

GME EXIT CLEARANCE FORM

Effective June 2021

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

Name: _____ Program: _____

Forwarding Address: _____ Date of Termination: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Future Plans**If Additional Training:**

Specialty: _____ Institution: _____

City: _____ State: _____

If Practicing, select one of the following:☐ Private Practice☐ Academic Practice☐ Military☐ Other

Address: _____

City: _____ State: _____ Zip: _____

Final Paycheck: Per University procedure, your final paycheck may NOT be direct deposited. Checks are available for pickup on the last working day of the month.

Indicate how you want to receive your final paper paycheck:☐ Pick up from GME Office☐ Mail to forwarding address above via first class mail☐ Overnight Mail/UPS/FedEx (attach a prepaid, self-address mailer)

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.

Baptist Hospital

1. Cleared by DeAnna Shields. 901.226.1350 or DeAnna.Shields@bmhcc.org
 - Note that you cannot clear until you are finished with your last Baptist rotation or call
2. Clearance email must be attached
3. Return your Baptist badge to UT Graduate Medical Education

Methodist/Le Bonheur Healthcare Medical Records

1. See the attached handout or click the link for directions <http://www.uthsc.edu/GME/pdf/methodistexit.pdf>
2. Clearance email must be attached
3. UT GME will collect your Methodist ID and keys for you, or you may return them directly to Methodist.

Regional One Health

1. See attached form for Medical Record Clearance
2. Return your ROH badge to UT Graduate Medical Education
3. Return all ROH Scrubs to a scrub machine for credit to avoid being charged for lost scrubs

Call Lyniel Smith at 901-545-7960 or 901-481-8426 if you have questions in this regard.

VA Medical Center

1. Health Information Management (HIM) via **Trainee Education (room CW-462, 4th floor) in person**

HIM sign-off: _____ Date: _____

Make sure all medical records are dictated and signed

2. Badge Returned: ☐ Yes ☐ No
3. Are you transferring to another VA: ☐ Yes ☐ No
4. Trainee Education Service Office: _____

The VA will digitally acknowledge clearance with a digital signature from a member of the Trainee Education Service.

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 Kimberly Prachniak at (901)-448-5060 / kprachni@uthsc.edu or the IRB at (901) 448-4824 if you have any questions about this process.

Program Director

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

GME Signature: _____ Date: _____