

MMCGME Central Services

Graduate Medical Education Administration

Residency Management Suite (RMS) Data Form

New Resident

Revision to Existing Data (changes only)

The information on this form is used to compile IRIS (Intern and Resident Information Systems) reports for GME reimbursement to clinical teaching sites, and maintain a repository of key personnel data. Your name, education and work experience are considered public information under the Minnesota Government Data Practices Act; the other information is private. You are required to complete the sections labeled *Personal Information*, *All Graduates of Foreign Medical Schools* (if applicable), *Educational Information* and *Academic/Professional Positions*. The other information on the form is voluntary but you are encouraged to supply it for the completeness of your record and to enable your sponsoring institution to make summary reports. Copies of this form are maintained by MMCGME (Metro MN Council on Graduate Medical Education), which manages Medicare reporting for the training sites. Private information from this form is accessible internally to employees who need access to perform their job duties and to outside entities only as authorized by law. MMCGME provides information from this form (name, social security number and other data as required) to our affiliated teaching sites and governmental agencies such as the Center for Medicare and Medicaid Services (CMS) to meet their government reporting requirements.

Personal Information:

Legal Name (as it appears on your social security card):

Last:	First:	Middle:
Previous Name:		Preferred Name:
Social Security Number:		Date of Birth (mm/dd/yyyy):
Non Provider (NPI) Number: (please apply for as soon as possible, but do not hold up submitting this document. Write in NPI here if you have one)		Resident Permit Number:
MN Medical License Number (if applicable) :		DEA Number (if applicable):

Contact Information

Current Address:	
City:	
State:	Zip Code:
Home Number (please include area code):	Cell/Alternate Number:
Pager/Beeper Number:	Email Address:

Permanent Address:

If different than above, (as stated on W-4)

City:	
State:	Zip Code:

Name of Training Program:

Directory Exclusions: If your program provides an internet based directory home address and phone number will be printed in the directory and be available on the Web unless one of these boxes is checked indicating an exclusion:

DO NOT PRINT: Home Address Home Phone

Emergency Contact Information

Contact Name:	Contact Name:
Relation:	Relation:
Address:	Address:
Phone #1:	Phone #1:
Phone #2:	Phone #2:

Demographic Identification

Check one in each group. This information is PRIVATE as defined by the Minnesota Government Data Practices Act and will not be released to the public. (See attachment for further information and definitions.)

Gender

- Female
 Male

Ethnicity

Are you Hispanic or Latino?

- Yes
 No

Disabled/Handicapped

- Yes
 No

Marital Status

- Single
 Married
 Same Sex Domestic Partner

Race

Please check any or all that apply

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Military Status

- No Military Service
 Armed Forces Service Medal Veteran
 Recently Separated Veteran
 Other Protected Veteran
 National Guard or Reserve Office

USA/Citizenship Status

- Alien-Permanent
 Alien-Temporary
 Native (US Citizen)

Disabled Veteran

- Yes
 No

Residency/Citizenship/Visa Information

Place of Birth:		
City:	State:	Country:
State in which you claim legal residence:	When did you move to that state?	
If applicable country of citizenship:	Visa Type: (skip if Visa not issued yet)	
Visa Issue Date: (skip if Visa not issued yet) ** Please provide a copy of your Visa	Visa Expiration Date: (skip if Visa not issued yet)	

All Graduates of Foreign Medical Schools:

(This is required even if the international medical graduate is an American Citizen)

ECFMG #: ** Please provide a copy of your ECFMG Certificate
Date of Issue:

Signature: _____

Date: _____

Current Program Information: TO BE COMPLETED BY DEPARTMENT

Department Name:	Training Program Name:
Start Date (in this program):	End Date (in this program):
Residency/Fellowship Current Year (check and circle appropriate information):	
<input type="checkbox"/> Residency: <input type="checkbox"/> RY1 <input type="checkbox"/> RY2 <input type="checkbox"/> RY3 <input type="checkbox"/> RY4 <input type="checkbox"/> RY5 <input type="checkbox"/> RY6 <input type="checkbox"/> RY7 <input type="checkbox"/> RY8 <input type="checkbox"/> RY9	
<input type="checkbox"/> Fellowship: <input type="checkbox"/> FY1 <input type="checkbox"/> FY2 <input type="checkbox"/> FY3 <input type="checkbox"/> Other (explain)	

Mailing Information (if applicable)

Campus Office/Mail Location	Campus Phone Numbers
(Entity) Department #: (eg. 775A)	Campus Phone #1:
Mail Delivery Code:	Campus Phone #2:
Room/Bldg:	Off. Campus Phone #:
Street Address:	
City, State, Zip Code:	
Off Campus Mailing Address (complete if no delivery code is available)	
Room/Bldg:	
Street Address:	
City, State, Zip Code:	

