

MHS GME Attestation Form Military Residents

Submit the following to Kandreas@multicare.org 30 days prior to new academic year or Resident start date:

- Block Schedule
- Picture Roster
- Resident Email address, phone or pager number
- Jpeg picture of resident to be used for MHS ID badge
- MHS Resident Acknowledgement form
- MHS HIPAA Confidentiality form
- MHS Intake form – completely fill out sections:
 - ✓ Type GME Learner
 - ✓ Has this Individual Ever
 - ✓ User Information
 - ✓ Program Information
 - ✓ Sign page two and three
- MHS Attestation form (this form)

I, _____ (name of Residency Program Coordinator), from _____ (Residency Program), attest that the following items are on file for _____ (Resident name or incoming class) and will be available upon request by MultiCare Health System GME office.

Date: _____

- BLS/ACLS/PALS as appropriate
- Military Residency Background screen
- Military Immunizations to include double COVID vaccination and flu shots