

## MHS GME Attestation Form Civilian Community Residents

**Submit the following to [Kandreas@multicare.org](mailto: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
- WA State Limited Residency License
- BLS/ACLS/PALS as appropriate
- Washington State Patrol WATCH background report from <https://watch.wsp.wa.gov/WATCH/Account/Register>
- Flu vaccination – required during October 1 to April 30
- Double COVID vaccination
- 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: \_\_\_\_\_

- National Criminal Background Screen (previous 7 years)
- Immunizations to include:
  - ✓ Measles, Mumps Rubella
  - ✓ Varicella (chicken pox) (MHS does not accept by history)
  - ✓ Hepatitis B (titer or signed waiver)
  - ✓ Pertussis (TDaP vaccination)
  - ✓ PPD baseline