NEW FACULTY CHECKLIST

Candidate Name		Email	
Employee ID		Telephone Number	
NPI #		PI#	
Start Date			

A. NEW HIRE DOCUMENTS

	Send New-Hire Packet to Faculty	
	Send Background Check	(https://health.ucdavis.edu/media-resources/academic-personnel/documents/new-hire-info/2020_Background-Check-Authorization-to-Release-Information-Form_(Universal).pdf) Date sent:
	Background Check Received	Date Rec'd: **Request submission to AP:** (HS-SOMAPTeam shared Inbox)
	Send New-Hire Packet to Faculty	Include documents below
	I-9 Documents	Note: In the "Subject" line of your email, please enter "Background Check & I-9, Title code and Dep't code" -- Candidate MUST have a local address -- CC the departments faculty actions analyst -- Candidate's email address -- Submit request 2 or more weeks in advance of the proposed start date (https://health.ucdavis.edu/media-resources/academic-personnel/documents/new-hire-info/2020_Background-Check-Authorization-to-Release-Information-Form_(Universal).pdf) Fill Out Electronically
	UC State Oath of Allegiance, Patent Policy and Patent Acknowledgement	(https://health.ucdavis.edu/media-resources/academic-personnel/documents/Oath%20and%20Patent.pdf) **Must be Signed in Person**
	W-4 Withholding Allowance	(https://www.ucop.edu/financial-accounting/_files/ucw4-de4.pdf)

	Personal Data Form	(https://health.ucdavis.edu/media-resources/academic-personnel/documents/personal_data_form.pdf)
	Confidentiality Agreement Form	(http://intranet.ucdmc.ucdavis.edu/imhome/academic/vcf/Confidentiality_Agreement_052209.doc)
	Demographic Data Form	(http://intranet.ucdmc.ucdavis.edu/imhome/academic/vcf/demographic_form.pdf)
	Voluntary Self-Identification of Disability	(https://health.ucdavis.edu/media-resources/academic-personnel/documents/Disability_Self-Identification-Fillable.pdf)
	Payroll Disposition Form	(https://health.ucdavis.edu/media-resources/academic-personnel/documents/Payroll%20Disposition%20Form.pdf
	Elder Abuse Form	(http://intranet.ucdmc.ucdavis.edu/imhome/academic/vcf/elder_abuse_form.pdf)
	Child Abuse Form	(http://intranet.ucdmc.ucdavis.edu/imhome/academic/vcf/child_abuse_form.pdf)
IF UNIVERSITY IS COVERING MOVING EXPENSES		
	<u>Exception to policy letter for moving expenses:</u>	*HR team will submit a memo to the Dean's office for approval. After obtaining approval, send notification and introduction to applicant with CC'ing rep and team manager. I. Who their assigned Finance Team Representative is II. New faculty start date III. Full name and title (asst, assoc.) IV. digit PI number (when available) V. Yes or No if moving is required. <u>Note:</u> It is common practice for the <u>military</u> to do a final permanent change of station as part of their out-processing. ***Please confirm with candidate***
IF ON VISA		
	Mandatory to sign up for Glacier to report non-resident or resident for tax purposes:	http://afs.ucdavis.edu/systems/glacier/who-is-required.html
	W-4NR for Non-Resident Alien Employees	(https://www.ucop.edu/financial-accounting/_files/taxation/w4nr.pdf
SUBMIT PACKET TO AP		

B. MYINFOVAULT APPOINTMENT PACKET DOCUMENTS

	Send MIV request for information to faculty	Date Rec'd
	Extramural letters	****Only request if letters uploaded in Recruit does not suffice with rank proposed for candidate**** I. "Arms-length" letters are not required for appointments to the Assistant rank. II. For appointments to Assistant Steps 1-3, the external letters deemed sufficient for recruitment may suffice for these proposed appointments. III. For appointments to Assistant Steps 4-6, a minimum of 4-6 letters are adequate. IV. Appointments at the Associate or full ranks require 5-8 letters. V. "Arms-length" letters are not required for any rank in the Health Sciences Clinical Professor series.
	List of student evaluations	If any, strongly encouraged
	List of publications	Please include PubMed link if possible
	List of contribution to jointly authored works	Please list all authors, but only describe your own contribution(s) and leadership role and significance of research to work
	List of honors/awards	If any, strongly encouraged
	List of grants	Funded Only - Needs to have start and stop dates along with amount and funding source. If any (strongly encouraged)
	Teaching Evaluations	Attach PDF copies if possible

ENTER INTO MYINFOVAULT

C. BILLING PACKET – PROFESSIONAL BILLING GROUP

	Send this PDF packet through email with instructions on how to complete it.	Email Ginger Wright (gwright@ucdavis.edu) requesting a new Physician Billing Packet.
	Professional Billing Group Provider Appointment Checklist	
	Medicare Provider Enrollment Application	(855I and 855R)
	CA Medi-Cal Rendering	Provider Application/Disclosure Statement/Agreement (DHS6216)
	CA Medi-Cal Rendering Provider	Provider Application/Group Affiliation/Disaffiliation (DHCS4029)
	CA Medi-Cal Effective Date Policy	(MCAL EEDL)

