**Return Item Instructions**

(provided by Ohio State University/Nationwide Children’s Hospital; 2017)

**OUTLINE OF CONTENTS AND INSTRUCTIONS FOR SECTION 1**

*Below is an outline of contents and instructions for each item. Please carefully read and follow the instructions and return to by the dates given in the self-addressed, stamped envelopes provided. You may use the COMPLETED column for your own records to indicate completion/mailing dates.* ***All requested signatures must be original, no signature stamps will be accepted on any form.*** *Unless indicated, none of the requested documents will be returned to you so you may want to make copies for your records.*

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| **FORM** | **INSTRUCTIONS** | **RETURN BY DATE** | **COMPLETED** |
| Peds Contract | Sign, date last page – return all pages. **Original will be sent back to you sometime in May after all appropriate signatures are obtained.** Please do not fold or staple the contract. | April 4 |  |
| IM Letter of Offer | Sign, date and return. This is your Letter of Offer from IM. | April 4 |  |
| IM Limited Staff Agreement | Sign, date and return. **Original will be sent back to you after all appropriate signatures are obtained.**  | April 4 |  |
| Med-Peds Guidelines | Enclosed are the Med-Peds residency program guidelines. Please look over them carefully, sign, date and return the orange slip. The guidelines are yours to keep. | April 4 |  |
| Elective/Vacation Request | Indicate your medicine elective preferences. You receive 3 weeks vacation (2 from Peds; 1 from IM). List preferred vacation **block numbers** on the form. Complete only highlighted area for your PGY1 year. Do not give specific dates on this form (use *Vacation/No Call Request* for that). | April 4 |  |
| Vacation/No Call Request | Indicate **specific** vacation/no call dates on this form. Also choose preferred holiday time. | May 2 |  |
| Peds Lab Coats/FleeceIM Lab Coat/FleecePeds ScrubsBusiness Cards | You will receive 2 Peds lab coats OR 1 lab coat and 1 fleece You will receive 2 IM lab coats OR 1 lab coat and 1 fleece *Please make sure you indicate which you are ordering on each form.**All lab coats/fleeces will have your name embroidered on them – they* ***cannot******be exchanged*** *for wrong size. Please use the size/measurement charts. Some female residents prefer the men’s sized coats – keep in mind that they are cut larger. Tall sizes are available only in men’s sizing.*You will receive 2 sets of scrubs You will receive business cards to give to your primary care clinic patients. **Please print exactly how you want your name to appear on the cards.** | April 4 |  |
| BLS/ACLS | SEND COPIES OF NEW CARDS W/APR OR MAY, 2018 EXPIRATION DATE | ASAP |  |
| Birth Certificate and Medical School Diploma | **We require a certified birth certificate with the seal of the issuing agency (copies are unacceptable). *This will not be returned to you.*** **An 8 ½ x11 copy of your medical school diploma. English translations are required for diplomas in Latin or other languages.**  | June 6 |  |