

**University at Buffalo Office of Graduate Medical Education  
Checklist for NEW RESIDENTS / FELLOWS**

Resident/FellowName: \_\_\_\_\_

UB Program Name: \_\_\_\_\_ PGY Level \_\_\_\_\_

Is this appointment for a Prelim Year?  Yes  No If Yes, for what specialty? \_\_\_\_\_

**ALL NEW RESIDENT/FELLOW PACKETS MUST INCLUDE THE FOLLOWING DOCUMENTATION:**  
*PLEASE CHECK BOX NEXT TO EACH INCLUDED ITEM AND ARRANGE THEM IN ORDER SPECIFIED BELOW  
WITH THIS FORM ON TOP*

**INFORMATION TO BE SUBMITTED TO OGME:**

**Program GME**

- Form I-9 – Section 1 COMPLETED by resident/fellow; Section 2 & 3 left blank
- I-9 Proof – Copy of documents as indicated on I-9 Form ONLY
  - Non-U.S. citizens must include DS-2019 or I-797, I-94 record, Passport as applicable
- Copy of Social Security Card
- Federal and State Income Tax forms COMPLETED and SIGNED by resident/fellow
- Medical School Diploma – with translation and translator certification, if not in English
- ECFMG Certificate – for ALL International Graduates
- Signed Medical School Release Form (U.S. Medical School graduates only)
- Completed UB, ERAS or PASS application
- Employment contract (& Wage Theft Form) signed by resident/fellow and Program Director
- Confirmation of Compliance with “12 Week Rule” – for IMGs only
- Direct Deposit Form (if applicable)

The documents listed above, where applicable, have been received and reviewed and copies are on file in the Office of Graduate Medical Education.

\_\_\_\_\_  
GME Human Resources

\_\_\_\_\_  
Date

**INFORMATION TO BE ON FILE IN PROGRAM DIRECTOR’S OFFICE:**

Medical/ Dental School Transcript                      Clinical Clerkships  
Prior Post-Graduate Experience (if applicable)      College Diploma/Transcript for MD Degree

The documents listed above, where applicable, have been received, and reviewed and copies are on file in my office.

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Program

\_\_\_\_\_  
Date