

**OCHSNER CLINIC FOUNDATION  
GRADUATE MEDICAL EDUCATION**



**Resident & Fellow Clearance Form**

*House Staff are required to clear through departments as identified. Completed forms must be returned to Department of Graduate Medical Education prior to departure from OCF on your last day of training.*

**Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Communications**

Report to Communications Department (1st floor hospital, **red phone**) to return pager.

**Authorized Signature:** \_\_\_\_\_

**HIM**

E-mail one of the following HIM Coordinators listed requesting clearance from any/all outstanding medical records:

Regina Cyres - [rcyres@ochsner.org](mailto:rcyres@ochsner.org)

Nicole LeBlanc - [nileblanc@ochsner.org](mailto:nileblanc@ochsner.org)

Patricia Robertson - [parobertson@ochsner.org](mailto:parobertson@ochsner.org)

Email HIM communication clearance to [GME@ochsner.org](mailto:GME@ochsner.org) prior to picking up certificate of completion from GME.

**Program**

Obtain Program Director and Program Manager signatures clearing you from the training program.

Complete any/all program specific items prior to obtaining program leader signatures.

**Signature:** \_\_\_\_\_

**Program Director**

**Signature:** \_\_\_\_\_

**Program Manager**

**Forwarding Information**

Provide forwarding mailing address, phone number, and personal e-mail address below.

**Forward Mailing Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Personal E-mail:** \_\_\_\_\_

**Future Plans**

Provide "Future Plans" **Circle and complete**

**Where are you Going next?**    IM Chief    Fellowship    Private Practice    Ochsner Staff/Assistant Staff

**Location (Hospital Name; City and State):** \_\_\_\_\_

**Clearance Signatures**

Sign and date form before presenting to GME for official clearance.

**House Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Original **Certificates of Completion** will be available for pick up in Graduate Medical Education Office on your last day.

**Academics Center of Excellence, 1st Floor**

**1401-A Jefferson Highway**

**New Orleans, LA 70121**

**Office Hours: 8:00 am - 4:00pm**

**IMPORTANT:** If you will be transitioning to a staff/faculty position within the Ochsner system, you are required to complete the Clearance Form as indicated and surrender your current ID-badge. A new badge will be provided during your Medical Staff orientation activities. **GME requires surrendering your ID-badge, meal card & K tag at GME Office before certificate can be received.**

**GME Office use only:**

ID/Badge: # _____	Meal Card returned: _____	Original Certificate presented: _____	K-Tag returned: _____	GME Initial: _____
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