

**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 7:30am-3pm 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: \_\_\_\_\_

**W2 Forwarding Address in MyRecords (www.myrecords.musc.edu)** *(Update mailing address in MyRecords prior to June 30<sup>th</sup>. Resident signature for confirmation below.)*

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, Rm M105 ART. If no pager is issued, please notate and ask your Program Coordinator to sign.)*

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**

- |   |   |
|---|---|
| <input type="checkbox"/> Residency/Fellowship | <input type="checkbox"/> Academic Faculty |
| <input type="checkbox"/> Private Practice     | <input type="checkbox"/> Other:           |

**New Institution:** \_\_\_\_\_

**Permanent Mailing 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.