

KEYS TO SUCCESS

I have read, understand and accept responsibility for the following requirements:

I understand that I represent Southern Regional AHEC and the Family Medicine Residency program and will behave in a professional, courteous manner at all times.

I will be an active member of my clinical team by taking responsibility for our patients, being prepared for each patient encounter, being on time and keeping my Centricity desktop up to date:

- Prescriptions within 48 hours
- Notes completed/signed within 72 hours
- Forms in 5 business days

I have access to the Resident Manual, SRAHEC policies and the SRAHEC Personnel Manual and will act accordingly.

I will review my Groupwise e-mail and calendar, New Innovations and Centricity on a daily basis and understand that I am responsible for all information contained within. In the event there is a conflict or discrepancy, it is my responsibility to clarify with the appropriate Residency Administration staff.

I will log my procedures, patient encounters and duty hours in New Innovations on a weekly basis.

I will submit requests for PTO at least 90 days prior to the dates requested.

I am responsible for my electives and will submit the required form at least 90 days prior to the start of the elective block.

I understand that I am to get all travel and book money expenses approved in advance and that I must turn in all receipts to the Residency Support Specialist within 5 days.

I understand that I am to meet with my faculty advisor on a quarterly basis; that I am responsible for coordinating that meeting with the scheduler and will report each meeting to the Residency Support Specialist for documentation in my file.

I understand that my Resident Training License will expire on my birthday and I will renew it each year accordingly.

I understand that I am expected to attend, be on time and be prepared for weekly didactics.

Printed name

Signature

Date