

House Staff Clearance (EXIT) Form

Name: _____

School & Program: _____

Date of Departure: _____

Effective Date: _____

Reason: _____

Please complete the following steps for House Staff Clearance/EXIT at UMCNO:

Step 1: Email HIMAnalysts@lcmchealth.org; 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 and any Parking Card to your Program Coordinator or Chief, for distribution to new residents/fellows in your program.

Step 4: Turn in your UMCNO ID Badge to the Drop Box in the Resident Resource Library. Badge drop-off is available 24/7 to this drop box.

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

Signature

Date

Email Signed & Completed form to
LCMCAcademicAffairs@lcmchealth.org