Graduate Medical Education Administration RMS Data Form Instructions

New Resident	Check box if you are new to the MMCGME.
Revision to Existing Data	Check box if you are a current resident/fellow or are changing information previously submitted.
Legal Name	Enter the legal name appearing on your social security card.
Previous Name	If this form is being completed because you have changed your name, supply your previous name. A new social security card is required for all name changes.
Social Security Number	Enter the number appearing on your social security card.
Date of Birth	Enter your date of birth in mm-dd-yy order.
National Provider Number (NPI)	Enter your NPI Number
MN Medical License Number & Expiration Date if applicable	Enter your MN Med & Expiration Date
DEA Number & Expiration Date if applicable	Enter your DEA Number and Expiration Date
Current Address	Enter the address where you currently reside.
Permanent Address	Enter your address as stated on your W-4. If your department mails your paycheck, this is the address that will be used unless you contact your department representative.
Home Phone	Enter the area code and phone number where you can be reached.
Cell/Pager/Beeper Number	Enter the area codes and numbers where you can be reached.
Preferred E-Mail Address	If you are using an independent ISP you must forward your program E-mail to your preferred E-mail account so that you receive important information.
Name of Training Program	The name of the training program you are entering into
Emergency Contact Information	Enter the name, address and phone number of the person(s) to contact in case of an emergency.
Gender/Ethnicity/Race	Check the appropriate box. See attached page for definitions
USA/Citizen Status	<p>Check the appropriate box: <u>Alien</u>: Select "Alien-Permanent" or "Alien-Temporary". <u>Alien-Permanent (Resident Alien)</u>: Resident aliens and other eligible (for financial aid purposes) non-citizens who are not citizens or nationals of the United States but who have been admitted as legal immigrants for the purpose of obtaining permanent resident alien status (and who hold either an alien registration card (Form I-551 or I-151), a Temporary Resident Card (Form I-688), or an Arrival-Departure Record (Form I-94) with a notation that conveys legal immigrant status such as Section 207 Refugee, Section 208 Asylee, Conditional Entrant Parolee or Cuban-Haitian) are to be reported in the appropriate racial/ethnic categories along with United States citizens. <u>Alien-Temporary (Nonresident Alien)</u>: A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain indefinitely. <u>Native (US Citizen)</u>: United States citizen, regardless of birth or naturalization. <u>Naturalized</u>: Select Native (US Citizen) if the employee is a United States citizen.</p>
Marital Status	Check the correct response.
Disabled/Handicapped	Check the correct response. See attached page for definitions.
Military Status	If you are a veteran, check the correct response. See the attached page for definitions.
Disabled Veteran	If you are a veteran, check the correct response. See attached page for definitions.
Place of Birth	Enter the city, state, and country where you were born.
Country of Citizenship	Enter the country where you currently hold citizenship.
Visa Type	Enter specific type of visa, such as J-1, J-2, H-1B or O-1
Visa Issue Date/Exp Date	Enter the issue date and expiration date of your current visa.
Degree Information	Enter graduate and professional degree information listing the most recent degree first, including all degrees in progress. Place parentheses around anticipated year of completion for degrees in progress.
Foreign Medical Graduate	If you are a foreign medical graduate, enter the appropriate information that corresponds to your supporting paperwork.
Educational Information	Enter any post high school education
Academic/Professional Positions	Enter ALL activity since graduation from Medical School including academic/professional positions, residency/fellowship programs, travel, personal, etc.

RACIAL/ETHNIC GROUP INFORMATION AND DEFINITIONS

MMCGME is required to collect Racial/Ethnic Group Information to comply with Federal and State record keeping and reporting requirements pursuant to Executive Order 11246, Revised Order No. 4, Section 503 of the Rehabilitation Act of 1973, as amended, Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, Title VII of the Civil Rights Act of 1964 and the Minnesota Statutes, Section 363.073. Summary data, without names will be reported on the Integrated Post-Secondary Education Data System (IPEDS) report and the Affirmative Action Program. This information is private (as defined by the Minnesota Government Data Practices Act) and will not be released to the public. It will only be used in summary reporting format for compliance with Federal and State reporting requirements and affirmative action policies. You are requested, but not required, to provide information regarding your racial/ethnic group, education level, veteran or disability status, and there are no consequences for failing to provide it. Your Sponsoring Institution may acquire this information by visual survey. This may, however, result in the collection of erroneous information.

DEFINITIONS

Racial/Ethnic Categories (as defined by the Equal Employment Opportunity Commission-EEOC and integrated Post-Secondary Education Data System (IPEDS)).

Ethnicity Definition

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial Definitions

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American: A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Military Status Definitions

Disabled Veteran: A veteran (A) of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Secretary of Veterans Affairs, or (B) a person who was discharged or released from active duty because of a service-connected disability.

Armed Forces Service Medal Veteran: Any veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order No. 12985.

Recently Separated Veteran: Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

Other Protected Veteran: A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Disabled/Handicapped Definition

The Rehabilitation Act of 1973, as amended, defines a "handicapped individual for the purpose of the program as a person who (1) has a physical or mental impairment which substantially limit one or more of such person's major life activities; (2) has a record of such impairments; or (3) is regarded as having such impairment. *The completion of this section does not constitute notification for purposes of accommodation.*