ClinicOps

FREE CHECKLIST

Physician Onboarding Checklist

Every step from signed offer to a full schedule for a new physician, dated back from the first patient day. Printable edition.

Fill this in for each new physician. It counts back from the first patient day (day one): day minus 75 means 75 days before. The I-9, safety and privacy lines count from the first day of work. Lines marked if apply only when they fit your hire.

83 days
average for a traditional physician license in North Carolina's latest 90-day period
NCMB, 2026

9 days
from the board's receipt to a Compact license in North Carolina, early 2026
NCMB, Jun 2026

$4,696
one week of a family physician's pay at the May 2025 median, paid whether or not patients are booked
BLS, 2026; ClinicOps calculation

1. Fill in the header, then write a date next to each line from its timing. Start with the license: it decides the start date.
2. Tick each line as it is done. The day-one readiness score tells you whether to book patients.
3. Run the paid-time worksheet once the ramp is set, and again at day 30. The Excel edition does the dates and the math for you.

Physician reference: _____ State: _____

Agreement signed: _____ Onboarding owner: _____

First day of work: _____ First patient day: _____

Offer and plan

- [ ] **T-01 Confirm the signed agreement, the first day of work and the first patient day in writing.**
  Owner physician, day minus 150.
- [ ] **T-02 Name one onboarding owner and set a 15-minute weekly check-in with the new physician until day 90.**
  Owner physician, day minus 150.
- [ ] **T-03 Collect the start file: CV, every license held, DEA certificates, board certification, training certificates, government ID.**
  Practice manager, day minus 145.
- [ ] **T-04 Screen the physician against the OIG exclusion list (LEIE) and your state's list; save the dated result.**
  Practice manager, day minus 140. OIG: health care entities should check new hires against the LEIE.

License and DEA

- [ ] **T-05 Apply for the state medical license through the board's traditional pathway. (traditional pathway)**
  New physician, day minus 140. North Carolina's board averaged 83 days for this pathway in its latest 90-day period (2026).
- [ ] **T-06 Apply through the Interstate Medical Licensure Compact: letter of qualification from the home state, then this state's license. (Compact route)**
  New physician, day minus 90. North Carolina, 2026: licenses issued 9 days after receipt; its own letters of qualification took about 35 days.
- [ ] **T-07 Apply for the state controlled substance registration where your state requires one.**
  New physician, day minus 100. DEA registers a practitioner only with state authority to dispense: 21 U.S.C. 823(g)(1).
- [ ] **T-08 Confirm the 8 hours of substance use disorder training before the DEA application. (if prescribing controlled substances)**
  New physician, day minus 80. One-time affirmation on the first DEA application on or after June 27, 2023 (DEA letter, 2023).
- [ ] **T-09 File the DEA registration (Form 224) for this state's practice address, or confirm the current one covers it. (if prescribing controlled substances)**
  New physician, day minus 75. A separate registration for each principal place of practice: 21 CFR 1301.12; $888 for 3 years: 21 CFR 1301.13.
- [ ] **T-10 File copies of the issued license and DEA certificate and enter both expiry dates in the renewal tracker.**
  Practice manager, day minus 21.

Privileges and agreements

- [ ] **T-11 Request the hospital's privileges application and the medical staff committee meeting dates. (if hospital privileges)**
  Practice manager, day minus 120.
- [ ] **T-12 Submit the privileges application with every attachment; log the date sent. (if hospital privileges)**
  New physician, day minus 110.
- [ ] **T-13 Confirm privileges are granted and record the expiry date in the privileges tracker. (if hospital privileges)**
  Practice manager, day minus 21.
- [ ] **T-14 Sign or update the agreements for every NP or PA this physician will collaborate with or supervise.**
  Owner physician, day minus 45. State rules decide; Florida, for example, wants board notice within 30 days (Fla. Stat. 458.348).

Systems and access

- [ ] **T-15 Request the EHR account, role and note templates; book EHR training for the first week.**
  IT or EHR admin, day minus 45.
- [ ] **T-16 Complete identity proofing and get the two-factor credential for e-prescribing controlled substances.**
  New physician, day minus 40. 21 CFR 1311.105: credential from an approved provider, issued by two channels.
- [ ] **T-17 Two designated people grant the EPCS signing permission after checking the DEA registration and state authority.**
  Owner physician, day minus 7. 21 CFR 1311.125(a) to (c): one approver must be a DEA registrant.

