2016-17 CU SOM GME CLEARANCE FORM

Name: ____________________________________________
(PLEASE PRINT)

This clearance form must be completed and returned to your Program Coordinator by your last day in training. Do not return to the GME office.

PART I: MEDICAL RECORDS CLEARANCE - You must complete any outstanding medical records and obtain an “all clear” signature from the medical records department of each facility where you saw patients during this academic year. Again, you need clearance only from the facilities where you saw patients. The purpose of this is to make certain all medical records are complete before you leave.

PLEASE NOTE: University of Colorado Hospital (UCH) is the only facility that does not require a signature. However, please be certain you have completed your UCH records as well.

All records completed:

**Denver Health Medical Center**
You may fax to 303-602-8003 or 303-602-8004
Be certain to include return fax #.

**National Jewish Health**
You may fax to 303-398-1987
Attn: Kathy Flesher
Be certain to include return fax #.

**Presbyterian/St. Luke’s**
You may fax to 303-839-6867.
Be certain to include return fax #.

**Rose Medical Center**
You may fax to 303-320-2654
Be certain to include return fax #.

**Children’s Hospital Colorado**
You may fax to 720-777-7244.
Be certain to include return fax #.

**Veterans Affairs Medical Center**
Email request to VHAECHHIMSMEDICALRECORDSCLEARANCE@va.gov, SUBJECT LINE: Medical Records Clearance. Please be sure to copy in your Program Coordinator. Both you and your Program Coordinator will receive a clearance email from the VA within 24 hours.

**NOTE:** If you will be going to another training program outside of CU with a VA rotation, keep your badge and contact the Denver VA to have your badge transferred to the new VA location.

**Other**

Facility Name ______________________ Date __________

Signature ______________________ Date __________
PART II: CAMPUS CLEARANCE

A. CU SOM GME parking privileges end on the last day of your training. Information from Parking and Transportation on unpaid citations will be mailed directly to your home address. If you have a VA parking key card, please return the tag to the Parking and Transportation Office at the AMC (Building 500, 1st floor on left of the food court and across from the Student Lounge). Office hours are Monday through Friday, 7:30 am to 4:30 pm. Office phone number is 303-724-2555. Return UCH silver hang tags to your Program Coordinator. **NOTE:** If you are being hired as faculty, you will need to contact the CU SOM Parking Office directly to coordinate continued parking privileges.

B. CU SOM Email Account – Unless you transition to Faculty or UCH/UPI employee, your account will be disabled on the day after your exit date. See page 2 “Know Before You Go” letter for further information. You are considered a member of the CU Medical Alumni Association. As such, you may keep your ucdenver email address for life. If you are interested in doing so, please fill out the request form at [www.ucdenver.edu/healthalumni/stayconnected](http://www.ucdenver.edu/healthalumni/stayconnected).

C. CU SOM Alumni Association – The CU Medical Alumni Association will contact you about future alumni programs and benefits. If you do not want your information shared with the association, please contact healthalumni@ucdenver.edu.

D. Health Sciences Library – Please return any items you have from the library before you leave. Individual notices are sent if you have past due material. If you have questions, call the circulation desk at 303-724-2152.

E. Travel Office – If you were issued a CU-issued VISA card from the Travel Office, please return it to your Program Coordinator. If you have questions, call the Travel Office at 303-837-2161.

F. Lab Coats and Scrubs – Return any non-embroidered lab coats and scrubs to the issuing hospital, not to your Program Coordinator.

G. Program Coordinator – Your Last Stop!
Turn in any University-issued property; such as keys, pager, ID badges, along with this completed clearance form, to your Program Coordinator. Your coordinator will verify you have completed your clearance procedure, including medical records sign off.

PART III: FORWARDING ADDRESS - Final paychecks will be direct deposited.

For your 2016 W2 Form, PRINT your name and FORWARDING ADDRESS:

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Name of Exiting Program

**IF YOU DO NOT HAVE A NEW ADDRESS YET, ONCE YOU ARE SETTLED IN YOUR NEW LOCATION, PLEASE NOTIFY ALISHA HORTON, GRADUATE MEDICAL EDUCATION PAYROLL ADMINISTRATOR @ Alisha.Horton@ucdenver.edu**

PART IV: PROGRAM COORDINATOR

A. Your signature below verifies that the resident has completed the clearance procedure, including medical records sign-off at each facility where the resident saw patients during the academic year.

B. If the resident has provided a forwarding address, please forward a copy of this page only to Alisha Horton in GME. You may send via intercampus mail to C293, email as an attachment to Alisha.Horton@ucdenver.edu or fax to 303-724-6034.

Program Coordinator Signature ___________________________ Date ____________

Updated 5/2016

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