	Nevada Medicaid	
	CCS Enrollment - Effective May 2012	Once we receive your enrollment confirmation from Medi-Cal, we will email you with the link, directions and attachments that are required to be CCS Paneled.
	Medical Pocket License	Need Copy
	DEA Certificate	Need Copy
	NPPES	Need Copy NPI Registry Provider Details indicating the provider's UC Davis Practice Location Address, Phone and Fax (Provider must update NPPES)
	Resident/Fellow /Board Certification	Need Copies
	C.V.	Need Copy
	Driver's License	Need Copy
	California Physical Address	Need Copy
	Med School Diploma	Need Copy
	Signatures are in Blue Ink	

SUBMIT PACKET TO THE BILLING DEPT

D. CREDENTIALING PACKET - MEDICAL STAFF ADMINISTRATION

	http://intranet.ucdmc.ucdavis.edu/medstaff/	Credentialing submitted: _____ Credentialing approved: _____
	Medical staff application	Please provide "complete mailing addresses" for all past and present affiliations from date of medical degree; provide a written explanation for any "YES" responses to questions on page 2; provide a response to the health statement question on page 3; and date and sign application on page 3. Please provide accurate dates and addresses. You will be contacted regarding any information verified that is different than information provided on the application.
	Confirm no gaps in employment, provide explanation for gaps	

	Liability Insurance	
	Medical Pocket License	
	DEA Certificate	
	Picture ID	
	Resident/Fellow / Board Certificates	
	120 Day Emergency Privilege if needed	
	C.V.	
	Driver's License/State ID	
	NPPES Application	https://nppes.cms.hhs.gov/NPPES/Welcome.do
	DEA Application	https://www.deadiversion.usdoj.gov/index.html
	Confidential referral and financial interest questionnaire	
	Malpractice statement of release and carrier information	Please provide "complete mailing addresses" for all past and present malpractice insurance carriers for the past FIVE YEARS including training programs, if applicable (i.e., internship, residency, fellowship, etc.), sign and date.
	Release and certification statement	Signed and Dated
	Privilege delineation(s)	Signed and Dated AND provide supporting documentation for requested privileges per established criteria, if applicable.
	Medicare Attestation	Signed and Dated
	Release of specified information form	Signed and Dated
	State of California professional License	Signed and Dated
	Drug Enforcement Administration License (DEA)	Signed and Dated

	X-ray certificate	Please provide copy of current X-Ray Certificate, IF APPLICABLE. If your specialty is Cardiovascular Medicine, Pediatric Cardiology, Gastroenterology, Neurosurgery, Orthopedics, Pulmonary Medicine, Surgery, or Urology, you must provide a copy of your current X-Ray Supervisor Operator Certificate or a signed exemption form (which may be requested) or a signed statement indicating your knowledge that you do not have a certificate and you are aware that without one you cannot use or supervise the operation of x-ray equipment.
	X-ray machine use questionnaire	IF X-RAY CERTIFICATE IS APPLICABLE, please complete, sign, and date the "X-Ray Supervisor and Operator Declaration" form (available on the Medical Staff Administration website).
	Continuing medical education (CME)	Please provide copy of current (within past year) Category I Continuing Medical Education related to specialty. Internships, Residency or Fellowships completed within the past year automatically fulfill this requirement.
	Foreign Grads	Foreign grads must provide copies of certificates or completion of training outside the USA/Canada.
	Health Clearance	They will need a UC Path ID # established to get a health appointment. Departments must have already set them up in UC Path with a Pre-Hire ticket. All applicants to the Medical Staff must contact Employee Health Services at (916) 734-3572, for information regarding health clearance (TB/PPD, Rubella/Varicella/Rubeola). Health clearance is a medical staff membership requirement for Active/Affiliate Active staff AS WELL AS Courtesy and Consultant staff within the Departments of Family Practice and Ob/Gyn. I. Email candidate NEW HIRE SCREENING APPOINTMENT REQUEST FORM. II. Department staff must request a date through this link: https://hsform.ucdmc.ucdavis.edu/hsform/public/form/fillForm.jsf?formId=3dbec77e689d4915ae423bebbef3b8af (if you go to the main EHS website there is a link called "Post Offer Pre-Placement New Hire Screening Appointment Request Form")
	Health Clearance Granted	Date:
	Photo Identification	All applicants to the Medical Staff must submit a photo I.D
SUBMIT PACKT TO THE MEDICAL STAFF DEPARTMENT		

F.   APPOINTMENT

	Faculty Vote	
	Dean's Final Decision – Approved Appt letter	Date sent:

	Complete the salary proposal sheet and submit to AP analyst to obtain the final approval appointment letter.	Date sent:
	Chair sends the final approved appointment letter along with the current compensation plan to the candidate	Date sent:
	Submitted comp plan, funding (input doc), and new hire docs to AP Analyst	

