



## INTER-OFFICE MEMO

UCSF Fresno  
Medical Education Program  
Graduate Medical Education  
155 North Fresno Street  
Suite 251  
Fresno, CA 93701  
  
tel: 559-499-6520  
fax: 559-499-6521  
  
email: [gme@fresno.ucsf.edu](mailto:gme@fresno.ucsf.edu)

FROM: Office of Graduate Medical Education and Human Resources

RE: House Staff Checkout Procedure 2019

As you prepare to leave the UCSF Fresno Medical Education Program, you will need to comply with the formal checkout process. Please follow these instructions carefully and talk to your program coordinator or call the Office of Graduate Medical Education at (559) 499-6520 if you have any questions.

### **COORDINATORS:**

**Please complete section #4 before sending this form to your separating residents.**

### **RESIDENTS/FELLOWS:**

**1. Complete both forms #1 & #2 (attached)**

Obtain all signatures required on form #1. Fully and legibly complete form #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, etc. Take both forms to checkout. Incomplete forms will delay the checkout process.

**2. UCSF Fresno Email Deactivation**

As required by UCSF policies, UCSF accounts that provide access to computers at the UCSF Fresno Center and email are disabled upon separation from the program. **Please save/forward any important emails prior to your official separation date.** Instructions on how to export your information will be provided in an e-mail from IT and can be located at <http://www.fresno.ucsf.edu/wp-content/uploads/2017/06/Downloademails.pdf>.

**3. Final Checkout**

The final step in the checkout process is to take the completed forms, along with your UC & CMC ID badges and CMC parking placard, to the UCSF Fresno Graduate Medical Education (GME) Office located at the UCSF Fresno Center, 155 N. Fresno Street, second floor, suite 251.

**Please contact the GME office in advance to schedule an appointment at (559) 499-6520 or [gme@fresno.ucsf.edu](mailto:gme@fresno.ucsf.edu).**

You will need to return any other badges to the appropriate facility or to your program office as instructed. If you will be joining any of the local medical staffs or staying as faculty, you will be issued new ID cards and parking access information when you complete medical staff appointment procedures.

Information will be provided to you during checkout about COBRA insurance, your defined contribution plan (DCP) monies, and your training completion certificate.

UCSF Fresno Medical Education Program  
HOUSE STAFF CHECKOUT SHEET 2019

\_\_\_\_\_  
(Legibly Print Full Name) Program: \_\_\_\_\_

**All signatures must be obtained prior to reporting to UCSF Fresno HR/GME for final checkout. This includes any program specific sites listed under item #4 (i.e. VCH, VA, Selma, Kaiser, etc.).**

1. **CRMC HEALTH INFORMATION MANAGEMENT:** \_\_\_\_\_ Date: \_\_\_\_\_  
HIM Office – CRMC, first floor; Medical Staff Office hallway; across from entrance to the cafeteria.

2. **UCSF FRESNO MEDICAL LIBRARY:** \_\_\_\_\_ Date: \_\_\_\_\_  
UCSF Fresno Library: Monday-Friday | 8am-4:30pm | 559-499-6510

3. **MEDHUB** (OMFS doesn't need to be signed off): \_\_\_\_\_ Date: \_\_\_\_\_  
Check with home program to confirm who can sign off on MedHub

4. **PROGRAM SPECIFIC**

**If required, Program Coordinators will include any additional sites (i.e., VCH, VA, Selma, Kaiser, etc.) that need clearance prior to providing this form to you.**

If required by program, check out at sites specified below:

Site: \_\_\_\_\_ Signature: \_\_\_\_\_

Site: \_\_\_\_\_ Signature: \_\_\_\_\_

Site: \_\_\_\_\_ Signature: \_\_\_\_\_

5. **PROGRAM RELEASE**

This signature indicates all program-specific items have been met and authorizes HR to release training certificates (where applicable). **Designees: If you are signing for your program director, please be certain all program requirements have been met before signing this form.** Programs may attach additional program-specific check out forms as required but **should only sign this form after all requirements are met.**

Program-specific items:  pager  keys  Vocera  locker  other \_\_\_\_\_

\_\_\_\_\_  
Signature of Program Director/Designee

\_\_\_\_\_  
Date

**UCSF Fresno Medical Education Program  
HOUSE STAFF FORWARDING ADDRESS FORM**

Full Name: \_\_\_\_\_

Current Program: \_\_\_\_\_

Personal Forwarding Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**UNCHECKED BOXES WILL DEFAULT TO "NO"**

YES  NO I authorize UCSF Fresno to release my forwarding address information to affiliated partners for program-related purposes, without giving me prior notice of such disclosure.

YES  NO I would like to be contacted for UCSF Fresno Alumni events.

Signature of Approval: \_\_\_\_\_

Please answer the following questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Will you be staying as faculty with UCSF Fresno/CCFMG?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Will you be staying in the Central Valley to practice?               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Will you be entering into an advanced postgraduate training program? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Will you be entering private practice?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Business address:

\_\_\_\_\_  
 Facility name (private practice, institution, postgraduate training program)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

<b>FOR HR/GME USE ONLY:</b>	<input type="checkbox"/> Form #1 Completed	<input type="checkbox"/> Form #2 Completed
<input type="checkbox"/> UCSF Fresno badge returned	<input type="checkbox"/> CMC badge returned	<input type="checkbox"/> CMC parking placard returned
<b>Certificate of training completion:</b>	<input type="checkbox"/> Given to resident	<input type="checkbox"/> To be mailed to forwarding address
Comments: _____		
GME Staff Initials: _____		

**Please contact the GME office in advance to schedule a check-out appointment.  
 (559) 499-6520 or [gme@fresno.ucsf.edu](mailto:gme@fresno.ucsf.edu).**