SRAHEC policies and the SRAHEC Personnel Manual and will act accordingly.

I will review my Groupwise e-mail and calendar, New Innovations and Centricity on a daily basis and understand that I am responsible for all information contained within. In the event there is a conflict or discrepancy, it is my responsibility to clarify with the appropriate Residency Administration staff.

I will log my procedures, patient encounters and duty hours in New Innovations on a weekly basis.

I will submit requests for PTO at least 90 days prior to the dates requested.

I am responsible for my electives and will submit the required form at least 90 days prior to the start of the elective block.

I understand that I am to get all travel and book money expenses approved in advance and that I must turn in all receipts within 5 days.

I understand that I am to meet with my faculty advisor on a quarterly basis; that I am responsible for coordinating that meeting with the scheduler and will document each meeting in the Log Books section of New Innovations.

I understand that my Resident Training License will expire on my birthday and I will renew it each year accordingly and provide the receipt within 5 days.

I understand that in order to be reimbursed, I must schedule Step 3 by the end of PGY-1. I also understand that I will not be promoted to PGY-3 if I have not passed Step 3.

I understand that I am expected to attend, be on time and be prepared for weekly didactics.

Printed name

Signature

Date