



June 2021

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 3 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 6/30/21.
- 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	<p>Please email your completed form, photo of your badge (front and back) and meal card(if applicable) to TGHGMEoffice@tgh.org. If you are onsite, you can also drop off your form, badge and meal card at the TGH GME office located on the 4th Floor of the WEST Pavilion, room J402. Our office hours are Monday-Friday from 8AM to 4PM. Your badge and account will be deactivated on your last day at TGH or by 6/30/2021.</p>
James A. Haley VA Hospital	<p>At JAHVH, the residents will need to go to the areas physically as delineated on the form (ID Office, Agent Cashier, IT office). Special circumstances of the Linen Room (surgery residents only), and the Facilities Management Office (if they've been issued any VA keys), as applicable. FORM MUST BE EMAILED TO SONIA.RIVERA2@VA.GOV once complete.</p>
Moffitt Cancer Center	<ol style="list-style-type: none"> 1. Please access the Outprocessing Checklist. (https://eforms.moffitt.org/OutprocessingCheckList/OutprocessingCheckListNemp). Please complete this form as soon as possible. Use your GME term date (most likely June 30, 2021, not the last day you'll be at Moffitt) as the Last Day. 2. You will need to contact Health Information Management at HIMOperation@moffitt.org or 813-745-2776 and make sure your medical records are completed. 3. When you are ready to sign out from Moffitt, go to the Red Valet entrance to the main hospital building on Magnolia Drive. Go to the 5th floor to the GME Lounge. 4. Inside the lounge is locker 31. Locker 31 has been converted into a lockbox to turn in your Moffitt property. Open the locker with code 1111. 5. Get an envelope, write your name on it, and put your access card, ID badge, remote token, and pager (if you were assigned a Moffitt pager) and Moffitt parking sticker (if you received one) into the envelope. 6. Enter code 1111 and hold down the Hollowell button to lock the locker. 7. If you need assistance, contact Cortney Bruce, Management Assistant to the GME Office at Cortney.Bruce@Moffitt.org. If you want to visit the GME office to say goodbye, you can also drop your property off at the Moffitt GME Office on the 4th floor of the main hospital building, MCC4035.
Johns Hopkins All Children's Hospital	<p>The checkout process is completed directly with the JH ACH GME office.</p>

Bay Pines VA Hospital	<p>Please ensure each Resident checks out in person with the specific rotation coordinator at the end of EVERY rotation. If this is their final rotation (end of program) and the Resident received their PIV badge here at Bay Pines, their badge needs to be returned to our PIV office, located in Building 37.</p> <p>You are also required to assign surrogates along with closing out any open encounters with your site director and fill out the clearance checklists that are attached in the Baypines section of this document.</p>
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IMPORTANT!! NO PHONE CALLS MAY BE MADE IN LIEU OF SIGNATURES ON THE ATTACHED FORMS.

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@usf.edu or 813-974-8008. <https://health.usf.edu/sip/coverage-protections>

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 sending an e-mail request to mha@usf.edu from your USF e-mail. Please add your date of birth. 3-5 Business Days for processing required.

VERIFICATION OF TRAINING

For future credentialing requests, please visit <https://health.usf.edu/medicine/gme/credentialing>.

NATIONAL PROVIDER IDENTIFIER (NPI)

Everyone has an NPI number. It is YOUR responsibility to log on to the PPES 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

<https://vimeo.com/420817920/a28cc8684c>

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](http://bit.ly/GMEalumni) or contact us at medicinealum@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!



GRADUATE MEDICAL EDUCATION

**1 Tampa General Circle- West Pavilion, room J420
Tampa, FL 33606**

**OFFICE OF GRADUATE MEDICAL EDUCATION
AT
TAMPA GENERAL HOSPITAL**

RESIDENT/FELLOW SIGN-OUT FORM

Please email the completed form and attach a photo of the following items to TGHGMEoffice@tgh.org

- a. TGH Badge (front and back of your TGH badge)
- b. Meal Card (if applicable)

Don't forget to:

Return TGH scrubs

Complete notes in Epic

LAST NAME:

FIRST NAME:

Forwarding Address:

Email:

Cell Phone #:

TRAINING PROGRAM:

Last day at TGH:

Trainee Signature

Date

We will email your Program Administrator to confirm that you have completed this form and submitted all the check-out requirements for TGH.

