Please refer to this guide when completing forms in this packet. Use your current address on the forms.

1. National Provider Identifier (NPI)
   All residents must have an NPI number prior to starting their training program at the UW.
   • Go to the NPI Enrollment Site (link listed above)
   • Select "Apply Online for an NPI" (be sure to read the application instructions carefully before proceeding)
   • Create a User ID and Password
   • Select Entity Type - Type 1 (individual provider)
   • Provider Profile:
     o Provider Name
     o Credentials (MD, DO, etc)
     o SSN
     o Provider DOB
     o Country of Birth
     o State of Birth (if in the US)
     o Provider Gender
     o Sole Proprietor? – NO
   • Domestic Business Mailing Address Information:
     o 1959 NE Pacific Street, Room BB-527
       Box 356421
       Seattle, WA 98195-6421
   • Domestic Business Practice Location and Phone Number:
     o Same address as above.
     o The phone number should be the number where you can be reached for patient related calls. Since you do not yet have a pager number, please enter 206-543-3605. You will update this number after reaching Seattle.
   • Add Other Identification Numbers (if applicable)
   • Taxonomy Code/License Information: The Taxonomy Code is a 10-character alphanumeric descriptor used to identify a health care provider’s current specialty:
     o If you are currently licensed:
       ▪ Select Provider Type Code Allopathic and Osteopathic Physicians
       ▪ Select the correct Taxonomy code (current specialty)
       ▪ Enter your state license number
     o If you are not currently licensed:
       ▪ Select Provider Type Code Student, Health Care
       ▪ The Taxonomy code will be pre-selected on the next page as 390200000X - Student in an Organized Health Care Education/Training Program
       ▪ Once you become licensed, the license number will need to be added and the taxonomy code updated with the current specialty.
   • Contact Information – should be the Provider
   • Certification Statement
NPI confirmation emails are sent within 15 minutes and contain your login, NPI number, and information on how to log in to the system to update information. It is critical that you keep a copy of the confirmation email for your records. You will need this information multiple times during your career.

2. **UW Residency Position Appointment (RPA)**
   - Please date and sign the RPA signature page (your “contract”).

3. **Medical License Application**
   The School of Medicine requires all housestaff to have a current Washington State Medical License. Residents who have completed two years of post-graduate training are eligible to apply for a full license. Most interns are only eligible for a limited license and the information below pertains to the limited license application.

   **A. License Fee**
   - The Limited License fee for one year is $400.00.
     - Remember to include a check payable to the Department of Health for $400.00.

   **B. Demographic Information**
   - Use your current address. This must be updated once you know your new permanent address.

   **C. Hospital Privileges**
   - Complete if applicable. Unless you have been licensed in another state, you likely do not have hospital privileges.

   **D. Signatures**
   - Initial that you had AIDS training (on page 5)
   - Print your name and sign your application on page 6.

   **E. Photo**
   - Don’t forget to attach and sign your photo on page 5. This must be a *real* photo, not a copy.

   **F. Professional Liability Action Form**
   - This only needs to be completed IF a liability claim or lawsuit was filed against you; otherwise, just recycle the form.

   **G. Medical School Transcript**
   - Please request your medical school send an official transcript listing the date your M.D. was awarded to the address listed on the form.
     - Complete the form and send it to your medical school Registrar’s Office.
     - Make certain you send the appropriate fees with your request, if necessary.
   - If your transcript will not be available shortly after graduation, a letter from the Registrar indicating dates of attendance and the date your M.D. was conferred may be substituted. A copy of your transcript must then be forwarded immediately when it becomes available.
H. Post-Graduate Training Program Director Form
If this is your first residency, just recycle this form. If you have completed any post-graduate medical training, you must complete the top of this form and send it to your former/current program director.

I. State Medical Licensing Form
If you haven't been licensed before, just recycle this form. If you have held a medical license in another state, you must complete and submit this form to the appropriate medical board. Be sure you include any required fees.

J. Verification of Privileges
If you haven’t had hospital privileges before, just recycle this form. If you have had hospital privileges anywhere, you need to complete the top portion of the form, sign it, and send it to the hospital(s) for them to complete and forward to MQAC at the address provided on the form.

K. Resident Physician Limited License
We will complete this form for each of you and attach it to your license application. You may recycle this piece of paper.

4. W-4
- Complete the bottom portion of page 1 using your current address.
- Indicate the number of allowances you are claiming.
- Be sure to sign and date the form.

5. Employment Eligibility Verification Form (I-9)
- Complete only Section I of page 4. Make sure to sign and date the form.
- Return the form with clear copies of documents that fulfill the requirements listed on page 5; either one document from List A, OR one document from List B AND one document from List C.

6. Resident & Fellow Information Form
Please complete the information form filling in the pertinent data. We recognize that you may not be able to complete all the blanks; complete what you can.
- Entering R-Level will be R1 for interns R2 or R3 for senior residents.
- If you do not have a National Provider Number (NPI), please complete the NPI application process (noted in #1 above) prior to finishing and submitting this form.
- Save a copy to your computer
- Print, sign, and return the form with your the other documents.

7. UW Conviction/Criminal History Information
- Print your name and social security number clearly
- #1-4, check yes or no for all questions
- #5, provide any additional information.
- #6, check yes or no and provide any additional information.
- Sign and date the form.

8. Washington State Patrol: Request for Conviction Criminal History Record
- Complete Section A only - do not include fee.
9. UW Medicine Privacy, Confidentiality, and Information Security Agreement
   • Read agreement, print your name, sign, and date.

10. Immunization Health History and Respirator Questionnaire
   • You must attach copies of immunization and/or serology documents provided by your health care provider.
   • Complete the immunization checklist & questionnaire.
   • Complete the respirator questionnaire

Please keep in mind that the GME office will need a copy of your medical school diploma and summative evaluation form from your current program when they are available. These should be sent to our office

Information about benefits and other resources available at the following website:
http://uwmedicine.washington.edu/Education/Graduate-Medical-Education/Residents-and-Fellows/Pages/default.aspx

VA Forms and Information

The following forms and information is for the VA. If you have any questions, please contact Karen LaThorp at the VA. These are required preparations for the VA if you do not have an active VA ID and access code for the VA computer system.

Once completed, email the following forms to karen.lathorp@va.gov:

   • Screening Checklist - VAF-10-0453
   • Declaration for Federal Employment - OF 306
   • Questionnaire for Non-Sensitive Position - SF85
   • Application for Residents - VHA 10-2850b
   • Rules and Behavior: read, sign, and date
   • Clinical Trainee Registration Form (PSMC)

Make sure to save a copy of each form to your computer in case they need to be revised.

Complete the EES Learning Tutorial (use ‘Returning’ only if you were a medical student at the Seattle VA school year 2010-2011)
   Email the Proof of Completion to karen.lathorp@va.gov
   Print the Proof of Completion for your records