



Prospective Residency Site Application Packet Check List

Please use the following checklist when writing your residency proposal and submitting your application.

	<u>Included</u>
• Site Application	_____
• Site Supervisor Application including the following:	_____
○ Signed authorization & consent form	_____
○ Signed liability disclosure statement	_____
○ Curriculum Vitae	_____
○ DEA number (if applicable)	_____
○ Copy of your license	_____
○ Copy of board/specialty certification (if applicable)	_____
○ Malpractice Insurance	_____
○ List of References	_____
• Proposal including the following:	_____
○ Dates of proposed employment	_____
▪ Start date	_____
▪ Residency length (typically 1 or 2 years)	_____
○ Outline of residency position	_____
▪ Educational components/residency focus	_____
▪ Tentative schedule	_____
(projected # of hours seeing patients, observing, etc)	_____
▪ External rotations	_____
▪ Continuing education	_____
▪ Research opportunities	_____
○ Estimated salary	_____
○ Malpractice insurance - statement of intent	_____
○ Health benefits (optional, but state rather provided)	_____

Feel free to contact me with any questions you may have.

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