2024-2025 House Staff Final Checkout Procedure

Please follow the instructions below to ensure a successful checkout process.

Program Responsibility

Programs are responsible for facilitating the house staff final check out process for their programs. Program coordinators should complete *Section #4: Program Specific Sites* before providing the checkout forms to the separating house staff. Program coordinators must confirm that Form 1 and Form 2 are completed and legible and deliver both forms with the house staff UCSF Fresno ID badge, CMC ID badge and CMC parking placard (if applicable) to the GME office ***within one-week of the trainee's separation date.*** Program coordinators are responsible for returning pagers to CRMC.

***House staff going into another program, staying as faculty, or joining an affiliated medical office will receive new ID badges from their new HR department.*

House Staff Responsibility

1. Complete checkout forms 1 and 2. Your personal forwarding address information will be entered into the UC Payroll System as your last known address of record for future W-2 forms, health benefit information and/or follow up from the University.
2. Return Form 1, Form 2, UCSF Fresno ID badge, CMC ID badge and CMC parking placard (if applicable) to your program coordinator.
3. Follow up with your program regarding other items (i.e., pager, VA badge, FHCN badge, etc.).
4. Your program coordinator will provide you with your certificate of completion when you have completed your final checkout from the University.

UCSF Fresno Access and Email Termination

UCSF Fresno access and email accounts will be terminated upon separation from the University. ***Separating house staff should save and forward important emails to a personal email address prior to their official separation date (last day of training).***

Update Contact Information

Separating house staff should update their contact information (personal email & mailing address) with UCPath (payroll), PlanSource (benefits), NPPES NPI Registry, DEA, medical boards, board specialties, and other professional organizations. Separating house staff can expect an email from UCSF Human Resources outlining additional information regarding separation and benefits.

Professional Liability Insurance

For information about your professional liability insurance coverage and requests for claims letters, all requests are processed via email within 14 days. Send all requests to *Fresno-Risk@ucsf.edu*.

FORM 1

UCSF Fresno House Staff Final Checkout Form

House Staff Name: _____ Program: _____

All signatures must be obtained *prior* to separating from UCSF Fresno and receiving your certificate of completion. This includes any program specific sites listed under item #4: Program Specific Sites.

1. **CRMC HEALTH INFORMATION MANAGEMENT:** _____ **Date:** _____
   (Signature)
   Health Information Management Office – CRCM, first floor; Medical Staff Office hallway; across from the entrance to the cafeteria. Ensure all medical records are up to date and/or completed prior to separation date.

2. **UCSF FRESNO MEDICAL LIBRARY:** *The library staff will contact house staff directly for overdue items.*

3. **MEDHUB:** _____ **Date:** _____
   (Signature)
   Check with your program staff to confirm who can sign off on MedHub requirements. House staff should complete ALL evaluations, work hours, procedure logging, etc. Access to MedHub is deactivated on the separation date.

4. **PROGRAM SPECIFIC SITES:**
   Programs should include outside sites (i.e., FHCN, VCH, VA, Reedley, Kaiser, etc.) that require clearance prior to providing this form to the separating house staff.

   Your program requires check out at the sites below:

   Site: _____ **Signature:** _____

   Site: _____ **Signature:** _____

   Site: _____ **Signature:** _____

5. **PROGRAM APPROVAL:**
   The Program Director/Designee signature indicates that required GME checkout items have been completed/collected. Programs may attach additional program-specific check out forms as needed but should only sign this form and provide the separating house staff with his/her training certificate of completion after the GME checkout requirements have been met.

   ☐ Form 1

   ☐ Form 2

   ☐ UCSF Fresno ID Badge

   ☐ CMC ID Badge

   ☐ CMC Parking Placard

_____ **Date:** _____
Signature of Program Director or Designee

FORM 2

UCSF Fresno House Staff Forwarding Address Form & Alumni/CMC Data

House Staff Name: _____

Forwarding Address: _____

Phone Number: _____ Email Address: _____
(non-UCSF)

Unchecked boxes will default to "NO."

1. I authorize UCSF Fresno to release my forwarding information (above) to affiliate partners for program related purposes without giving me prior notice of such disclosures. ☐ YES ☐ NO
2. I would like to be contacted for UCSF Fresno Alumni and Continuing Medical Education events. ☐ YES ☐ NO

_____ _____
House Staff Signature Date

Please answer the following questions regarding your post-residency/fellowship plans.

1. Will you be staying as faculty with UCSF Fresno/CCFMG? ☐ YES ☐ NO
2. Will you be staying in the Central Valley to practice? ☐ YES ☐ NO
3. Will you be entering into an advanced postgraduate training program? ☐ YES ☐ NO
4. Will you be entering private practice? ☐ YES ☐ NO

Business Address: _____
Facility Name (private practice, institution, postgraduate training program)

_____
Address

_____
City State Zip code

FOR GME/HR USE ONLY:	☐ Form 1	☐ Form 2	☐ UCSF badge	☐ CMC badge	☐ Parking
Certificate of Completion	☐ Provided to Program		☐ Picked up by House Staff		
Comments:					
GME Staff Initials:					