INDIANA UNIVERSITY
SCHOOL OF MEDICINE
Office of Graduate Medical Education

Request for Letter of Appointment

All requests must be submitted to GME at least **30** days in advance

To: Peter Nalin, M.D., Associate Dean
Re: Request for Letter of Appointment

*Complete request for the resident or fellow position below.

☐ Resident or ☐ Fellow _____PGY Level _____VISA Status

Name: _____

Program: _____

Program Director: _____

Program Coordinator: _____

Start Date: _____/_____/_____ Length of Training: _____

Stipend ($): _____ Account Number: _____

Additional Dept Stipend ($): _____ Account Number: _____

Background Check- Account Number to be charged: _____

Paid Dept.Orientation Prior to Start Date: ☐ Yes ☐ No Dates ___/___/____ through ___/___ /____ Total # of half days_____

IUPUI Parking pass: ☐ Yes ☐ No IUPUI Long Distance Authorization Code: ☐ Yes ☐ No

Required documents to generate Letter of Appointment: (please indicate below if you are sending the forms or uploading to MedHub)

_____ CV
_____ House Staff Information Sheet
_____ Honor Code
Consent to Background Check
_____ Self-Disclosure Questionnaire
_____ Copy of ECFMG Certificate (For applicants from Non-US Medical Schools only)

Required prior to training start date: (please upload to MedHub upon receipt)

_____ Copy of Medical School Diploma
Documentation of prior GME training (if applicable)
_____ Copy of USMLE Certified Transcript of Scores
_____ Patent Agreement
_____ Health Form (Immunizations)
_____ Wishard Pharmacy Signature Form
_____ IU Health Pharmacy Signature Form
Indiana Medical License (Window of time): ☐ Current ☐ Will Apply ☐ Pending ☐ No Application Needed
_____ NPI (Enter number in MedHub on the Demographics tab upon reciept)

Requestor Signature: _____ Date: _____/_____/_____

Print Name: _____ Contact Phone Number: _____

(**Return completed request to the Office of Graduate Medical Education, Fesler Hall 224**)