Residency & Fellowship Programs

MedHub Required Fields and Document Uploads Checklist

This checklist should serve as a guide to the required fields for all residents and fellows. Fields below are required unless otherwise stated "if applicable" or "optional".

All fields listed are used for multiple purposes including, but not limited to compliance, benefits, audits, etc.

Affiliated residents & fellows do not need to complete KP specific fields denoted below with an asterisk*

MedHub Required Fields	
Section & Field	Input/Completed
Demographics	
Full name	
Preferred/nickname (if applicable)	
Username	
NUID	
Appointment Type	
Role (Resident 1, etc. NOTE THIS REQUIRES AN UPDATE EACH YEAR) *	
SSN or SIN for Canadian	
Birthplace *	
Birth date	
Gender	
Country of citizenship	
Ethnicity	
Person ID *	
NPI	
Mentor	
Kaiser Permanente Cell Phone *	
Resource ID	
Position Code	
Provider ID	
KPNC Pathway Program name	
Job Code *	
KFH (HIRE) Start Date *	
Contact Information	
Email address (must be KP email for sponsored learners)	
Email address (secondary) = personal email	
Home phone number	
Cell phone (KP cell phone) *	
Current address (must be California address for sponsored learners)	
Emergency Contact (all fields)	

Education	
Medical/Dental school	
Degree	
Attended dates	
Graduated (yes/no)	
Certifications	
License information (all fields)	
DEA (all fields)	
ECGMG # (if applicable)	
ACLS (all fields) *	
CPR/BLS *	
ATLS *	
NALS *	
PALS *	
Test Scores (sponsored only)	
USMLE	
COMLEX	
In-service exam scores	
AMPLE (Podiatry only)	
Board pass rates	
Training History: Must be updated each academic year for all learners	
Post graduate event (residency/fellowship program) • must include any lapse in training records including start/end dates and reason	

Residency record:
     • start/end date
     • program
     • appointment type
     • level
     • hospital/employer
     • specialty
     • IRP/Sim match/displaced resident, moonlighting (if applicable)
     • contract information	

Visiting Resident History (KPNC): (rotating residents and fellows only)
     • Start/End dates
     • Employer (affiliate)
     • Appt Type
     • Program (KP rotator program)
     • PGY	

Projected end date *	
Termination date *	
Orientation date *	
Post training (upon graduation) *	

Training history comments (explanations for anomalies in postgrad history, etc.)	
Forms/Files	
Medical school diploma	
Medical licenses	
DEA	
Signed contracts	
ECFMG	

Required Documents uploaded to MedHub	
Medical school diploma	
DEA license	
Medical license	
Resident/Fellow contract – signed, each year *	
New hire onboarding documents with checklist	
ACLS	
Program Letters of Agreement	