- [ ] **T-18 Build the scheduling templates and visit types in the scheduling system.**
  Front desk lead, day minus 30.
- [ ] **T-19 Set up email, phone extension, voicemail, keys, badge, alarm code and parking.**
  Practice manager, day minus 14.
- [ ] **T-20 Add the physician to the website, online listings and the front desk phone scripts.**
  Practice manager, day minus 14.

Employment and training

- [ ] **T-21 Send the employment paperwork, payroll forms and the employee handbook.**
  Payroll or HR, 14 days before the first day of work.
- [ ] **T-22 The physician completes Form I-9 Section 1.**
  New physician, first day of work. No later than the first day of employment (USCIS, 2026).
- [ ] **T-23 Examine the identity documents and complete Form I-9 Section 2.**
  Payroll or HR, 3 business days after the first day of work. Within 3 business days of the first day of work for pay (USCIS, 2026).
- [ ] **T-24 Bloodborne pathogens training before the first task with occupational exposure.**
  Clinical lead, first day of work. 29 CFR 1910.1030(g)(2)(ii)(A): at the time of initial assignment.
- [ ] **T-25 Offer the hepatitis B vaccine series, or record the prior series or the signed declination.**
  Clinical lead, 10 business days after the first day of work. 29 CFR 1910.1030(f)(2)(i): within 10 working days of initial assignment.
- [ ] **T-26 Orientation: office tour, emergency procedures, the escalation ladder, who decides what.**
  Practice manager, 2 days after the first day of work.
- [ ] **T-27 HIPAA privacy and security training; sign the confidentiality acknowledgment.**
  Practice manager, 5 days after the first day of work. 45 CFR 164.530(b)(2)(i)(B) and 164.308(a)(5): within a reasonable period after joining.
- [ ] **T-28 Compliance briefing: code of conduct, how to report a concern, the policies manual acknowledgment.**
  Practice manager, 5 days after the first day of work.
- [ ] **T-29 Shadow a current physician and the medical assistant team for at least one clinic session.**
  Clinical lead, 3 days after the first day of work.

Schedule and first 90 days

- [ ] **T-30 Set the schedule ramp on the Ramp tab and open the first weeks for booking.**
  Practice manager, day minus 30.
- [ ] **T-31 Tell existing patients and referring offices the new physician's start date.**
  Practice manager, day minus 21.
- [ ] **T-32 Day 7 check-in: what is blocking, what is missing, what is slow.**
  Practice manager, day 7.
- [ ] **T-33 Day 30 review: schedule fill against the ramp, open access issues, team feedback.**
  Owner physician, day 30.
- [ ] **T-34 Day 60 review: the same questions, plus what the physician would change.**
  Owner physician, day 60.

- [ ] **T-35 Day 90 review: full schedule reached? Close this checklist.**
  Owner physician, day 90.
- [ ] **T-36 File the onboarding record; keep the I-9 in its own file for the retention period.**
  Practice manager, day 90. I-9: 3 years after hire or 1 year after the job ends, whichever is later (8 CFR 274a.2(b)(2)(i)(A)).

When it goes wrong

If	Then
The license is not issued 30 days before day one	Call the board for the file's status. Move day one rather than book patients the physician cannot see; keep the orientation week.
The physician holds a full license in another Compact state	Check the Compact's criteria, get the letter of qualification from the home state, then apply for this state (North Carolina, 2026: 9 days after receipt).
The DEA registration has not arrived by day one	Controlled-substance prescriptions go to a registered colleague under your clinical policy. Nobody signs with another prescriber's registration or credential (21 CFR 1311.125).
The physician is moving from another state	A DEA registration covers one state: file in the new state (21 CFR 1301.12(a)).
The privileges committee meets after day one	Ask the medical staff office about the next meeting and any temporary privileges route in the bylaws; book office visits only until then.
The screening finds the physician on the LEIE	Stop and call counsel. The physician does not start while it is unresolved.
I-9 documents are missing on day three	Section 2 is due within 3 business days of the first day of work for pay: follow the USCIS instructions and record what was examined.
The schedule fills slower than the ramp	Open more new-patient slots, tell referring offices, add the physician to recall lists, and review fill every Friday.

Day-one readiness score

Tick each gate the week before day one. Score one point per gate. Any gap in gates 1 to 5 means the physician should not see patients yet: move day one, keep the orientation week.

- [ ] **1. State license issued and verified on the board's site.**
- [ ] **2. Exclusion checks (OIG LEIE and your state's list) clear and saved.**
- [ ] **3. Hospital privileges granted, if the physician will see hospital patients.**
- [ ] **4. EHR account live with the right role, templates and routing.**
- [ ] **5. Form I-9 Section 1 done on the first day of work, Section 2 scheduled within 3 business days.**
- [ ] **6. DEA registration issued for this state, if prescribing controlled substances.**
- [ ] **7. EPCS credential issued and signing permission granted by two designated people.**
- [ ] **8. Bloodborne pathogens training done; hepatitis B vaccine offered or declined.**
- [ ] **9. HIPAA privacy and security training done.**
- [ ] **10. Ramp set and the first weeks open for booking.**

Score (of 10): _____ **Date scored:** _____

What the wait and the ramp cost

Every paid week before the schedule fills costs the physician's weekly pay. BLS medians for May 2025: family medicine $244,180 a year (about $4,696 a week), general internal medicine $256,560 ($4,934), general pediatrics $210,040 ($4,039). Use your contract figure.

Line	How to work it out	Example	Yours
A. Weekly pay	Annual pay / 52	$4,696	$_____
B. Paid weeks before day one	Orientation, plus any weeks waiting on the license or DEA	1.0	_____
C. Open weeks in the ramp	Add (1 minus booked share) for each of the first 13 weeks	1.7	_____
D. Paid time with no patients	A x (B + C)	$12,679	$_____

Example ramp: 50% of a full schedule for two weeks, 75% for two, 90% for two, then full, which leaves 1.7 open weeks. That ramp is ClinicOps advice, not a benchmark. ClinicOps calculation from BLS May 2025 pay; salary only.

The guide behind this checklist has the lead times, the rules and a worked example with real dates: clinicops.us/guides/physician-onboarding-checklist. The Excel edition on the same page dates every line for you, counts day-one blockers and prices the ramp week by week.

Keep it safe

This checklist holds a physician reference, dates and a pay figure, and no patient information. Keep the filled-in copy with the physician's employment records, and keep the I-9 in its own file. It is an operations tool, not legal advice: your board, the hospital's bylaws and counsel decide.

Sources

Checked against the original source on Nov 18, 2026. Rules and figures change: confirm anything time-sensitive on the source page.

1. North Carolina Medical Board: 83 days, non-IMLC full license, latest 90-day period (Nov 2026). ncmedboard.org/licensing-registration/licensing/physicians/full-application

2. North Carolina Medical Board, A faster path to NC licensure: Compact licenses 9 days after receipt; letters of qualification about 35 days; traditional about 70 days (May 2026) (Jun 11, 2026). ncmedboard.org/images/uploads/other_pdfs/IMLC-A_faster_path_to_NC_licensure_06

3. Interstate Medical Licensure Compact: 44 member states, 2 territories, 59 boards (Oct 31, 2026). imlcc.com/

4. 21 U.S.C. 823(g)(1): DEA registers practitioners authorized by their state (current). law.cornell.edu/uscode/text/21/823

5. 21 CFR 1301.12 (one registration per state of practice), 1301.13 ($888, 3 years), 1311.105 and 1311.125 (EPCS) (eCFR, current). ecfr.gov/current/title-21/section-1311.125

6. DEA letter to registered practitioners: one-time 8-hour training from June 27, 2023 (2023). deadiversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

7. USCIS I-9 Central (Section 1 by day one; Section 2 within 3 business days); 8 CFR 274a.2 (retention) (Sep 2026). uscis.gov/i-9-central/completing-form-i-9/completing-section-2-employer-review

8. HHS OIG exclusions: screen new hires against the LEIE (Nov 2026). oig.hhs.gov/exclusions/

9. 29 CFR 1910.1030 (bloodborne pathogens) and 45 CFR 164.530(b) (HIPAA training) (eCFR, current). ecfr.gov/current/title-29/section-1910.1030

10. BLS Occupational Outlook Handbook, Physicians and Surgeons: median pay, May 2025 (Aug 27, 2026). bls.gov/ooh/healthcare/physicians-and-surgeons.htm

11. Fla. Stat. 458.348: physician notice of APRN protocols within 30 days (2026). flsenate.gov/Laws/Statutes/2026/458.348

Where this checklist stops

It tells you every step. It cannot run them for you on a busy week:

- **It cannot remind anyone: the dates only work if someone checks the list every week.**
- **It cannot see the board's, the DEA's or the hospital's queue, so a stalled application shows up only when someone calls.**
- **It cannot fill the new physician's schedule: it only tells you when to start.**
- **It cannot tell you which of your state's rules apply: your board and counsel decide that.**

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