

Requested Documentation

- ☐ Copy of Driver's License
- ☐ Photo - 2"x2" size taken within one year of application
(driver's license photo not acceptable)
- ☐ Documentation of Flu Vaccine
- ☐ Documentation of
 - ☐ PPD/TB
 - ☐ Chest X-ray
 - ☐ Quantiferon Gold
 - ☐ Questionnaire (within the past 12 months)
- ☐ Certificate of Insurance (COI)
- ☐ Continuing Medical Education Credits (50 CMEs)
- ☐ Copies of BLS /ACLS /PALS /ATLS, if applicable
- ☐ Education / Post Training Certificates / Diplomas
- ☐ Clinical Activity Report/Procedure Log from past 12-24 months
(from post-grad training program or primary hospital affiliations)
- ☐ CA License
- ☐ DEA Certificate State: _____
- ☐ X-Ray/Fluoroscopy Permit (if applicable)
- ☐ Board Certificate or Status
- ☐ ECFMG Certificate (if applicable)
- ☐ 3 Peer References