

**UMC/TTUHSC SCHOOL OF MEDICINE
HOUSE STAFF CLEARANCE FORM**

House Staff Member _____

Department _____

**ALL SIGNATURES ARE TO BE OBTAINED PRIOR TO RETURNING FORM TO THE GME OFFICE.
CERTIFICATES OF COMPLETION WILL NOT BE RELEASED WITHOUT COMPLETED FORM.**

Residents/Fellows are required to check out through the following departments:

<u>DEPARTMENT & LOCATION</u>	<u>SIGNATURE</u>	<u>DATE</u>
HSC Police , BA104, HSC (Return badge & access card)	_____	_____
Lock Shop , BAB099, HSC (Return HSC keys, 8:00-12:00 & 1:00-4:45)	_____	_____
MPIP Business Office , B092C HSC (Texas Tech Physicians Medical Pavilion, basement)	_____	_____
UMC Security , 1 st floor, UMC (Turn in parking stickers, gate access card, UMC Keys, and Call Room key, if applicable 8:00-5:00)	_____	_____
Cashier , 1 st floor, UMC (Patient accounting 9:00-4:00)	_____	_____
Medical Records (HIM) , UMC basement (775-9155, incomplete file processing)	_____	_____
Preston Smith Library Circulation Desk (Give 30 minute notice, 743-2200)	_____	_____
Information Technology Division (1st Floor of the HSC Library) 806-743-1234:		
NT Account:	_____	_____
PPP Account:	_____	_____
VPN Account:	_____	_____
Information Services:	_____	_____
Email Account:	Forward Email To: _____	

Residency Department

(Clearance from department, return pager, etc.)

Coordinators: Please initial each item below verifying completion of forms.

Final Evaluation	_____	
PAF Form	_____	
Malpractice Form	_____	
Dept. Confirmation Letter	_____	
List of Scholarly Activity	_____	_____
		(Coordinator Signature)

GME Office, 3B315C

Tap and Go Card	_____	
Graduate Information	_____	
Alumni Info Card	_____	
Certificate: mailed/handed out	_____	
Contact TMB to cancel permit if prior to actual completion date	_____	_____
		(GME Signature)

**RETURN FORM TO: GRADUATE MEDICAL EDUCATION, 3B315
(GO TO 2ND PAGE FOR COVENANT CLEARANCE)**

DO NOT FORGET TO COMPLETE THE EXIT SURVEY

*House Staff Clearance Form
Last Revised: October 15, 2014*

**COVENANT HEALTH SYSTEM
HOUSE STAFF CLEARANCE FORM**

Physician Services, CMC 1st Floor

Parking Cards (replacement fee: \$25) _____
Parking Hang Tag (replacement fee: \$25) _____
Photo ID badge (replacement fee: \$10) _____

Signature

Date

Medical Records

Signature

Date

DO NOT FORGET TO COMPLETE THE EXIT SURVEY