POLICY: Verification of Resident Applicant Credentials

Purpose: To assure that medical school training, and/or previous medical residency/fellowship training is verified for residents entering the UCSF Fresno Medical Education Program.

Policy:
Individual program offices are responsible for verifying medical school training and/or any previous medical residency/fellowship training for all housestaff entering the UCSF Fresno Medical Education Programs.

All employment and academic documents not in English must be accompanied by an English translation. Documents in their original language must be submitted with the authorized, complete, and exact English translation issued by the University, a government agency, or a certified translation agency.

Procedure:
A. ERAS Applicants for MATCH
The Electronic Residency Application Service (ERAS) provides information regarding *medical school training* (and other medical school related issues). For the purposes of this policy, information obtained through ERAS meets the intent of the policy for residents accepted through the Match. Primary source verification will be completed to verify/confirm any *residency training or medical licensure*.

B. ERAS Previous Applicants Non MATCH
Housestaff may be accepted into the UCSF Fresno program with a previously submitted ERAS application/material but having a sufficient length of time lapse (i.e. one or two years) would necessitate updating the file. If information regarding residency/fellowship training or medical licensure is not contained in the original ERAS application material, verification of that training or licensure is required prior to acceptance in order to complete the file. Verification template provided below.

C. Non ERAS Recruitment
For housestaff recruited by means other than ERAS, UCSF Fresno requires that the NRMP Universal Application (with addendum developed by UCSF Fresno) be completed by all non-ERAS applicants. A standard letter of inquiry (as developed by the UCSF Fresno Office of Graduate Medical Education) should be used to verify medical school graduation, and where applicable, previous residency/fellowship training and medical licensure. Verification template provided below.

D. Verification of Previous Training
Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I milestones evaluations from the prior training program upon matriculation (CPR-III.A.2.a).

Fellowship programs must receive verification of each entering fellow's level of competency in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program (CPR-III.A.1.a). If a program is able to document that the Milestones assessments were requested from the core residency program director/program, the fellowship program will not be cited for non-compliance even if the core program director/program does not provide the assessments.

E. Resident Transfers
Per ACGME Common Program Requirements (III.C.), before accepting a resident who is transferring from another program, the program/program director must obtain written or electronic verification of previous educational experiences and summative competency-based performance evaluation of the transferring resident, and Milestones evaluations upon matriculation. Residency programs must receive verification of each applicant's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program (CPR-III.A.2.a). The program director/program must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion.

(Original signed Policy is available in the UCSF Fresno Graduate Medical Education Office)

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Michael Peterson, M.D., Associate Dean

(Template)

Date

To Whom It May Concern:

RE:

The above-named resident is applying for a position in the UCSF Fresno Medical Education Program as a resident. S/he noted on application material that s/he

- Attended and/or graduated from your medical school:

From:_____ To: _____

- Satisfactorily completed residency training at your institution

From:_____To: _____

- Held/holds a valid medical license issued by your state:

Number: _____

Please indicate below whether the information reported is accurate based on your records.

_____ Information above is correct as noted.

_____ Our records differ from the above. (If so, please provide details here or use an additional sheet if necessary.)

_____

_____

Information verified/provided by:

Name (Please print):_____

Title: _____

Signature: _____

Date: _____

Enclosed is a release signed by the resident to provide the information. Thank you.