

**East Tennessee State University Quillen College of Medicine  
Office of Graduate Medical Education**



**TRANSFER RESIDENT PROCESS AND CHECKLIST**

Applicant Name: \_\_\_\_\_ Program: \_\_\_\_\_

According to ACGME Institutional Requirements, the institution and our ACGME-accredited programs are at risk for loss of accreditation if non-eligible residents are accepted into our training programs. For that reason, when applicants for positions are under consideration via transfer, the GME Office must be included in the process. The process follows the sequence:

1. Application is made by an individual to transfer from another ACGME-accredited program.
2. The receiving program reviews supporting documentation. If the applicant is considered to be suited to the position, the program obtains further information as appropriate and completes the checklist below.
3. The completed checklist and documentation is sent to the GME Office for review six weeks prior to the anticipated contract date.
4. The GME Office will review the information and communicate approval/non-approval to the program receipt of a completed checklist.
5. If the GME Office approves, the position may be officially offered to the applicant.

**\*\*Do not offer a position to any candidate until the checklist is complete and approved by the DIO\*\***

	<b>Items to complete:</b>
	CV Reviewed by Program Director
	<p>Medical School:</p> <ul style="list-style-type: none"> <li>• Graduation Date _____</li> <li>• Obtain MSPE letter _____</li> <li>• Obtain ERAS application and provide to GME</li> <li>• If applicable, ECFMG Certificate: Date: _____</li> <li>• ECFMG Certificate #: _____</li> </ul>
	<p>USMLE scores:</p> <p>Step 1 _____ Number of attempts _____</p> <p>Step 2 CK _____ CS _____ Number of attempts _____</p> <p>Step 3 _____ Number of attempts _____</p> <p>COMLEX scores:</p> <p>Level 1 _____ Number of attempts _____</p> <p>Level 2 CE _____ PE _____ Number of attempts _____</p> <p>Level 3 _____</p> <p><b>**Applicants must meet the current program's requirements.</b></p>
	<p>Obtain a signed release authorization for a security background check and permission to contact current or prior training program (s).</p> <p>Background check results received from GME office: _____</p>
	<p><b>**GME's Release Authorization allows the program to speak to the individual (s) involved in the applicant's medical education (i.e., program directors) and request/receive written documentation of training rotations and evaluations to date.</b></p>
	<p>Residency #1:</p> <p>Dates: _____</p> <p>Letter from Program Director: _____</p> <p>Phone call to Program Director: _____</p>

	<b>Residency #2:</b> <b>Dates:</b> _____ <b>Letter from Program Director:</b> _____ <b>Phone call to Program Director:</b> _____
	<b>Reasons for requesting transfer:</b>  
	<b>Unexplained time periods on CV (if applicable):</b>  
	<b>ABMS Board Certificate/eligibility.</b> Petition your applicable board for months of credit to be granted. Obtain letter or email from board received _____ <b>Eligible for</b> _____ <b>months toward</b> _____ <b>ABMS Certification</b>
	<b>If an applicant requires a visa, check with International Services regarding eligibility and the application process. QCOM does not sponsor H1-B visas. <i>Please do not proceed until this is clear.</i></b>
	<b>Current Licensure:</b> _____  <input type="radio"/> <b>Check State Medical Boards website (<a href="http://www.fsmb.org">http://www.fsmb.org</a>) for a directory of all state medical boards.</b>
	<b>ACGME Common Program Requirements</b> <b>111.C: The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring resident, and Milestones evaluations upon matriculation.</b> <b>Letter of educational experiences</b> _____ <b>Summative competency-based evaluation</b> _____ <b>Milestones received</b> _____
	<b>**Please remember, you cannot ask about disabilities, illnesses, family problems or illnesses. You can ask about academic failures, probation, evaluations, etc. If a candidate asks for special accommodations (religious holidays, military leave, disability accommodations, etc.) ask the candidate to articulate the request in writing after he/she is accepted. Tell the candidate that we meet all reasonable accommodations and legal requirements, but these issues do not affect acceptance into the program.</b>
	_____ <b>Program Director signature of approval:</b> _____ <b>Date:</b> _____
	_____ <b>DIO signature of approval:</b> _____ <b>Date:</b> _____