

### Checklist for Program Transfer

**This checklist is to be completed for all residents/fellows entering your program who have not completed their current program (including those who simultaneously matched to your program) and are transferring to a University of Rochester program. (This does not apply to those who are anticipating completion of current residency/fellowship.)**

From ACGME Common Requirements:

*III C.1. Resident Transfers*

"Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident." Clarification from the ACGME on this issue: This includes (1) evaluations, (2) rotations completed, (3) procedural/operative experience, and (4) an interim evaluation (see attached), and (5) a summative competency-based performance evaluation from the sending program director no later than July 31<sup>st</sup>.

Note: The ACGME uses the generic term "resident" whether addressing residents or fellows.

#### Guidelines to Follow

1. Do **NOT** offer a position until checklist is completed. GME Office will give final approval before a program can make an official offer. (For those simultaneously matching to your program, this guideline #1 does not apply.)
2. Send completed checklist to GME Office along with a duplicate application package. The applicable 600/610 form can be sent at a later date. "Due diligence" must be done before a contract is issued by the GME Office.
3. **Each of the items listed below must be completed and included with this form and sent to the GME Office.**

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Future Trainee Name (print): \_\_\_\_\_

Current Training Program: (e.g., internal medicine, surgery) \_\_\_\_\_

Program Name/Location (e.g. Albany Medical Center, NY) \_\_\_\_\_

US citizen?  Yes;  No      If no, indicate visa status: \_\_\_\_\_

Please attach the following:

- 1) Rotations completed to date
- 2) Procedure/operative experience record to date
- 3) Interim transfer competency-based performance evaluation (attached)
- 4) Educational and work history chronological timeline (see GME web site, new hire checklist)
- 5) ECFMG certificate if an international medical graduate

Why switching programs?



**Office of Graduate Medical Education  
INTERIM TRANSFER EVALUATION**  
(to be completed by Current Program Director)

Trainee Name: \_\_\_\_\_ Institution Name: \_\_\_\_\_

Program: \_\_\_\_\_ Current PGY Level: \_\_\_\_\_

In current program --  
Training Start Date: \_\_\_\_\_ Anticipated Training End Date: \_\_\_\_\_

**THE FOLLOWING ARE REQUIRED AND MUST BE ATTACHED TO THIS FORM: (1) Rotations completed to date; (2) Procedure/operative experience record to date (if applicable).**

**At this point, the trainee is displaying an acceptable level of competence for each of the following ACGME's core competencies based on his/her level of training.:**

|   |            |           |
|---|------------|-----------|
| <b>Patient Care:</b>                            | <b>Yes</b> | <b>No</b> |
| <b>Medical Knowledge:</b>                       | <b>Yes</b> | <b>No</b> |
| <b>Interpersonal and Communication Skills:</b>  | <b>Yes</b> | <b>No</b> |
| <b>Professionalism:</b>                         | <b>Yes</b> | <b>No</b> |
| <b>Practice-Based Learning and Improvement:</b> | <b>Yes</b> | <b>No</b> |
| <b>Systems-Based Practice:</b>                  | <b>Yes</b> | <b>No</b> |

**To your knowledge has this physician:**

|   |           |            |
|---|-----------|------------|
| 1. Ever been on probation during the training program?  | <b>NO</b> | <b>YES</b> |
| 2. Any pending professional misconduct proceedings or pending malpractice actions? Judgments or settlements?                              | <b>NO</b> | <b>YES</b> |
| 3. Ever been suspended or had his/her privileges restricted or terminated?  | <b>NO</b> | <b>YES</b> |
| 4. Ever been denied a certificate of completion of training for any reason?   | <b>NO</b> | <b>YES</b> |
| 5. Ever resigned or withdrawn his/her association with your program to avoid the imposition of disciplinary measures?                     | <b>NO</b> | <b>YES</b> |
| 6. Experienced health problems, either physical or mental, including substance abuse, which affected his/her performance in patient care? | <b>NO</b> | <b>YES</b> |
| 7. Ever been convicted of a crime?  | <b>NO</b> | <b>YES</b> |

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**A YES to any of the above questions in this section should have an explanation ATTACHED.**

\_\_\_\_\_ YES, per ACGME regulations, I agree to send to the University of Rochester program a final summative competency-based performance evaluation as well as a listing of rotations completed and procedure/operative experience record (if applicable) for this training year by July 31<sup>st</sup>.

Printed Name of Program Director: \_\_\_\_\_

Current Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_