التخصصي الاينس الطبية
Altakassusi Alliance Medical

Training And Development Department

Radiology Program Checklist

Trainee Information

Trainees Name: _____ Contact Number:_____

National ID: _____ Emergency Contact:_____

Training Information

Training Center: ( ) KFMC ( ) PMAH ( ) Al Yamamah ( ) Majmaah ( ) Dawadmi ( ) Zulfi ( ) Artawyah

Training status: ( ) New ( ) Extend ( ) Compensation ( ) External Rotation

University Name: ( ) SCFHS ( ) KSU ( ) PNU ( ) PSU ( ) MU ( ) Other: _____

Commincment Date: _____

Training Duration: ( ) Month/s

Checklist

Personal Documentation		Check	Date
1	Complete Electronic Commencement Form		
2	Sign Non-Disclosure Agreement (NDA), *(Required for HIS and RIS Access)*		
3	Provide National ID		
4	Submit Updated Curriculum Vitae (CV)		
5	Training Authorization Letter (*Excludes clinical attachment*)		
Training Materials & Onboarding		Check	Date
1	Attend Orientation and Program Introduction		
2	Review Rotation and Activity Schedule		
3	Access shared folder with training materials		
Access & System Privileges		Check	Date
1	Hospital and AAML ID Badge		
2	Hospital and AAML Domain Accounts		
3	Hospital Information System (HIS) Access (*For graduate trainees with SCFHS license*)		
4	Radiology Information System (RIS) Access (*for graduate trainees with SCFHS license*)		
5	AAML HR System Account (*permanent trainees only*)		
6	Radiation Dosimeter Device/Badge (*Provided by the university for university trainees*)		
Mandatory Courses		Check	Date
1	Infection Control		
2	Fire Response		
3	Basic Life Support (BLS) (Optional)		

Consent

I, the undersigned trainee, hereby confirm that the information I have provided is accurate and that I have read, understand, submitted and receive all documents as outlined in this acknowledgment.

Trainees Name: _____	Signature: Date:	