

Process for Accepting Transferring Residents

According to ACGME Institutional Requirements, the institution and our ACGME-accredited programs are at risk for loss of accreditation if non-eligible residents are accepted into our training programs. For that reason, when applicants for positions are under consideration via transfer, the GME Office must be included in the process. The process follows the sequence:

1. Application is made by an individual to transfer from another ACGME-accredited program.
2. The receiving program reviews supporting documentation. If the applicant is considered to be suited to the position, the program obtains further information as appropriate and completes the checklist below.
3. The completed checklist is sent to the GME Office for review.
4. The GME Office will review the information and communicate approval/non-approval to the program within one day of receipt of a completed checklist.
5. If the GME Office approves, the position may be officially offered to the applicant.

<input checked="" type="checkbox"/>	Itea	Comments
	Do <u>not</u> offer position until checklist is completed	
	CV reviewed by Program Director	
	Medical school: <ul style="list-style-type: none"> • Graduation date: _____ • If US, get Dean's Letter • If international medical school, check acceptability to TMB at http://www.tmb.state.tx.us/professionals/physicians/applicants/physicianapplicants.php (click on 'Substantial Equivalence') 	
	USMLE scores: <div style="display: flex; justify-content: space-between;"> <div>Step 1 _____</div> <div>number of attempts _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Step 2 _____</div> <div>number of attempts _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Step 3 _____</div> <div>number of attempts _____</div> </div> _____ Residents must meet Current TMB requirements.	
	ECFMG Certificate: Date _____ Number _____	
	Obtain a signed release to speak to particular individual(s) involved in the applicant's medical education (e.g., program directors) and/or written documentation of training and evaluations to date	
	Residency #1: <ul style="list-style-type: none"> • Dates: _____ • Letter from Program Director: _____ • Phone call to Program Director if appropriate: _____ 	

