



June 2019

FROM: Graduate Medical Education  
17 Davis Blvd., Suite 308  
Tampa, FL 33606  
(813) 250-2506

RE: **Checkout Process**

The following document contains information about the Checkout process. In addition, on page 2 we've provided helpful information/links related to change of address, insurance, and NPI number, among other topics.

The Checkout process consists of:

- Completion of an Exit Survey. This survey is located in New Innovations and will be available for completion through 7/31/19.
- Completion of the Checkout process for each of the affiliated hospitals where you rotated. Use the table below to guide you through the checkout process for each affiliated hospital. **Your training will not be considered complete if the appropriate forms are not returned, as indicated.**
- Case Logs Reminder. Complete ACGME case logs if this applies to your training program. Case logs can be requested by hospitals for future privileging and impacts program accreditation. Please give yourself and your program credit for the volume of procedures/cases completed.

Affiliated Hospital	Checkout Requirements
Tampa General Hospital	Return ID badge, pager, call room keys, meal card and check out form to Carmela Villanueva (carmelavillanueva@tgh.org) on the 4th floor of the TGH East Pavilion, Room J402.
James A. Haley VA Hospital	Complete the enclosed form on page 4 and return to Erika Barr in JAHVA, Bldg. 41, Room 226a (second floor).
Moffitt Cancer Center	Complete the enclosed form on page 5 and return it and your access card, ID badge, remote token, and pager (as applicable) to the MCC GME office, MCC 4 <sup>th</sup> Floor, Main Hospital/Red Valet building.
Johns Hopkins All Children's Hospital	The checkout process is completed directly with the JH ACH GME office.
Bay Pines VA Hospital	The checkout process is completed at the end of the Academic Year.
<b>IMPORTANT!! NO PHONE CALLS MAY BE MADE IN LIEU OF SIGNATURES ON THE ATTACHED FORMS.</b>	

## **HELPFUL INFORMATION**

### **HEALTH INSURANCE / W-2**

COBRA benefits are available to you if you are leaving and wish to extend your health coverage. Please visit the GME webpage at <http://health.usf.edu/medicine/gme/graduating/benefits> for additional information.

It is your responsibility to notify the U.S. post office of a forwarding address so that your mail continues to follow you. In addition, **before termination** you will need to log-on to the USF GEMS system to change your home address so that your W-2 tax form will be sent to you in January. Instructions may be found [here](#).

### **MALPRACTICE COVERAGE**

For proof of malpractice coverage, please contact the USF Self Insurance Program at [USFSIP@health.usf.edu](mailto:USFSIP@health.usf.edu) or 813-974-8008.

### **DISABILITY INSURANCE**

Your long-term disability insurance can be converted to a private policy if you desire. For additional information on your current policy and conversion, please contact Muniz & Associates at 813-258-0033.

### **IMMUNIZATIONS RECORDS**

Immunization/Vaccination records on file in the Medical Health Administration Office can be obtained in person (USF Morsani, 6th Floor, MDH 6108) or by completing a [Medical Record Information Release Form](#). The completed Release Form can be returned to [mha@health.usf.edu](mailto:mha@health.usf.edu) 3-5 Business Days for processing required.

### **NATIONAL PROVIDER IDENTIFIER (NPI)**

Everyone has an NPI number. It is YOUR responsibility to log on to the NPPES website (<https://nppes.cms.hhs.gov/NPPES/Welcome.do>) and update your personal information. Remember that the log-on and password belong to YOU and should not be shared with anyone.

### **ALUMNI SOCIETY**

The USF Health Morsani College of Medicine Alumni Society is proud to welcome our residents and fellows as alumni members of the USF family. To register, visit us at <http://bit.ly/GMEalumni> or contact us at [medicinalum@health.usf.edu](mailto:medicinalum@health.usf.edu) to be included and get involved.

### **CONTINUING AS FACULTY**

If you will be staying at USF in a Faculty position, please let your Department know so that your e-mail account will not be turned off and your health benefits can be addressed.

**YOU MUST COMPLETE THE CHECKOUT PROCESS EVEN IF  
YOU ARE GOING TO BECOME FACULTY!**



Tampa General Hospital  
1 Tampa General Circle-J420  
Tampa, FL 33606

OFFICE OF GRADUATE MEDICAL EDUCATION  
AT  
TAMPA GENERAL HOSPITAL  
RESIDENT SIGN-OUT FORM 2019

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

TRAINING PROGRAM: \_\_\_\_\_ Last day working at TGH: \_\_\_\_\_

**Returned the following:**

TGH Badge:  Yes  No  N/A

USF Pager:  Yes  No  N/A Pager # \_\_\_\_\_

Meal Card:  Yes  No  N/A

\*\*Locker Emptied:  Yes  No  N/A

\*\*TGH Scrubs  Yes  No  N/A

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
TGH GME Staff Name & Signature

\_\_\_\_\_  
Date

Check-out form, TGH badge, USF pager and meal card must be returned to the TGH GME office – Room J402. There is a box outside the office door with envelopes to put your items in if the GME staff is unavailable. You will receive an email acknowledgement of receipt of your items.

