

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)	_____	_____ 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
○ 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 Access (Sim. Center Registration Office)	_____	_____ Date: _____		○ De-activate registration access
Finance Affairs Department	_____	_____ Date: _____		○ Fees as per Academic Training Bylaws (13/2019)
○ Admission & Registration Section	_____	_____ Date: _____		○ Only for Withdrawal from OMSB
○ Trainees Affairs Follow-up Section	_____	_____ Date: _____		○ Only for Completion of Training/Termination from OMSB

Instructions to Trainees:

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