If you have any questions, please email TGHGMEoffice@tgh.org

Thank you and Congratulations!



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

NAME OF EMPLOYEE	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 ONLY) Uniform (located GB-36)		(if applicable) Laundry, uniform, linen and lockers (6:30am-2:45pm)			
HIMS/Records Management 4979/6140 Located on Ground Floor (GA-027) CALL		All Employees must certify with Records Management that they are not removing any Federal records from VA custody. CALL EXT. 4979/6140			
Police/ID Office Ext. 6332 7:00am- 2:30pm		Collection of I.D. badge and automobile decal (MUST PHYSICALLY GO TO THE ID OFFICE - located in Bldg. 42-119)			
Facilities & Engineering: Ext. 7057 CALL		Collection of Keys (if applicable) (MUST PHYSICALLY GO TO THE OFFICE-located in bldg 42-205)			
IT Office: Ext. 6108/7222 8:00am- 3:30pm		Computer usage cancellation and Turn-in: Pager/Cell Phone/VA loaned equipment (MUST PHYSICALLY GO TO THE OFFICE - located on Ground Floor (GB-20C))			
Main Library (Med): CALL or EMAIL 7:30am-4:00pm: 813-972-7531 TAMLibrary@va.gov		Medical and General Library clearance. Books and Publications			
Agent Cashier: 6033/6036 8:00am- 4:00pm ONLY IF YOU OWE MONEY		Collect Transit Benefits. CORRECT FORWARDING ADDRESS (MUST PHYSICALLY GO TO THE OFFICE - located on 1st floor 1C-104C)			
Please visit www.va.gov/oa/surveys/ and complete the OAA LEARNER'S PERCEPTION SURVEY. Your response is greatly appreciated.					
FORM MUST BE EMAILED TO SONIA.RIVERA2@VA.GOV once complete.					

INSTRUCTIONS: This form must be completed and presented to the Agent Cashier, if any items are owed.

SIGNATURE OF APPROVING OFFICIAL	DATE	AGENT CASHIER INITIALS	INDEBTEDNESS COLLECTED
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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 4th 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) 4th floor, Suite 4035
813-745-1867

BAY PINES VA HEALTH CARE **SYSTEM**

In-Service to Academic Affiliations Subsection
of Education Service

OAA POINTS OF CONTACT

- ▶ ACOS-E Dr. Kimberley Cao M.D. FCCP
- ▶ DLO Robert Tunget
- ▶ Program Specialists: Sean Clayton & Devenia Cowper
- ▶ VHABAY Academic Affiliations: VHABAYAcademicAffiliations@va.gov
 - ▶ All the above POCs are in this email group
- ▶ Site Directors/Coordinators by Service



OFF BOARDING/CLEARING

- ▶ All Residents/students must clear station at the end of their final rotation.
- ▶ Service level coordinators are responsible for initiating this process and will provide a copy of the clearing sheet/instructions. VA form 3248 Revised
- ▶ Service coordinator/Site director is responsible for ensuring all view alerts are cleared and a surrogate assigned for any CPRS related actions.
- ▶ VA form 3248 & VA form 10-0708 to be emailed to vhabayacademicaffiliations@va.gov upon completion; we will email 10-0708 to medical records

Station Clearance on your last day of Training at the Bay Pines



Department of Veterans Affairs

RESIDENT / STUDENT / TRAINEE CLEARANCE FORM

FULL NAME (LAST, FIRST, MIDDLE INITIAL)	Social Security (last 4)	CURRENT MAILING ADDRESS	DATE
TITLE OF POSITION Health Professions Trainee	STATION NO. 516	SERVICE/ SECTION	
THE RESIDENT/ STUDENT/TRAINEE IS:		THE RESIDENT/ STUDENT/TRAINEE IS (Check one)	Clearance EFFECTIVE DATE
<input checked="" type="checkbox"/> COMPLETING CURRENT ROTATION (give dates): FM: _____ TO: _____		<input type="checkbox"/> VETERAN <input type="checkbox"/> NON VETERAN	

