

Name:	SSN	Start Date	DOB
Address:	City, State, Zip	Phone #	
E-mail:			
New Home Address	Employee #	NPI#	
Board Certified	License #	DEA #	Signature #

PRE-HIRING PROCEDURES

1. Letter of Intent (LOI) sent _____ Date _____ Notes:
2. LOI returned _____ Date _____ Notes:
3. Enter position approval into system _____ Date _____ Notes:
4. Position approved _____ Date _____ Notes:
5. Route candidate approval form _____ Date _____ Notes:
6. Approved documents/ CV uploaded to SharePoint _____ Date _____ Notes:
7. Clinical support requested _____ Date _____ Notes:
8. Clinical support approved _____ Date _____ Notes:
9. Recruitment Incentive approved _____ Date _____ Notes:

APPOINTMENT LETTER/ ONBOARDING

1. Appointment packet sent _____ Date _____ Notes:
2. Appointment packet returned _____ Date _____ Notes:
3. Enter new faculty into LAWSON onboarding _____ Date _____ Notes:

APPLICATIONS

1. MS medical license started _____ Date _____ Notes:
2. MS medical license completed _____ Date _____ Notes:
3. MACM vetting application sent _____ Date _____ Notes:
4. Vetting application returned to MACM _____ Date _____ Notes:
5. UMMC credentialing returned _____ Date _____ Notes:
6. UP provider enrollment form sent to K. Beckham _____ Date _____ Notes:
7. UP provider enrollment app. signed/ returned to UP _____ Date _____ Notes:
8. Disability forms sent to William Morris Group _____ Date _____ Notes:
9. Transcript requested _____ Date _____ Notes:
10. Faculty recruiting from sent to HR _____ Date _____ Notes:
11. Keys requested _____ Date _____ Notes:
12. Badge access requested _____ Date _____ Notes:
13. Dashboard access requested _____ Date _____ Notes:

ON CAMPUS APPOINTMENTS

1. Meeting with ambulatory ops director _____ Date _____ Notes:
2. LAWSON tutorial _____ Date _____ Notes:
3. Activity Insight tutorial _____ Date _____ Notes:
4. ½ day DoM orientation scheduled _____ Date _____ Notes:

DIVISIONAL RESPONSIBILITIES

1. Order lab coat (immediately) _____ Date _____ Notes:
2. Request/ assign office space (imed. thru S. Hibbard) _____ Date _____ Notes:
3. Order furniture (thru S. Hibbard) _____ Date _____ Notes:
4. Request phone installation _____ Date _____ Notes:
5. Order business cards _____ Date _____ Notes:
6. Order pager _____ Date _____ Notes: