

CHECKOUT POLICY

I. Purpose

The purpose of this policy is to provide an outline of the responsibilities of residents/fellows at the conclusion of their training programs including the conclusion of a preliminary year.

II. Policy

All residents/fellows who leave their training programs are responsible for checking out through their programs and the hospitals in which they rotate. Some of the requirements may be specific to the individual hospitals and will be attached to the main form to be submitted.

III. Procedure

Checkout includes the following:

1. Completion of all medical records at each hospital in our affiliated system where the resident has rotated during his/her training. Each medical record department must sign off indicating completion of the medical records at that hospital which are the resident's responsibility. The check-out form will have specific hospitals listed depending on the individual program. This step is required for ALL residents/fellows.
2. Return of all hospital pagers to the respective hospital from where pagers were provided. Pager return will be initialed on the checkout form by the individual in the pager office.
3. Return of all library materials to the respective libraries – UNLV-SOM library in the 2040 Building or from any other library from which materials have been borrowed.
4. Return of all items provided by the program such as library fobs, marlock cards, keys, UNLV-SOM badges and/or Rebel cards, hospital badges, Honeywell cards, etc. to the residency/fellowship coordinator. A place on the checkout list will be included.
5. Completion of all required forms, evaluations, surveys, etc.
6. The checkout form must be completed – including a forwarding address – and submitted to the program coordinator as a final step prior to releasing a certificate of completion. Final lists of completed checkout forms will be submitted to the GME office.

Certificates or letters indicating completion of training will not be released to the resident/fellow or any staff privileges or state medical licensure until checkout procedure is complete. Letters may be sent indicating anticipated completion, but no letters confirming completion may be sent.

Approved by GMEC April 2017

UNLV-SOM RESIDENT/FELLOW CHECKOUT FORM

Name: _____

Completion Date: _____

Forwarding address (home): 	Employment: <input type="checkbox"/> Fellowship <input type="checkbox"/> Academic Practice <input type="checkbox"/> Private Practice P/T F/T (circle one) Name (fellowship, practice) and Address:
Current phone (cell):	Personal email:
Coordinator Sign off: <input type="checkbox"/> Marlock return: _____ <input type="checkbox"/> UNSOM Badge: _____ <input type="checkbox"/> Evaluations completed in NI: _____ <input type="checkbox"/> Leave slips returned: _____ <input type="checkbox"/> Library fob returned: _____ <input type="checkbox"/> Departmental keys returned: _____ <input type="checkbox"/> Exit surveys completed: _____ <input type="checkbox"/> Scholarly project completed: _____ <input type="checkbox"/> Departmental equipment returned: _____ <input type="checkbox"/> Operative stats completed: _____ <input type="checkbox"/> Departmental forms completed: _____ <input type="checkbox"/> Exit interview with PD: _____	Library materials returned: _____ <div style="text-align: right;">Librarian initials</div> UNLV-SOM Human Resources to close file and send final paycheck: _____ <div style="text-align: right;">HR initials</div> Miscellaneous:
<input type="checkbox"/> UMC: <ul style="list-style-type: none"> • Return badge and _____ Honeywell/parking cards • Medical records: _____ Supervisor (only) • Keys: _____ • Pager: _____ 	<input type="checkbox"/> VA – LV: <ul style="list-style-type: none"> • Return badge and _____ Honeywell/parking cards • Medical records: _____ • Keys: _____ • Other: _____
<input type="checkbox"/> Sunrise: <ul style="list-style-type: none"> • Return badge and _____ Honeywell/parking cards • Medical records: _____ • Keys: _____ • Other: _____ 	<input type="checkbox"/> SNAMHS: <ul style="list-style-type: none"> • Return badge and _____ Honeywell/parking cards • Medical records: _____ • Keys: _____ • Other: _____

Certificate Given: _____ Date: _____

Resident Signature: _____ Coordinator Signature: _____