



House Staff Clearance (EXIT) Form

Name: _____

School & Program: _____

Date of Departure: _____

Effective Date: _____

Reason: _____

Please complete the following steps for House Staff Clearance/EXIT with LCMC Health:

STEP 1: Email HIMAnalysts@lcmchealth.org to request verification of medical record completion (*this means all records dictated and signed, up to & including departure date*).

Email Subject Line: Your First Name Last Name – EXIT Form

STEP 2: Forward your HIM confirmation email to:
LCMCAcademicAffairs@lcmchealth.org

Email Subject Line: Your First Name Last Name – EXIT Form

STEP 3: Turn in your [Resident Meal Card](#) to your Program Coordinator or Chief, for distribution to new residents/fellows in your program.

STEP 4: For Surgical Residents at UMCNO: Please **RETURN ALL Scrubs from the UMCNO Resident/Fellow Scrub-Ex**. Reports are run for compliance.

STEP 5: Turn in [ALL LCMC Hospital ID Badges](#) to your Program Coordinator OR to the Drop Boxes at various LCMC sites. Badge drop-off is available 24/7 to these drop boxes. (UMCNO – Resident Resource Library; Touro – 10th floor outside the Academic Affairs Office)

I hereby attest to completing the above steps of the LCMC Health House Staff EXIT/Clearance Process.

Signature

Date

Email Signed & Completed form to
LCMCAcademicAffairs@lcmchealth.org