Housestaff Checkout List

To be completed by Trainee
Name (please print):_____

Program: _____

Forwarding Address: _____

_____

Telephone: (_____) _____ e-mail address: _____

Plans upon graduation:

☐ Additional Training _____
institution city state program type

☐ Private Practice _____
practice name city state

☐ Academic Practice _____
institution city state

To be Completed by Program Coordinator or Designee
Items to be returned to the Academic Program Coordinator (or designee)

☐ Pager
☐ Parking Key Card and Hang Tag
☐ Loyola ID Badge
☐ Final Paycheck Form
☐ Lab Coats
☐ Debitek Card

☐ Any and all Loyola-issued Keys (indicate # of keys _____)
☐ Other _____

The following must be confirmed as completed by the coordinator or designee:

☐ all medical records have been completed
☐ all library resource returned
☐ GME Annual Survey completed
☐ Annual Safety Exam
☐ Annual Disclosure Statement

Signature: _____ Printed Name: _____
Resident/Fellow
Dated: _____

Signature: _____ Printed Name: _____
Coordinator or Designee
Dated: _____

Note to Housestaff: Please note that final paychecks will not be released until ALL LUMC issued equipment, resources and identifications are returned and all compliance requirements met.

Note to Program Administration: Please forward this form and all items listed except pagers and lab coats to the GME Office. Please also include a copy of the Final Note to File and copy of the Certificate of Completion.