



## 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 ( <u>IT Department &amp; Library</u> )	_____	_____ Date: _____		
<input type="radio"/> SQU Hospital ( <u>Hospital Information System</u> )	_____	_____ Date: _____		
<input type="radio"/> Khoula Hospital ( <u>IT Department</u> )	_____	_____ Date: _____		
<input type="radio"/> Al Nahdha Hospital ( <u>IT Department &amp; Library</u> )	_____	_____ Date: _____		
<input type="radio"/> Armed Forces Hospital ( <u>Administrative Officer</u> )	_____	_____ Date: _____		



INSTITUTION	NAME & POST OF AUTHORIZED PERSON	SIGNATURE & DATE	STAMP	REMARKS
○ Others (Please Specify):	_____	_____ Date: _____		

## Section 2: OMSB Departments/Sections Only:

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