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# Residency Process

- **Appointment Forms**

Use for appointing new Housestaff.

Must enter residents into NI before submitting the form.



## Reappointment Forms

- Housestaff promoted to next PGY-level
- Making up time
- Going into Lab (stipend B)
  - Urology
  - General Surgery
  - Plastic Surgery
  - Vascular Surgery (Integrated)

# Appointment Form

## Used for Initial and Reappointed

### Appointment Authorization Form

McGaw Medical Center of Northwestern University  
Office of Graduate Medical Education

240 East Huron Street; Suite 1-200  
McGaw Pavilion, Chicago, IL 60611  
Tel. (312) 503-7975 Fax (312) 503-5230

Department: Name

Program: (A – O) Name

Program: (P – Z) Name

The Executive Committee has determined that the following GRADUATE TRAINEES have fulfilled all requirements. *NOTE: PLEASE INDICATE IF APPOINTMENT IS PROBATIONARY.* Any appointment in excess of the total number of Northwestern McGaw Medical Center or its affiliated institutions will be charged to the appointing departments.

Please indicate the Appointment Type in the second column below as follows: **I = Initial Appointment**     **R = Reappointment**

Appt Type	Name of Trainee (Last Name, First Name)	Gender	International Medical Graduate	Visa Type (If Applicable)	ECFMG #	PG Lev
I,R,I						
1		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		
2		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		
3		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		
4		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		
5		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		
6		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		
7		M <input type="checkbox"/> F <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	N/A		

Signature of Authorization: \_\_\_\_\_

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

(Program Director)

- Housestaff promoted to next PGY-level
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# Forms

Completion of Training  
due 4/28/17



***LET'S HOLD HANDS TOGETHER AS TEAM PLAYERS!!***

