

**PROVIDER OFFBOARDING CHECKLIST**

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| **TASK** | **COMPLETED/SCHEDULED DATE** |
| **Offboarding**   * Ensure notification has been sent notification to Andrea Ludka, Lisa Giovanelli, Lynn Schutter, Kara Classens, Jeff Klug, Local Medical Staff Office, and HR * Complete Provider Resignation form and send to Local Medical Staff Office  |  |  | | --- | --- | | **Medical Staff Office Leads** | | | Grand Traverse Region | Katryna Glettler | | East Region | Angela Gee | | South Region | Heather Lucas | | Kalkaska Region | Teresa Smith |  * Submit CSAR to remove access   ***In the “Notes to Access Team” list the following:***   * + Reason for changing access:  deceased, retired, moved out of area, other employment   + Star IDS that will change   + Practices/Organizations that the provider will still be privileged for: are they practicing at other locations MHC?   + New DirectTrust email:   + Current DirectTrust email:   + Where to send outstanding orders? (New DirectTrust or fax number) * Arrange call coverage * Plan for standing orders * Completing patient notes * Patient panel assignment * Collect parking pass, keys, and ID badge * Collect all office equipment (laptop/computer) |  |