

GME Checkout Process 2022

This form must be submitted by all residents/fellows completing their training with GWU SMHS.

- Please provide your name, present department/division, and your new location, position, forwarding address, personal email (not GW), and cell phone number below.
- Follow the instructions for each department to indicate that you met clearance requirements for each item. The GME Office must receive a signature on the form or an email confirmation for each requirement.
- This form must be signed by the resident/fellow and uploaded to MedHub
- Additional information for graduating resident/fellows can be found at: smhs.gwu.edu/academics/graduate-medical-education/graduating-resident-resources

Department	Instructions – to be completed within 3 days of checkout date
Medical Records – HOSP G2036 M-F 7:30 am – 2:30 pm	In person: see Florence Phillips, Ernestine Palmer, Janice Turner, Rachele Norris or Tameka Hardison in Medical Records and have either of them sign this form By phone: 715-4382 or 715-4288 and ask Ms. Phillips or Ms. Hardison to send an email to GME indicating you are cleared
Himmelfarb Library	Email: Kathy Lyons klyons2@gwu.edu or Catherine Sluder crharris@gwu.edu to ask for clearance. They will respond via email to you and to the GME Office. In person: Laura Abate, Tom Harrod, Kathy Lyons, Catherine Sluder
Your Program (return keys and any department property to your program coordinator and affiliate sites)	Contact your residency program director or coordinator for instructions for completing this section in person or by email. This applies to residents and fellows in all departments. Your program coordinator must sign below or email the GME Office that you are cleared.
Graduate Medical Education Office:	This entire form, the signed Release of Information form, and your Final Evaluation (signed by you and your program director) must be completed and uploaded to MedHub.

Name: _____ Program: _____

New Position: _____

Forwarding Address: _____

Email Address: _____ Cell Phone: _____

NOTE: Prior to leaving George Washington University, please log into the GWEB info systems and verify your home address to ensure your W-2 form is routed appropriately. Email payroll@gwu.edu with any questions.

Obtain signature or indicate that an email has been sent:

Medical Records: _____ Date: _____

Library: _____ Date: _____

Program Signature: _____ Date: _____

Please attest to the following:

___ I have signed the Release of Information form and uploaded it to MedHub.

___ I have received and signed my Final Summative Evaluation from my Program Director and uploaded it to MedHub.

___ I have completed the exit survey on MedHub.

___ I have received my Residency/Fellowship certificate from my Program.

___ I have returned my GW Hospital ID badge to Hospital Security.

___ I have returned all property (keys, pagers, IDs) to affiliate institutions, including the VA Medical Center.

___ I have completed all MFA patient records (Epic).

___ I understand that failure to submit a completed form will impact my ability to obtain verification of training from GWU.

Date: _____

Signature

Authorization and Release of Information
GWU Residents/Fellows

I hereby authorize The George Washington University School of Medicine and Health Sciences (GWU), its Office of Graduate Medical Education (GME), its faculty, deans, program directors and administrative or other staff to provide verbal or written information regarding verification of my training at GWU, my professional competence, character and ethical qualifications to program directors, administrators and members of the staffs of other residency/fellowship programs, institutions, credentialing organizations, licensing agencies or any others whom I have authorized to receive such information. I further consent to the release of all documents, including GME files, program files, evaluations, or any other material requested by the above entities.

I hereby release from liability all representatives of GWU, including its GME Office, faculty, deans, program directors and administrative staff for all acts performed in good faith and without malice in connection with the release of any information provided pursuant to this authorization. A photocopy of this form shall have the same effect as the original.

Name (please print)

Signature

Date