

## GME Exit Clearance Form

Effective June 2015

### Instructions:

Provide any and all information for future training and/or the type of medical practice you are pursuing. If the complete address is not available, provide the city and state. A signed copy of your final summative evaluation must be attached if you are completing an ACGME program.

Per University policy, your final paycheck cannot be direct deposited. Checks are available for pickup on the last working day of the month.

### Circle how you want to receive your final paper paycheck:

1. Pick up from GME Office
2. Mail to forwarding address below via first class mail
3. Overnight Mail/UPS/FedEx (attach a prepaid, self-address mailer)

### Demographic Information:

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Forwarding Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Future Plans:

- *Additional Training*

Specialty: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

### OR

- *Business/Practice:*

\_\_\_\_ Private Practice      \_\_\_\_ Academic Practice      \_\_\_\_ Military

\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Signatures Required: If you have never trained in a hospital listed below, please indicate with N/A next to those hospitals. Otherwise you must secure each of the signatures listed below.

**Baptist Hospital**

Cleared by GME Office with approval from Regina Rogers.

**Methodist/Lebonheur Healthcare Medical Records**

See the attached handout or the link below for directions. A clearance email must be attached. UT GME will collect your Methodist ID and keys for you or you may return them directly to Methodist. <http://www.uthsc.edu/GME/pdf/methodistexit.pdf>

**Regional One Health**

1. Health Information Management (HIM) (1<sup>st</sup> Floor Chandler)

\_\_\_\_\_ Date

HIM sign-off

- Make sure all medical records are dictated and signed prior to reporting to HIM
- HIM Team: Keesha-545-8396; Buffy-545-6319; or Cynthia-515-4526

2. Bring your ROH badge and any ROH scrubs (laundered) to the following location for final sign-off:

- Brad Jordan or Sheri Yendrek - 880 Madison 1<sup>st</sup> Floor— 1C01 MedPlex—sign on door says Medical Staff Services, directly across from the public restrooms; 545-7509 or 545-8336

Badge Returned:  YES  NO

Scrubs returned?  YES  NO  NA How many scrub pairs returned? \_\_\_\_\_

\_\_\_\_\_ Date

ROH sign-off

**Staff available between 8:00-4:00 M-F.**

**VA Medical Center**

Specialty Service Office \_\_\_\_\_

Education Service Office \_\_\_\_\_

The VA has their own exit clearance form. Please attach a copy of their completed form.

**Program Director**

(Note that unused vacation days must be available if resident/fellow leaves prior to termination date.)  
The resident has returned all equipment and obligations to the training program. If the resident/fellow is completing an ACGME training program, you must attach a copy of the final summative evaluation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_