

GME EXIT CLEARANCE FORM – Jackson/Nashville

Effective June 2026

Instructions: Provide 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 must be uploaded into New Innovations.

Demographic Information – Please Print Clearly

Name: _____

Program: _____ Date of Termination: _____

Forwarding Address: _____

City: _____ State: _____ Zip: _____

Non-UTHSC Email: _____

Phone: _____

Future Plans

If Additional Training:

Specialty: _____ Institution: _____

City: _____ State: _____

If Practicing, select one of the following:

- Private Practice Academic Practice Military Other

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Signatures or Email Required: If you have never trained in one of the hospitals listed below and do not have a hospital ID, please indicate with N/A. Otherwise, you must secure documentation for each hospital listed below.

Hospitals You've Worked

1. Contact your program coordinator or program leadership to inquire about how to exit with the various hospitals you've rotated.
2. Return any and all badges either to your program coordinator or the respective hospital, depending on what you're instructed to do.
3. Insure you return any scrubs or other materials to the respective hospital.
4. Attach proof of hospital exit being completed with this exit packet. This could be an exit form or email response. For clarification on this or any other hospital exit requests, contact your program coordinator.

VA Medical Center

1. Processed view alerts and removed self
from CPRS teams in my presence? Yes No
2. Records Management Form – Signed Yes No
3. Do you have any keys from any VA Department? Yes No
4. In your next position, will you *rotate or work* at any VA? Yes No
If yes, please state the name/location of the VA: _____
5. If the answer to #4 is YES then you should NOT turn in your PIV card.
Otherwise, have you turned in your PIV Card? Yes No

*Please note, if you have any keys or equipment from the VA that has not been turned in, you can be billed from the Federal Government.

Trainee Education Signature: _____ Date: _____

Institutional Review Board (IRB) Requirements Before Separating from UTHSC:

1. If you are the Principal Investigator (PI) of a human subjects research study, you may not continue to act in that capacity once you leave UTHSC. Before you separate from UTHSC, you **must** either close your study with the IRB via the electronic submission of a *Form 7: Study Closure* request in iMedRIS, OR name someone else at UTHSC as the Principal Investigator via the electronic submission of a *Form 2: Change Request & Amendments* in iMedRIS.
2. If you wish to continue participating in a human subjects research study as a co-investigator (or as research staff, a statistician, etc.) after you leave UTHSC, you **must** request this via the electronic submission of a *Form 2: Change Request & Amendments* in iMedRIS before you separate from UTHSC. You will either be asked to attach the IRB approval documents from your new institution once you receive them, to discuss and pursue a potential reliance agreement between our IRB and your new institution's IRB, or to sign an Individual Investigator Agreement if you are not joining another institution that has/uses an IRB.

Not complying with the above will result in violation of UTHSC IRB policy and/or federal regulations and can also be reported to your new institution's IRB.

Please contact the IRB at (901) 448-5060 or email at irb@uthsc.edu if you have any questions about this process.

Program Director/Program Manager

The resident has returned all equipment and obligations to the training program.

(Note that unused vacation days must be available if resident/fellow leaves prior to termination date.)

Signature: _____

Date: _____

GME Office Use Only

- Pages 1-3 filed out
- Hospital clearance verifications attached
- Verification of NPI change attached
- Badges collected
- Final Summative & Resident Evaluation Request in New Innovations
- Returned Dosimeter

GME Signature: _____

Date: _____