Required Information in RMS for New Residents/Fellows

ERAS Upload April 1	Non-ERAS Manual Spreadsheet April 1	Entered by your GME Office or MMCGME Services April 15	Program Responsibility (New Data Entry) June 1	Program Responsibility (Update as necessary) June 1
Last Name	Last Name	Pager Number	Rotation Name	Current Address
First Name	First Name	Credentials	Rotation Start and End Dates	Email
Middle Name/Initial	Middle Name/Initial	Background Checks (uploaded to attached files by your GME office)	NPI Numbers (as soon as received)	Rotations (if they change)
SSN/SIN #	SSN/SIN #	PeopleSoft ID Number (UMN only)	State Medical Licenses & Expiration Dates (when applicable)	Pager #
Gender	Gender	x.500 (UMN only)	Federal & State DEA License Numbers (when applicable)	Phone #
Email Address	Email Address	HCMC ID # (HCMC only)	Visas (VAMC – When Applicable)	
Date of Birth	ECFMG # (If applicable)	Employee ID # (HCMC only)	Emergency Contacts (optional)	
Phone Number	ECFMG Certification Date (If applicable)	Fairview Caregiver # (Fairview only)	Residency Permits (upload to attached files)	
Current & Permanent Address	Visa Sponsorship Type (If applicable)	Regions Employee ID # (Regions only)	Background Checks (If not uploaded to attached files by GME)	
Permanent Address	Training Program	Allina Employee/Student ID # (Allina only)	Race & Ethnicity (North Memorial & HCMC)	
Training Program	Status as of start date	Allina Network ID (Allina only)	Pager Number	
Status as of start date	First date paid in the program			
Medical School	First date of clinical rotation in program			
Exact Medical School Graduation Date	Program end date (Projected)			
Medical Degree (Credentials)	Training/Military Grant (Y/N)			
ECFMG # (If applicable)	Medical School			
ECFMG Certification Date (If applicable)	Exact Medical School Graduation Date			
Citizenship	Location of Prior GME Training			
DEA License (If applicable)	Specialty of Prior Training			
Visa Sponsorship (If applicable)	Exact Start date of prior training			
Visa Type (If applicable)	Exact end date of prior training			
***Note**: The following fields must be emailed to MMCGME: • First date being paid in the program • First date of clinical rotation in the program • Program end date (projected) • Training/Military grant • Location of prior GME training • Specialty of prior GME training • Exact start & end dates of prior training	Phone Number *			
	Date of Birth *			
	Citizenship *			
	GME Orientation Date*			
	*Required on the Manual Spreadsheet for UMN Programs only.			