

**Medical University of South Carolina
Office of Graduate Medical Education
CLEARANCE SHEET**

Name (please print): _____

Program: _____

I signify by the signatures below, I have no unfulfilled commitments or outstanding obligations as a resident at MUSC.

Signature: _____ Date: _____

RALPH H. JOHNSON VA MEDICAL CENTER ID BADGE *Return badge/PIV card and check out with the VA Education Service (Room CC205 – Ralph H. Johnson VA) between the hours of 7am-4pm M-F. All outstanding patient notes must be completed before checking out. Signature of VA Education Staff required for those residents with VA badges – no exceptions. Program Coordinators can only sign off for residents who were never issued a VA badge.*

Signature: _____

MUSC IDENTIFICATION BADGE *(Return to your Department.)*

Signature: _____

MEDICAL RECORDS *(All medical records must be completed prior to signature – Main Hospital, Room 102)*

Signature: _____

SIMON PAGER *(Return pager to the Communications Office, ART Building, Mezzanine Rm M105)*

Signature: _____

LIBRARY FINES AND/OR FEES *(The Library must certify there are no outstanding library fines and/or fees.)*

Signature: _____

CAFETERIA/PAYROLL DEDUCTION *(The GME Office must verify there are no outstanding balances.)*

Signature: _____

PARKING MANAGEMENT *(Your parking decal must be turned in to the Parking Management Office to cancel your parking arrangements. Questions? Please contact Debby Humbert at 843-792-6760.)*

Signature: _____

New Position

- Residency/Fellowship
- Private Practice

- Academic Faculty
- Other: _____

New Institution: _____

Address: _____

W2 Forwarding Address: _____

Permanent Email: _____

Permanent Phone: _____

**Please return this COMPLETED form to your program coordinator.
For questions, call 792-2575 or 792-9301.**

You will receive your completion certificate from your Program Coordinator provided a completed Clearance Sheet has been received and approved by the GME Office.