

2023-2024 Cardiovascular Disease Fellow Forms Checklist (Form#1)

(Updated: 2-20-2023)

<i>Please have your medical school return the Medical Education Verification form prior to May 12</i>	<i>Completed</i>
<p>➤ Medical Education Verification Form (Form #2)</p> <ul style="list-style-type: none"> ✓ Please forward this form to your Medical School to complete and add the school seal. ✓ Return the form by emailing it to the email address below or mailing it back to address below: <ul style="list-style-type: none"> ❖ guidy.amy@marshfieldclinic.org (please make sure the seal is visible if emailing the form) ❖ Marshfield Clinic Health System Division of Education-1R6 Amy Guidry 1000 N. Oak Ave Marshfield WI 54449 	<p>Mailed to school on:</p> <p>DOE received form on:</p>
<i>Please complete the following forms & return by April 7, 2023</i>	<i>Completed</i>
➤ Resident and Fellowship Information form (Form #3)	
➤ Background Information Disclosure Form (Form #4)	
➤ Name Documentation form (form # 5)	
<p>➤ Employee Health Information: (attachments 7, 8 and 9)</p> <ul style="list-style-type: none"> ❖ <i>Please indicate the following:</i> <ul style="list-style-type: none"> <input type="checkbox"/> I have set up my ReadySet account <input type="checkbox"/> I have completed the health surveys in my ReadySet account. <input type="checkbox"/> My immunizations are attached to be downloaded into my ReadySet account <input type="checkbox"/> I have downloaded my immunizations into my ReadySet account <input type="checkbox"/> I do not have copies of my immunizations. 	
<p>➤ I have scheduled my pre-employment visit for:</p> <p>Date: Click or tap here to enter text.</p> <p>Time: Click or tap here to enter text.</p>	
<i>Please send the following copies by April 7, 2023</i>	<i>Completed</i>
<p>➤ Copy of Medical School Diploma (with translation if applicable) and other certificates</p> <ul style="list-style-type: none"> <input type="checkbox"/> My medical school diploma is attached <input type="checkbox"/> I had a preliminary year(s) of training and my certificate is attached <input type="checkbox"/> I did not have a preliminary year prior to starting my residency training with MCHS <input type="checkbox"/> My residency certificate is attached 	
➤ Copy of your current/updated CV	
<p>➤ Copy of USMLE or COMLEX Step 3 Score Report</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, My Step 3 Score Report is attached 	
➤ Copy of ECFMG Certificate (if applicable)	
<p>➤ Copy of my DEA certification is attached</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes I have a copy of my DEA certification and it is attached <input type="checkbox"/> No, I do not have my DEA certification yet 	
➤ My NPI Number is: Click or tap here to enter text.	
<p>➤ Current Certification Card(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> My BLS certification is attached <input type="checkbox"/> My ACLS certification is attached <input type="checkbox"/> My PALS certification is attached 	
<p>➤ I do not have the following certifications:</p> <ul style="list-style-type: none"> <input type="checkbox"/> BLS <input type="checkbox"/> ACLS <input type="checkbox"/> PALS 	
<ul style="list-style-type: none"> <input type="checkbox"/> Yes, I have started the process for my Wisconsin Medical License 	

➤ <input type="checkbox"/> Yes , I have a social security number and I have provided it on the Wisconsin Background Information Disclosure form.	
➤ <input type="checkbox"/> No , I do not have a social security number and I will need to call the social security office prior to my start date.	

Printed Name

Program