

GME Clearance Card Checklist

To be provided by resident and/or instituti	ion
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	Copy of complete academic year rotation schedule (Must include: Institution Name,	
	resident/fellow first and last name, PGY levels, name of rotation being completed and	
	location of rotation)	
	Copy of application to the program (ERAS or other. Military residents-PCS orders.)	
	Copy of CV complete with listing of participation in current residency/fellowship program	
	Copy of Resident Agreement/Resident Contract	
	Copy of Virginia Medical Training License	
	Copy of ECFMG (if applicable)	
	Copy of NPI Number Verification	
To be completed by resident: (All documents can be found at GME website: www.inova.org/GMEforms		
	GME Clearance Card Form	
	Employee Statement of Commitment to Safety and Error Prevention (AIDET)	
	Confidentiality and Non-Disclosure Agreement for Physicians	
	Medical Record Completion Statement for Residents	
	Patient Armband Alert System	
	Infection Prevention Quiz	
	Patient Safety and Quality Quiz	
	Annual Education for Acute Care Clinical Staff via Healthstream	
	Influenza Vaccine Verification (October 1st – March 31st)	
	ORP Provider Application/Registration confirmation (if not previously submitted):	
	https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderLogin	
	PMP Registration confirmation via PMP Data Center (if not previously submitted):	
	https://virginia.pmpaware.net/login	
	Language Services Resident Competency Quiz	
	VCU Mistreatment Policy Quiz	
	Epic Training Verification (GME office to confirm completion of on-line training modules)	