

Graduate Medical Education Resident Clearance Form

*House Staff are required to clear through departments identified & **upload completed Resident Clearance Form to New Innovations** on your last day.*

Original **Certificates of Completion** will be available for pick up in the Graduate Medical Education Office on your last day pending completion of Clearance Form. GME Office is located in the Academic Bldg., 1st Floor

Note:

- **If you are becoming staff/faculty at an Ochsner facility, you must return your current GME ID badge and obtain a new Staff ID from Safety & Security.**
- Final paychecks for all graduates will be direct deposited – do not close out current bank information until final check has cleared.

Resident Name: _____ **Program:** _____

Authorized signature required to complete clearance process

- Communications (pager returned): _____
- Medical Library: _____
- HIM Dept. (Medical Records): _____
Note: Office is staffed for sign-out; Monday thru Friday, 8:30am – 4:30 pm (Giselle Pineda)
- Residency/Fellowship Program: Trainee has completed all program specific items and has successfully cleared from program:

Program Director: _____ **Program Manager:** _____

Name/Signature

Name/Signature

House Staff forwarding mailing address	
Contact Phone Number	Forwarding E-mail Address
Future Plans Including new location	

Resident Signature: _____ Date: _____

Graduate Medical Education Department only:

ID/ Badge #: _____ GME Signature: _____

Meal Card returned: _____ Card #: _____

