

## 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
<b>Administrative Services Section</b>	_____	_____ Date: _____		○ Collect OMSB ID
<b>Medical Library</b>	_____	_____ Date: _____		○ De-activate Password ○ Two-Year Access Alumni (for Graduates)
<b>Information Technology Department</b>	_____	_____ Date: _____		○ De-activate OMSB Email (After 8 months for Graduates)
<b>Simulation Center Access (Sim. Center Registration Office)</b>	_____	_____ Date: _____		○ De-activate registration access
<b>Finance Affairs Department</b>	_____	_____ Date: _____		○ Fees as per the Qarar of OMSB Services Fees (13/2022)
○ <b>Admission &amp; Registration Section</b>	_____	_____ Date: _____		○ Only for Withdrawal from OMSB
○ <b>Trainee Affairs Follow-up Section</b>	_____	_____ 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.