



Office of Academic Affairs  
222 Station Plaza North, Suite 510  
Mineola, NY 11501

**2009 CHECK-OUT FORM**

(Completing Internship/Residency/Subspecialty)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

**DEPARTMENTS PLEASE SIGN BELOW & DATE**

- |  |                 |
|--|-----------------|
| <p><b>1. Library</b><br/>• Return books</p>  | <p>1. _____</p> |
| <p><b>2. Laundry</b><br/>• Return lab coats</p>  | <p>2. _____</p> |
| <p><b>3. Medical Records (Main Hospital/1<sup>st</sup> Flr.)</b><br/>• Medical Records to review &amp; sign-off on chart completion</p>  | <p>3. _____</p> |
| <p><b>4. Residency Coordinator</b><br/>• Return pager<br/>• Return prescription pads</p>   | <p>4. _____</p> |
| <p><b>5. Security (222 Bldg #200)</b><br/>• Return ID Badge</p>  | <p>5. _____</p> |
| <p><b>6. Housing Coordinator (222 Bldg #200)</b><br/>• Return housing key</p>  | <p>6. _____</p> |
| <p><b>7. Academic Affairs (222 Bldg #510)</b><br/>• Return Check-Out Form<br/>• Return Forwarding Address Form<br/>• Complete tasks within New Innovations<br/>• NYS Exit Survey –Submission page<br/>• Complete CITI course</p> | <p>7. _____</p> |

Mail security deposit to the following address: \_\_\_\_\_  
(security deposit may take 6-8 weeks to receive)

**BEFORE YOU CAN RECEIVE YOUR FINAL PAYCHECK, ALL SIGNATURES MUST APPEAR ON THIS CLEARANCE FORM.**

**\*Please return this form to the Office of Academic Affairs during regular business hours.**