

**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

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| **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)
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