**Graduate Medical Education  
Exit Packet**

This packet is to be completed for each exiting resident and submitted to GME through the Electronic Document Submission or to the GME office, Lions Blding, 2020 Gravier Street, 6th Floor, Room 614, with the checklist.

***Please send the packet to the GME office within 30 days of departure***

HOUSE OFFICER NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PROGRAM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACH THE FOLLOWING DOCUMENTS:**

\_\_\_\_ Reason for Separation:

\_\_\_ Graduation Date:\_\_\_\_\_\_\_\_\_\_\_\_ (attach copy of Diploma)

\_\_\_ Resigned Date:\_\_\_\_\_\_\_\_\_\_\_\_ (include resignation letter)

\_\_\_ Resigned in lieu of Diciplinary Action Date: \_\_\_\_\_\_\_\_Are there supporting documents: Yes\_\_\_ No \_\_\_

\_\_\_ Termination Date:\_\_\_\_\_\_\_\_\_\_\_\_ Are there supporting documents: Yes\_\_\_ No \_\_\_

\_\_\_\_ GME Data Sheet (Must include all training/jobs/LOA from Medical School thru Residency/fellow training including training completed or leaving if not completed.)

\_\_\_\_ Procedure log summary (if applicable, Summary listing)

\_\_\_\_ Summative Evaluation

\_\_\_\_ Copy of Personal data change form **\*original should be sent directly to HR\*** (HRM webpage under intranet/forms) If no address change, put NA on the form and include in packet)

\_\_\_\_ GME Verification Letter

**ACTION ITEMS:**

**\_\_\_\_** Duty Hours logged in New Innovations

\_\_\_\_ GCEP modules compelted (from AMA website)

\_\_\_\_ UMCNO Exit Packet completed

\_\_\_\_ Beeper, UMC Meal Card, and UMC Parking Card returned to Program Office

\_\_\_\_ Verify the resident’s file is complete and organized according to the Resident File Checklist Guidelines

**Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**