If you have any questions, please email [TGHGMEoffice@tgh.org](mailto:TGHGMEoffice@tgh.org)  
Thank you and Congratulations!



RESIDENTS/FELLOWS CLEARANCE FROM INDEBTEDNESS (Please complete all highlighted areas)

NAME OF EMPLOYEE	LAST 4 SSN	MAIL FORWARDING ADDRESS	DATE
TITLE OF POSITION	STATION NO.	SERVICE, DIVISION AND SECTION	
THE EMPLOYEE IS (Check one) <input type="checkbox"/> BEING SEPARATED FROM VA <input type="checkbox"/> BEING TRANSFERRED		THE EMPLOYEE IS (Check one) <input type="checkbox"/> VETERAN <input type="checkbox"/> NON VETERAN	
			EFFECTIVE DATE

This certifies that the above-named employee is not indebted to the Government except as noted.

DEPARTMENTS/STAFF OFFICES	CLEARANCE OFFICIAL	ARTICLES	QTY.	UNIT COST	TOTAL COST
(FOR SURGERY RESIDENTS) <b>Uniform Exchange:</b> 6010 (located GB-36)		(if applicable) Laundry, uniform, linen and lockers (6:30am-2:45pm)			
<b>HIMS/Records</b> Management 4979/6140 Located on Ground Floor (GA-027)		<b>All Employees</b> must certify with Records Management that they are <b>not</b> removing any Federal records from VA custody.			
<b>Police/ID Office</b> Ext. 6332 (located in Bldg. 42-119)		Collection of employee I.D. badge and automobile decal			
<b>Facilities &amp; Engineering:</b> Ext. 7057 (located in bldg 42-205)		Collection of Keys			
<b>IT Office:</b> Ext. 6108/7222 Located on Ground Floor (GB-20C)		Computer usage cancellation and Turn-in: Pager/Cell Phone/VA loaned equipment			
<b>Main Library (Med):</b> Ext. 6569 (located - 2A-239)		Medical and General Library clearance. Books and Publications			
<b>Agent Cashier:</b> 6033/6036 (1 <sup>st</sup> floor 1C-104E)		Collect Transit Benefits. <b>CORRECT FORWARDING ADDRESS</b>			
<b>LAST STOP: FORM MUST BE TURNED IN TO ERIKA BARR</b> at JAHVH, Bldg. 41, Room 226a (education office)		Please visit <a href="http://www.va.gov/oa/surveys/">www.va.gov/oa/surveys/</a> and complete the OAA LEARNER'S PERCEPTION SURVEY. Your response is greatly appreciated.			

EMPLOYEES ARE REQUIRED TO CLEAR EVERY SERVICE LISTED ABOVE, EXCEPT FOR EMPLOYEE SPECIFIC SERVICES IDENTIFIED BY ASTERISKS. Final Pay Checks will NOT be direct deposited. All final pay checks will be received by the Agent Cashier and available for pick up or mailing 3 days after the Tuesday Payday.

INSTRUCTIONS: This form must be completed and presented to the Agent Cashier, Finance Division, before final payment will be released.

SIGNATURE OF APPROVING OFFICIAL	DATE	AGENT CASHIER INITIALS	INDEBTEDNESS COLLECTED
---------------------------------	------	------------------------	------------------------



### GME SIGN OUT FORM

Residents and fellows graduating from their training programs should complete the first section and report to the Moffitt GME Office, MCC 4<sup>th</sup> Floor, Main Hospital/Red Valet building for sign out.

---

**I. TRAINEE Please complete the following information**

Name: \_\_\_\_\_ Training Program: \_\_\_\_\_

Termination Date: \_\_\_\_\_

---

**II. GME STAFF**

Access Card Return: # \_\_\_\_\_ Moffitt ID Badge Returned:  Remote Token:  Pager returned:

**Moonlighter** Yes  (complete this section) No

If yes, Moonlighting Department: \_\_\_\_\_

Date cleared by Dept: \_\_\_\_\_ Dept. Admin Signature \_\_\_\_\_

Do Not Term Until: \_\_\_\_\_

---

**II. SIGNATURES**

Trainee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Moffitt GME Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

---

**Moffitt GME Office**  
Open Monday-Friday, 7:30 am to 4:30 pm  
MCC (Main Hospital Building) 4<sup>th</sup> floor, Suite 4035  
813-745-1867