

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

Name of Resident/Fellow:		Degree		
Department:		Department Number (D# or Z#):		
Program: (Formal Name)		Visa Status		
Current Address:		PGY Level	Program Level	Compensation Status
Race/Ethnicity:		Gender: (circle) Male Female		
NPI #:				
Resident Phone #:		Social Security #		
SLU Email Address:				
Comments:		Temporary License or Renewed Permanent License <small>(attach renewed licenses)</small> or Obtained New Permanent License <small>(attach new DEA/BNDD licenses)</small> <small>(circle one)</small>		

Contract Start Date		Contract End Date	
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NOTE: For any resident or fellow with a **Permanent Missouri License**, please forward a copy of their renewed Permanent Missouri License to our office no later than 30 days after renewal. Also, please forward a copy of their renewed **DEA certificate** and **BNDD certificate**/web printout to our office **no later than 30 days after renewal**.

For **International Medical Graduates** who have renewed or will renew their Permanent Resident Card or Employment Authorization Card, please forward a copy of their renewed card to our office no later than 30 days after renewal.

A copy of the check request paperwork for H1B visa renewals must be attached.

For chief resident appointments, a duties letter must be attached.

Failure to submit documents as indicated above will delay the processing of the re-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 to the Office of Graduate Medical Education. (Form **must be **complete** for re-appointment letter to be processed.)**