ETSU RESIDENT / FELLOW CHECK-OUT FORM

(This form should be completed by the Resident/Fellow and *verified* by Program Coordinator)

Resident / Fellow Name:		ETSU E#:			
Department:	Contract End Date:	Last Day Worked:			
Reason for Leaving: Completed:	Resigned:Transferred:	Other:			
Dates of ETSU Residency / Fellowship:					

Please Note: Individual verifying clearance must initial and date.

Please check all that are applicable:

	<u>JCMC</u>	BRMC	<u>HVMC</u>	MEAC	ACADEMIC DEPT	
Contact Person:	Tawana Holland	Kathy Olinger	Kathy Olinger	Clinic Manager	Dept Coordinator	
Medical Records Completed						
Keys/Access Card						
Books						
Lab Material						
University Equipment						
Laptop w/charging adapter						
Laptop repair fees paid Pager						
Hospital Badges						
IRB (Theresia Cannon, <u>cannont</u>	l@etsu.edu)					
ETSU ID Card / Badge Turn in		m coordinator/	designee 🗖			
Complete Board Score Report						
GME End of Program Checklist	in New Innovat	ions				
MANDATORY VAMC CHECKOUT: (Fellowships, JC FM, IM, Pathology, Psychiatry, Surgery) Obtain VAMC Checkout form from your Program Coordinator. Completed VA form must be signed off by ACOS Education Office: VA Bldg 3 (see Stephen Culbertson)						
VA Signature:		Da	te:			
VA Signature:		Da	te:	_		
VA Signature: Resident / Fellow Signa	iture:		te:	Date	e:	
			te:	Date	e:	
Resident / Fellow Signa For the Office of Graduate N Resident/Fellow Cleared:	Aedical Educat	ion: No; if not sp	ecify reason:		e:	
Resident / Fellow Signa	Aedical Educat	ion: No; if not sp	ecify reason:		e: Date:	
Resident / Fellow Signa For the Office of Graduate M Resident/Fellow Cleared: Program Coordinator or Des Program Coordinator or d with hospital/institutior	Aedical Educat YesI signee Signatur esignee is requ badges appro	ion: No; if not sp ·e: ired to VERIF priately – <u>do</u>	ecify reason: Y all hospital d not send badge	E epartments for es/IDs to GME (Date: Clearance & dispense Office but DO send a	
Resident / Fellow Signa For the Office of Graduate M Resident/Fellow Cleared: Program Coordinator or Des Program Coordinator or d with hospital/institutior <u>PHOTO COPY of AL</u>	Aedical Educat YesI signee Signatur esignee is requ badges appro <i>L BADGES colle</i>	ion: No; if not sp re: ired to VERIF priately – <u>do</u> ccted from dej	ecify reason: Y all hospital d <u>not send badge</u> parting residen	epartments for es/IDs to GME of t or fellow to t	Date: clearance & dispense <u>Office but DO send a</u> <u>he GME OFFICE</u>	
Resident / Fellow Signa For the Office of Graduate M Resident/Fellow Cleared: Program Coordinator or Des Program Coordinator or d with hospital/institution <u>PHOTO COPY of AL</u> PROGRAMS: Send complet	Aedical Educat YesI signee Signatur esignee is requ badges appro <u>L BADGES colle</u> ted Check-Out	ion: No; if not sp re: ired to VERIF priately – <u>do</u> ccted from dej Form, photo	ecify reason: Y all hospital d <u>not send badge</u> parting residen copy of all badg	epartments for es/IDs to GME of t or fellow to th ges collected, a	Date: clearance & dispense <u>Office but DO send a</u> <u>he GME OFFICE</u> Ind all up-to-date leave	
Resident / Fellow Signa For the Office of Graduate M Resident/Fellow Cleared: Program Coordinator or Des Program Coordinator or d with hospital/institution <u>PHOTO COPY of AL</u> PROGRAMS: Send complet	Aedical Educat YesI signee Signatur esignee is requ badges appro <u>L BADGES colle</u> ted Check-Out	ion: No; if not sp re: ired to VERIF priately – <u>do</u> ccted from dej Form, photo	ecify reason: Y all hospital d <u>not send badge</u> parting residen copy of all badg	epartments for es/IDs to GME of t or fellow to t	Date: clearance & dispense <u>Office but DO send a</u> <u>he GME OFFICE</u> Ind all up-to-date leave	