

GME EXIT CLEARANCE FORM

Instructions:

Provide any and all information for future training and/or the type of medical practice you are pursuing. If the complete business address is not available, provide the city and state.

Clearance is required from hospital departments on page 2 to assure all transactions are complete.

If you are completing training, a signed copy of your final summative evaluation must be attached to this form. (Not applicable to dental graduates.)

Per University policy your last paycheck cannot be direct deposited. Checks will be available at the end of the month.

Indicate below how you want to receive your final pay.

Last Check (circle one): \Rightarrow *PICK UP from GME* OR \Rightarrow *MAIL TO FORWARDING ADDRESS via First-Class Mail*
OR \Rightarrow *MAIL OVERNIGHT/PRIORITY (attach pre-paid, self-addressed mailer)*

Personal Information:

Name: _____

Specialty: _____

Forwarding address: _____

Have you updated NPI information and completed competency survey? _____

Yes No

Forwarding email address: _____

Phone: () _____

Future Plans: (Complete either Section 1 or 2 below)

1. Additional Training: _____ Yes _____ No

Specialty: _____ Institution: _____

Address: _____ (Street)

_____ (City, State, ZIP)

Phone: () _____

2. Business/Practice:

_____ Solo _____ Medical Staff: _____ Academic _____ Nonacademic

_____ Group _____ U.S. Government: (Branch: _____)

_____ Partnership

Forwarding Business Name and Address: _____

Address: _____ (Street)

_____ (City, State, ZIP)

Phone: () _____

Signatures Required: (If you have never rotated during training to MUH/Le Bonheur, please indicate N/A next to those hospitals. If you have not rotated to any of the other hospitals listed below within the last 12 months, please indicate N/A.)

Baptist Memorial Hospital Medical Records _____
 1st Floor, Suite 114 (Ph: 226-5088; Fax: 226-5842)
 Medical Library _____
 (Ph: 226-5569; Fax: 226-5563)

Baptist Women's Hospital Medical Records _____
 (Ph: 227-9175; Fax: 227-9192)

BMH Collierville Medical Records (Ph: 861-8948; Fax: 861-8906) _____

Methodist and/or Le Bonheur Medical Records (either office can sign for both hospitals)

Residents may obtain medical record clearance via email by following the Methodist electronic check-out procedure listed on the GME website: <http://uthsc.edu/GME/exitclearance.php>. The "cleared" email must be printed and attached to this form or a clearance signature must be provided below.

OR _____
 1st Floor, Le Bonheur Research Tower

 MUH – Ground Floor Thomas

NOTE: If clearing by email, GME will collect Methodist ID's and call room keys when you turn in your exit forms.

Regional Medical Center at Memphis Medical Records _____
 1st Floor Chandler
 Laundry (Scrubs) _____
 Environmental Services (Chandler Basement)
 Security _____
 1st Floor Chandler Bldg; 545-7696
 Annie Lewis, Physician Liaison _____
 2H04-F MedPlex; 545-7825

Medical Records, Security, and Laundry clearance must be completed (even if you don't use Med scrubs) before the Physician Liaison will sign. Staff will be available 8:00 am – 4:00 pm M-F. If you will call the HIM Department at 545-8451, they will pull your records and have them ready for completion.

VA Medical Center Specialty Service Office _____
 Education Service Office _____

Check with your specialty service office for specific VA clearance procedures.

Program Director

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

The resident has returned all equipment and obligations. If the resident/fellow is completing training, **attach copy of final summative evaluation.**

 (Signature)

 (Date)