

**Begin Station Clearance on your last day of Rotation at 1:00 pm (Monday-Friday)
Ending in Academic Affiliations office (Bldg 20, Room 206) no later than 3:30 pm**



Department of Veterans Affairs

RESIDENT / STUDENT / TRAINEE CLEARANCE FORM

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

ARTICLES	CLEARANCE OFFICIAL'S INITIALS	DEPARTMENTS/STAFF OFFICES	
Turn in all assigned Keys; Exit Interview with your Program Coordinator Turn in all outstanding Timekeeping/Calendars (Pd Residents) to service coordinator.		Assigned Service: _____ (MDP _____)	
Complete/sign all CPRS data entries		HIMS – Medical Records/File Room – x 4420	
Turn in uniforms and/or lab coats (if applicable)		EMS – Uniforms – Bldg 100, Rm 1B149	
Turn in all outstanding books and/or videos		Medical Library Service – x 7587	
Turn in VA issued-pager (if applicable)		IRMS Help Desk Bldg. 2 room 222A-2 Mon-Fri 08:00am to 4:30pm	
Discontinue, voice mail, long distance authorization codes and copier PIN codes.		HAS – Technical Assistance – x 5510	
Complete Annual Survey for Resident /Trainees /Students per Office of Academic Affiliations		Complete Learners Perception Survey http://www.va.gov/oaa	Last day of your last Rotation!
Is Resident or Student returning in the next 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is Resident or Student also a Fee Basis or Intermittent employee at Bay Pines?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Forwarding Mailing Address (if not the same as listed above):

Street: _____

Apt/Bldg #: _____

City: _____ State: _____ Zip Code: _____

Forwarding Email Address: _____

Telephone Number: Area Code: _____ Phone #: _____

SIGNATURE OF PROGRAM COORDINATOR		MDP	EXTENSION	DATE
ARTICLES	CLEARANCE OFFICIAL'S INITIALS	DEPARTMENTS/STAFF OFFICES		
Turn in BPVAHCS ID Badge Turn in Parking Decal (if applicable)		Police Service, Bldg 11		
Deliver completed form and a copy of the Student/Resident Evaluation form to Bldg 20, Room 206 before 4:00 pm on last day of Rotation to Notify Education of Completion of Training		Education Service –Bldg 20, Rm 206 Med Education Coordinator		

▼ To be completed by Academic Affiliations Staff ▼

De-activate User in Synquest	Initials: _____ Date: _____	Disuse User in NPF	Initials: _____ Date: _____	Clearance form Faxed to ISO for Termination of NPF	Initials: _____ Date: _____
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