

**SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION
APPOINTMENT REQUEST FORM**

Name of Resident/Fellow			Degree	
Department			Department Number (D# or Z#)	
Program (Formal Name)			Migrating to another SLU Program? (circle)	Y N
Address			PGY Level	Program Level
				Compensation Status
Gender: M F <small>Male(M) Female(F) Circle One</small>	Race/Ethnicity: _____		Date of Birth: / /	
Social Security #		Cell Phone #		
Permanent Email Address <small>(No Med School)</small>		NPI #:		
Medical School			Graduation Date: / /	
Prior US training- List All ACGME Programs (i.e., Internal Medicine - University of Kansas) & Dates Prior to coming to SLUSOM:				
Residency Program #1: _____				
Location (city and state): _____ Start Date: _____ End Date: _____				
Residency Program #2: _____				
Location (city and state): _____ Start Date: _____ End Date: _____				
<small>_____ Check here If More than 2 prior programs & continue listing Prior Residency Program Information on a separate sheet of paper & attach it to this form</small>				
Country of Birth		Country of Citizenship		Visa Status (if applicable)
American/Canadian or International Medical Graduate			Has Missouri license been issued? (circle)	Y N
If IMG – ECFMG # (include copy of certificate)		Will Missouri license be Permanent or Temporary? (If resident has permanent Missouri license a copy must be attached.)		
Date ECFMG Issued		Missouri License Number		
		Missouri license date of expiration		
Contract Start Date		Contract End Date (Annual Date)		Program Completion Date (Length of residency)

NOTE: A copy of the ERAS application or CV for each resident or fellow must be attached to the Appointment Request Form. For Chief Resident appointments, a Duties Letter must be attached. For any appointee who currently has a Permanent Missouri License, a copy of their Permanent MO License, BNDD certification, and DEA certificate must be attached. A copy of the following documents must also be attached for IMG's IF APPLICABLE: ECFMG certificate, Employment Authorization Card, Permanent Resident Card, Passport, and/or Visa. Any J1 Visa applicant entering a subspecialty program, a Fellowship Program Description Letter must be attached. A copy of the DPV paperwork for H1B Visa applicants must be attached. Failure to submit documents as indicated above will delay the processing of the Appointment Request.

PRINT Name and Title of Individual Completing this Form

SIGNATURE of Individual Completing this Form & **DATE**

Please sign, date, and forward the completed form along with required supporting documents to the Office of Graduate Medical Education.
(Form must be complete for appointment letter to be processed.)