



## CLEARANCE FORM

Trainee's Name: \_\_\_\_\_

OMSB No. : ( )

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

Date of Commencing Training: \_\_\_\_\_

- Date of Completion of Training (for Graduates): \_\_\_\_\_
- Date of Withdrawal/Termination from the program (If applicable): \_\_\_\_\_

### Training Centers/ OMSB Departments and Sections:

You are kindly requested to certify that the above-mentioned trainee has fulfilled all his/her obligations to your center/department/section. Please ensure that sections below are duly signed and stamped by the authorized person.

### Section 1: Training Centers Only

#### General Services/Computer Services

- De-activate Computer Password
- Collect institution's belongings: (on-call room keys, locker keys, pagers, etc.)

| INSTITUTION  | NAME & POST OF AUTHORIZED PERSON | SIGNATURE & DATE | STAMP | REMARKS |
|--|----------------------------------|------------------|-------|---------|
| <input type="radio"/> Royal Hospital (IT Department & Library)       | _____                            | _____            |       |         |
|  |                                  | Date: _____      |       |         |
| <input type="radio"/> SQU Hospital (Hospital Information System)     | _____                            | _____            |       |         |
|  |                                  | Date: _____      |       |         |
| <input type="radio"/> Khoula Hospital (IT Department)                | _____                            | _____            |       |         |
|  |                                  | Date: _____      |       |         |
| <input type="radio"/> Al Nahdha Hospital (IT Department & Library)   | _____                            | _____            |       |         |
|  |                                  | Date: _____      |       |         |
| <input type="radio"/> Armed Forces Hospital (Administrative Officer) | _____                            | _____            |       |         |
|  |                                  | Date: _____      |       |         |



| INSTITUTION   | NAME & POST OF AUTHORIZED PERSON | SIGNATURE & DATE     | STAMP | REMARKS |
|---|----------------------------------|----------------------|-------|---------|
| <input type="radio"/> Others (Please Specify):<br>_____ | _____                            | _____<br>Date: _____ |       |         |

## Section 2: OMSB Departments/Sections Only:

| DEPARTMENT/ SECTION                                     | NAME & POST OF AUTHORIZED PERSON | SIGNATURE & DATE     | STAMP | REMARKS  |
|---|----------------------------------|----------------------|-------|--|
| Administrative Services Section                         | _____                            | _____<br>Date: _____ |       | <input type="radio"/> Collect OMSB ID  |
| Medical Library   | _____                            | _____<br>Date: _____ |       | <input type="radio"/> De-activate Password<br><input type="radio"/> Two-Year Access Alumni (for Graduates) |
| Information Technology Department                       | _____                            | _____<br>Date: _____ |       | <input type="radio"/> De-activate OMSB Email (After 8 months for Graduates)                                |
| Simulation Center (Registration Office)                 | _____                            | _____<br>Date: _____ |       | <input type="radio"/> De-activate registration access  |
| Finance Affairs Department                              | _____                            | _____<br>Date: _____ |       | <input type="radio"/> Fees as per the Qarar of OMSB Services Fees (13/2022)                                |
| Security Office   | _____                            | _____<br>Date: _____ |       | <input type="radio"/> De-activate IMP Security Doors   |
| <input type="radio"/> Admission & Registration Section  | _____                            | _____<br>Date: _____ |       | <input type="radio"/> Only for Withdrawal from OMSB  |
| <input type="radio"/> Trainee Affairs Follow-up Section | _____                            | _____<br>Date: _____ |       | <input type="radio"/> Only for Completion of Training/ Termination from OMSB                               |

### Instructions to Trainees:

This form should be submitted to the OMSB Trainee Affairs Department after filling with all required information and signatures.