

**INTERNS, RESIDENTS, FELLOWS LEAVING THE VCUHS BEFORE 6/1 OR AFTER 7/15**

NAME [PLEASE PRINT] \_\_\_\_\_  
LAST FIRST

PROGRAM: \_\_\_\_\_ PROGRAM END DATE: \_\_\_\_\_

YOU MUST BE CLEARED BY THE FOLLOWING AREAS:

MEDICAL RECORDS: Completed all of the medical records that are available for which he/she is responsible.

\_\_\_\_\_  
MEDICAL RECORD LIBRARIAN, MCVH DATE

TOMPKINS-MCCAW LIBRARY (509 N. 12<sup>th</sup> St): Returned all of the books & pay fee for which he/she is responsible.

\_\_\_\_\_  
LIBRARY REPRESENTATIVE DATE

MCVH PAGING OFFICE (West Hospital-10<sup>th</sup> Floor North Wing) Turned in Pager # \_\_\_\_\_

\_\_\_\_\_  
PAGING OFFICE REPRESENTATIVE SIGNATURE PRINT NAME DATE

RESIDENCY/FELLOWSHIP PROGRAM COORDINATOR: Turned in Keys \_\_\_\_\_ Cleared Mail \_\_\_\_\_

\_\_\_\_\_  
RESIDENCY/FELLOWSHIP PROGRAM COORDINATOR DATE

VA MEDICAL CENTER:

Medical Records Clearance \_\_\_\_\_ (HIMS sign off – either of 2 below) \_\_\_\_\_ (date)

- HIMS Coding Supervisor – 2K-105; Ph. 675-6865 (Ms. Hatcher) or FAX to 675-5567
- HIMS – Room 2K-105; Ph. 675-5549 (Ms. Battise) or FAX to 675-5567

IT turn in \_\_\_\_\_ (IT sign off) \_\_\_\_\_ (date)

- Room 3B-119, Ph. 675-6225 (Ms. Bray) or FAX to 675-5258
- Room 3B-116, Ph. 675-5600 (Help Desk)

VA – FINAL CLEARANCE \_\_\_\_\_ (ACOS/E or Staff) \_\_\_\_\_ (date)

- Room 2K-129, Ph. 675-5249 (Ms. McMillan) or FAX to 675-5546
- Room 2K-128, Ph. 675-6247 (Dr. Joseph) or FAX to 675-5546

PARKING OFFICE (659 N. 8<sup>th</sup> Street, in the 8<sup>th</sup> Street Parking Deck):

**(You must bring parking decal.) If you need a temporary sticker, you must ask for it.**

\_\_\_\_\_  
PARKING OFFICE REPRESENTATIVE DATE

SECURITY: (CANCEL BADGE ACCESS) A.D. Williams Basement

\_\_\_\_\_  
SECURITY REPRESENTATIVE DATE

GME OFFICE (West Hospital, 6<sup>th</sup> Floor, South Wing):

Turned in mailbox key \_\_\_\_\_ Cleared out mailbox \_\_\_\_\_ Turned in I.D. Card \_\_\_\_\_

Completed Exit Survey \_\_\_\_\_ Completed Forwarding Address Form \_\_\_\_\_ HPD Status \_\_\_\_\_

Completed Release Form \_\_\_\_\_ Turned in VPN Card \_\_\_\_\_ [A \$50 fee will be charged if the card is not returned!]

\_\_\_\_\_  
GME REPRESENTATIVE DATE

**RETURN COMPLETED FORM TO GME OFFICE: WEST HOSPITAL, 6TH FL – 8-9783**