



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER™  
School of Medicine

**ALL SIGNATURES ARE TO BE OBTAINED PRIOR TO RETURNING FORM TO THE GME OFFICE.**

TTUHSC SCHOOL OF MEDICINE/UMC  
HOUSE STAFF CLEARANCE FORM

House Staff Member

Department

**CERTIFICATES OF COMPLETION WILL NOT BE RELEASED WITHOUT COMPLETED FORM.**

Residents/Fellows are required to check out through the following departments:

<u>DEPARTMENT &amp; LOCATION</u>	<u>SIGNATURE</u>	<u>DATE</u>
<b>HSC Police</b> , BA104, HSC (Return badge & access card)	_____	_____
<b>Lock Shop</b> , BAB099, HSC (Return HSC keys, 8:00-12:00 & 1:00-4:45)	_____	_____
<b>Environmental Services/ Linen Department</b> UMC Basement, 775-9282 <b>(Resident/Fellow will be charged \$20.00 for each set of unreturned scrubs)</b>	_____	_____
<b>UMC Security</b> , 1 <sup>st</sup> floor, UMC (Turn in parking stickers, gate access card, UMC Keys, and Call Room key, if applicable 8:00-5:00)	_____	_____
<b>Cashier</b> , 1 <sup>st</sup> floor, UMC (Patient accounting 9:00-4:00)	_____	_____
<b>Medical Records (HIM)</b> UMC basement (775-9155, incomplete file processing)	_____	_____
<b>Preston Smith Library</b> Circulation Desk, 743-2200	_____	_____

**Residency Department** (Clearance from department, return pager, etc.)

**Coordinators: Please initial each item below verifying completion of forms.**

Final Evaluation	_____
Training Verification	_____
Malpractice Form (Online)	_____
Dept. Confirmation Letter	_____
PAF Form	_____
List of Scholarly Activity	_____

\_\_\_\_\_  
(Coordinator Signature)

**GO TO PAGE 2 FOR GME PORTION OF CHECKOUT**

**TTUHSC SCHOOL OF MEDICINE/UMC  
HOUSE STAFF CLEARANCE FORM  
(Continued)**

**GME Office, 2B210**

Tap and Go Card \_\_\_\_\_  
Graduate Information \_\_\_\_\_  
Certificate (Mailed/handed out) \_\_\_\_\_  
Contact TMB to cancel permit  
if prior to actual completion date \_\_\_\_\_

\_\_\_\_\_  
(GME Signature)

**GO TO 3<sup>rd</sup> PAGE FOR COVENANT CLEARANCE**

**RETURN FORM TO: GRADUATE MEDICAL EDUCATION, 2B210**

**DO NOT FORGET TO COMPLETE THE EXIT SURVEY**



## TTUHSC RESIDENT/FELLOW CHECK OUT CLEARANCE FORM

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Are you presently going through Credentialing for privileges with any of the Covenant Facilities? Yes No

### Please go in this order:

#### 1. Environmental Services

Location: Covenant Medical Center, – 3615 – 19<sup>th</sup> Street, Basement

Email in advance between 6:00 a.m. and Noon on the day of checkout to get proof of Scrub clearance.

[msanderson@covhs.org](mailto:msanderson@covhs.org), [jguerrero@covhs.org](mailto:jguerrero@covhs.org) OR [kflippen@covhs.org](mailto:kflippen@covhs.org).

- Bring copy of email to checkout if cleared – no signature needed.
- If not cleared, you will need to go to Environmental Services to pay for missing scrubs.
  - 2 Sets of Scrubs - replacement fee: \$28 per set
  - Checks, Money Orders or Correct Amount of Cash should be taken to Environmental Services.

I attest that this resident/fellow has returned all scrubs.

\_\_\_\_\_  
EVS Staff Signature

\_\_\_\_\_  
Date

#### 2. Medical Records

Location: LDC, Building #14, Suite 303 – Corner of 21<sup>st</sup> St. & Joliet Avenue

I attest that this resident/fellow has no delinquent medical records.

\_\_\_\_\_  
Medical Record Staff Signature

\_\_\_\_\_  
Date

#### 3. Medical Staff Office

Location: LDC, Building #14, Suite 500 – Corner of 21<sup>st</sup> St. & Joliet Avenue

I attest that this resident/fellow has returned his/her Covenant Badge.

\_\_\_\_\_  
Medical Staff Office Representative

\_\_\_\_\_  
Date

- **Copy badge on top right corner of this form & give form to Natalie Bryant. Destroy badge.**
- **Give Resident/Fellow the original document to take back to TTUHSC.**
- **Terminate Resident in SailPoint and email Security, EVS and Everbridge to cancel all access – Initial/Date\_\_\_\_\_**