ARTICLES	DEPARTMENTS/STAFF OFFICES	SERVICE COORDINATOR/ PRECEPTOR'S INITIALS
Turn in all assigned Keys	<u>Engineering Bldg 24, room 208 x 10547</u>	
Exit Interview with your Program Coordinator Complete/sign: CPRS data entries, remove yourself from notifications, assign surrogate, make sure no VA records leave	Medical Records - call x 17009, also complete : VA Form 10-0708 Employees Records	
Library Service (loaned books/etc)	Email vhabaylibrary@va.gov , x14695 or 15566, 14033, 14375	
Visit OIT (if applicable) turn in pager/cellphone/equipment; if no equipment clear by phone	Bldg. 2 RM 222A 2nd floor OIT help desk 14923 Mon – Fri 8 am to 430pm	
Turn in scrubs and/or lab coats	EMS – Uniforms – Bldg 100, Rm 1B149, x14401	
Turn in BPVAHCS ID Badge Turn in Parking Decal (if applicable)	Police Service, Bldg 37, Rm 150	
VISTA CPRS deactivation; AD account – remove "rotation" comment and add "inactivity" comment	Service ADPAC submits E-pas on very last training day (ie are not returning)	
Complete Learners' perception survey per Office of Academic Affiliations	http://www.va.gov/oa/surveys	Last day of your last Rotation!

Is Resident or Student also an employee at Bay Pines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Forwarding Mailing Address:

Street: _____

Apt/Bldg #: _____

City: _____ State: _____ Zip Code: _____

Forwarding Email Address: _____

Telephone Number: Area Code: _____ Phone #: _____

SIGNATURE OF PROGRAM COORDINATOR	PRINTED NAME OF COORDINATOR	EXTENSION	DATE
Email VA10-0708 and this completed form to vhabayacademicaffiliatons@va.gov		Education Service –Bldg 20, Rm 200, x14795 or x14038	

▼ To be completed by Academic Affiliations Staff ▼

De-activate User in TMS and email VA-10-0708 to medical records	Initials: _____ Date: _____	Update OAA student database	Initials: _____ Date: _____	
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INSTRUCTION: This form must be completed and presented to the facility Records Officer before employee separates from the Department of Veterans Affairs (VA), and certifies that the departing employee is not removing Federal records from VA custody and all records in the control of employee have been transferred and made available for use to the employee's supervisor or other specific individual designated to assume custody of the Records.

1. NAME OF EMPLOYEE	2. SERVICE, DIVISION AND SECTION <i>(Include mailing symbol)</i>	3. DATE <i>(MM/DD/YYYY)</i>
4. TITLE OF POSITION Health Professions Trainee	5. STATION NUMBER 516	
6A. SIGNATURE AND TITLE OF SUPERVISOR <i>(Sign in ink or Official Electronic Signature)</i>		6B. DATE <i>(MM/DD/YYYY)</i>
CERTIFICATION: I hereby certify that: a. I am aware of the criminal penalties for the unlawful removal of Federal records (18 U.S.C. 2071); b. I do not have any VA Federal records in my custody and will not remove any Federal records from VA property; c. I have transferred and made available all Federal records for use to my supervisor or other specific individual designated to assume custody of the Federal records; d. I have removed the encryption and/or security measures from secured files and documents or provided access to the files to my supervisor.		
7. SIGNATURE OF EMPLOYEE <i>(Sign in ink or Official Electronic Signature)</i>		8. DATE <i>(MM/DD/YYYY)</i>
9. SIGNATURE OF RECORDS OFFICER <i>(Sign in ink or Official Electronic Signature)</i>		10. DATE <i>(MM/DD/YYYY)</i>