

YALE-NEW HAVEN MEDICAL CENTER
(YNHMC)
Office of Graduate Medical Education

Checklist for Resident/Fellow Program Transfer

Guidelines for completion:

1. Checklist MUST be completed for all resident/fellow transfers from another program, including ones within the institution.
2. Do NOT offer a position until the checklist is complete. Office of GME will give final approval before program can make the final offer.

To be completed by program:

Trainee Name: _____

Transfer to (Program): _____

Transfer from:

Specialty/Subspecialty(i.e., Ob-GYN) _____

Program Name/Location: _____

Dates: From: _____ Through: _____

The following must be attached (please check off attachments):

_____ Letter from most recent Program Director including (1) written documentation of rotations, and (2) a summary statement of their evaluations (copies of individual evaluations are preferred).

_____ Copy of procedure log/list if applicable (write N/A if not applicable)

_____ US citizen or indicate Visa Status _____

_____ Copy of ECFMG certificate if applicable (if non-LCME school)

_____ Copy of CV/resume

To be completed by Office of GME

Position approved: Yes _____ No _____

If no, reason: _____

Rosemarie L. Fisher, M.D.,
Director/Associate Dean, GME

Date