

**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 specialty/subspecialty resident at MUSC.

Signature: _____ Date: _____

RALPH H. JOHNSON VA MEDICAL CENTER ID BADGE (The badge must be returned directly to the GME Office)

Received by: _____

PRESCRIPTION VALIDATION CARD (DENTAL RESIDENTS ONLY) (The prescription validation card must be returned to your Department)

Received by: _____

MUSC IDENTIFICATION BADGE (Your ID badge must be returned to your Department)

Received by: _____

MEDICAL RECORDS (Any outstanding medical records [including primary care records] must be completed prior to Medical Records' signature)

Signature: _____

PARKING LOT ACCESS CARD (Your parking lot card must be returned to the Parking Management Office, 2nd floor, employee parking garage, corner of President and Bee Streets)

Received by: _____

SIMON PAGER (Your pager must be returned to the Communications Office, Room 243, North Tower of MUH)

Received by: _____

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: _____

☆ Please Note: If any of the above does not apply, you or your program coordinator must indicate "N/A" and provide a signature.

NEW POSITION

Residency or Fellowship

Academic Faculty

Institution: _____

Private Practice

Other

Address: _____

W2 forwarding address (if different): _____

Please return this COMPLETED form to the Office of Graduate Medical Education, 202 Main Hospital or to your program coordinator. For questions, call 792-2575 or 792-8681.

You will receive your program certificate on or after Monday, June 29, 2009, provided a completed Clearance Sheet has been received and reviewed by the GME Office.