EXITING RESIDENT SIGN-OUT SHEET

_____ _____

NAME **PROGRAM**

The sign-out sheet should be brought to the exit interview and faxed when complete to the Capital Area Health Consortium (860) 676-1303.

_____ _____

MEDICAL RECORDS (Signed by Program Director) **DATE**

(Program Director's signature only after medical records have been completed AT ALL rotations.)

_____ _____

TELECOMMUNICATIONS – UConn, Munson Road, 3rd floor (Pager) **DATE**

_____ _____

PUBLIC SAFETY - UConn-LG041 (Keys, ID, Parking Pass) **DATE**

_____ _____

EXIT INTERVIEW (Payroll Forwarding Address Form, COBRA) **DATE**

Professional activity after leaving UConn program:

_____ Private Practice _____ HMO/PPO _____Fellowship

_____Other Residency _____ Hospital Practice _____ Other _____

City:_____ State:_____

_____ _____

Resident/Fellow Signature **Date**

(Revised 2/2017)