

GME Exit Clearance Form

Instructions:

Provide any and all information for future training and/or the type of medical practice you are pursuing. If the complete business address is not available, provide the city and state. Signatures are required from hospital departments to assure all transactions are complete.

Per University Policy your last paycheck cannot be direct deposited.

Last Check (circle one): **Pick up from GME**

Mail to forwarding address

Personal Information:

Name: _____

Specialty: _____

Forwarding home address:

Forwarding email address: _____

Phone: (____) _____

Future Plans: (Complete either Section 1 or 2 below)

1. **Additional Training:** ___ Yes ___ No

If yes, please mark: ___ Residency ___ Fellowship

Specialty: _____ Location: _____

Address _____ (Street)

_____ (City, State, ZIP)

Phone: () _____

Forwarding email address _____

2. **Business/Practice:**

___ Solo ___ Medical Staff: ___ Academic ___ Nonacademic

___ Group ___ U.S. Government (Branch: _____)

___ Partnership

Forwarding Business Name and Address:

Address _____ (Street)

_____ (City, State, ZIP)

Phone: () _____

Forwarding email address _____