G. ACCESS REQUESTS		
	Submit access request to ICT Team on Sharepoint:	start/end date, ID #, & PI # •Software access: badge/Kerberos/citrix/EMR/email/Pyxis/ect •Personal email and Phone # •PITS- DEA confirmation with med staff •Last four digits SSN •Upload HIPAA training Certification ***Write a reminder in SP for IT to send an email to the new hire w/ instructions to set up the computing account
	Badge	
	Email	
	Kerberos	
	Shared Folders	
IF FACULTY IS NOT CLINICAL SKIP TO STEP I		
	EMR	
	Pager	
	Citrix	

H. CLINICAL DUTIES

	In-Patient Rotation	• Update schedule(s) • Communicate schedule(s) to: Division (Faculty, Fellows, and Staff) • Update On-Call schedule (https://oncall.ucdmc.ucdavis.edu/ocs/jsp/index.jsp) • Coordinate a hospital orientation
	Out-Patient Clinical Assignments	• Update Schedule(s) • Communicate schedule(s) to: Division and Clinic staff • Coordinate a clinic orientation

I. ORIENTATION PREP

	Schedule Faculty Itinerary	Coordinate with all the stakeholders and prepare the itinerary for the Faculty
	Finance – Academic Acct	Send an email to the Finance rep to create the Academic Account with the following information: • Name • PI# • SS# (Last 4) • UC PATH ID# • Appointment Start Date • Appointment Percentage • Appointment Type/Title Code
	Parking Office – Parking Permit	Send the new faculty over to Employee Health with their badge and/or their offer letter and they can sign up for permits.
	Merits & Promotion	
	Leave/Vacation Requests	• Obtain planned leave/vacation dates • Submit proper documentation for leave/vacation requests to Cindy Craig and/or Vadim Gol • Revise in-patient rotation schedules • Modify/Cancel out-patient clinics
	Human Resources Orientation Date	
	CME	
CLINICAL ONLY		

	CMS Time Study ~ SPA	
	Lockers/Keys/Pagers/contact phone cards	
	Proctoring – Provide copies	
	Billing Compliance	
	Operating Room Tour	
	Email the Education Team to set up MedHub (first/last name, start date)	
	Submit access request to ICT Team on Sharepoint:	Start/end date, ID #, & PI # • Software access: badge/Kerberos/citrix/EMR/email/Pyxis/ect • Personal email and Phone # • PITS- DEA confirmation with med staff • Last four digits SSN • Upload HIPAA training Certification ***Write a reminder in SP for IT to send an email to the new hire w/ instructions to step up the computing account

J. ORIENTATION

General Department

	Office/desk/work station	Office/desk/work station
	Building access/security	Keys (if applicable)
	Medical Illustration	ID card
	Conference/meeting rooms scheduling	
	Copying and printing	
	Office supplies	
	Handling confidential information	

	Important telephone numbers, including new faculty members	
	Mail (incoming and outgoing)	
	Expense reports	Aggie Travel
	Purchase requests	
	Shipping (FedEx, DHL, and UPS)	
	Ecotime, if supervising non-exempt staff	
	Meet with Faculty, Chair, Relevant Staff	• Meet with CAO • Meet with Chair • Meet with Academic Personnel Staff • Meet with Education Team • Meet with AP Analyst/Manager • Meet with Assigned Mentor • Staff list/contacts
	Email or Outlook	
	Calendar software	
	Shared server, if applicable	
	How to use telephone system	
	Ensure smartphone is secured	
	Clinical Orientation	Meet with Practice Manager/Clinic Director
	Policies	
	PDR Explanation	
	APM 025 & 671	

	Comp Plan	
	Annual Trainings	
	TB & Flu	
	Annual Career Planning	
	Merits & Promotions	
	CME	
	Vacation/Leave Policy	
	Faculty Development	
	Proctoring Documentation	
	Links	University of California, Office of the President, http://www.ucop.edu/ ITS secure computing policies, http://manuals.ucdavis.edu/ppm/310/310-23a.pdf If applicable, HIPAA policies and guidelines, https://research.ucdavis.edu/policiescompliance/irb-admin/researchers/irb-forms/#Forms

K. TRAINING

	Complete the HIPAA training at:	http://www.ucdmc.ucdavis.edu/compliance/quiz-test/story.html Candidate provides the certificate given at the end of the training to the HR coordinator. Submit certificate
	Mandatory Compliance Training	MAT, Privacy & Security, Sexual Harassment
	Conflict of Commitment Training	
	Conflict of Interest Training	
	New Hire & Benefits Orientation	Schedule with (Training & Development)

CLINICAL FACULTY ONLY

	New Physician Billing Compliance Training	https://health.ucdavis.edu/compliance/training/

	Electronic Medical Record/Health Information Management	Send an email to HIM to coordinate both trainings (Kelly Collins – kgcollins@ucdavis.edu & Kristopher W Ross-kwross@ucdavis.edu)
CONFIRM ALL MANDATORY TRAINING IS COMPLETED WITHIN 30 DAYS OF START DATE		