

Department of Medicine
APPOINTMENT PROCESSING CHECKLIST
 For Officers of Instruction with NYPH Clinical Appointments

Full Name: _____ Division: _____ Unit & Sub-Specialty: _____

FOR DEPARTMENT USE ONLY

Date Received: MM/DD/YYYY Date Submitted to OFA: MM/DD/YYYY Date Submitted to MSO: MM/DD/YY

Reviewed by: _____ Ext: _____

Status: FT PT Appt. Effective Date: MM/DD/YYYY Appt. End Date: MM/DD/YYYY

CU Title: _____ NYPH Title: _____

Base Salary: \$ _____ AddComp1: \$ _____ AddComp2: \$ _____

CU Nom Form/PAF DIA UNI Welcome Packet Confirmation email

ITEMS TO BE COMPLETED BY DIVISION ADMINISTRATION ***MUST BE TYPED***		Comments
Columbia Documents	RAPS CLEARANCE (FT ONLY/NOT REQ. FOR P/DOC'S)	
	Faculty Offer Letter/Agreement Letter (For Full-Time Appt.)	Use applicable template or contact the Department of Medicine. <i>To be signed by Dept. Chair prior to being sent to Candidate</i>
	Personal Information Form (PIF)	
	LETTER OF NOMINATION TO THE DEAN (SEE ATTACHED GUIDE)	Required for Initial Appointments /Title and or Status Change
	Current Curriculum Vitae (Month/Year Format - See Attached Guide)	Required for Initial Appointments /Title and or Status Change
	Invention Assignment Agreement	
	DOL – ACKNOWLEDGMENT FORM (INITIAL AND PAY ADJUSTMENTS)	
	SALARY CERTIFICATION FORM (IF APPLICABLE)	
	CU CONFIDENTIALITY AGREEMENT	
	I-9 Form w/ Required Documentation (If Applicable)	
	Tax Forms: W-4 & IT2104 (If Applicable)	
	CU CONFLICT OF INTEREST (COI) HTTPS://WWW.RASCAL.COLUMBIA.EDU	
	HIPAA <small>A i ghtj bWi XY < IPAA PRIVACY RULE - SECURITY ESSENTIALS – *DATA ATTESTATION</small>	HTTPS://COLUMBIA.SIGHTTRAINING.COM/ <small>*DATA ATTESTAION MAY NOT BE AVAILABLE PRIOR TO HIRE</small>
	Billing Compliance Attestation	
Electronic Documentation (EHR Attestation)		
Faculty Practice Agreement	For initial Appointment and Status Change	
Clinical Appointment Documents	NYPH Checklist	
	NYPH Application for Appointment	
	Delineation of Clinical Privileges Form	Ensure that all training certificates and credentialing included where required.
	Verification of Professional Degree (and ECFMG Certification if overseas medical graduate)	
	Two Professional References	
	Acknowledgement Statement	
	WHS - Pre-Placement Medical Examination	Applicants must complete and submit directly to the WHS
	NYS License Certificate	
	Current NYS License Registration	
	Current DEA Registration Certificate	
	Professional Liability Insurance Certificate / MCIC CHANGE FORM (Where applicable)	
	American Board Certificate	If none - Board Exemption letter required
	Academic/Post-Graduate/CME Certificates	
	Current Curriculum Vitae – Month Year Format	
Infection Control Certificate (http://www.elearnonline.net)		
National Provider Identifier (NPI #)	https://nppes.cms.hhs.gov/NPPES/Welcome.do	
Copy of Government Issued Photo ID		