INTERNS, RESIDENTS, FELLOWS LEAVING THE INSTITUTION 6/1 – 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

MCVH PAGING OFFICE: West Hospital, 10th Floor, North Wing Turned in Pager #_____

_____
PAGING OFFICE REPRESENTATIVE SIGNATURE PRINT NAME DATE

RESIDENCY/FELLOWSHIP PROGRAM COORDINATOR:

Cleared Mail _____ Turned in Keys _____

_____
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

GME OFFICE ONLY: West Hospital, 6th Floor, South Wing

Turned in mailbox key _____ Cleared out mailbox _____

Turned in I.D. Card _____ HPD Status _____

Completed Forwarding Address Form _____ Completed Exit Survey _____

Completed Release Form _____ Turned in VPN Card_____
[$50 fee will be charged if card is not returned!]

_____
GME REPRESENTATIVE DATE

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

REV 07/01/2009