



UNIVERSITY HEALTH SYSTEM

OFFICIAL CLEARANCE FORM

Physician ID: _____

Dr. _____, Department/Division of _____.

has officially cleared with the following UTHSC, VAH, and University Hospital areas and is eligible to receive his/her Graduate Training Certificate and (if UHS funded) his/her final paycheck.

NOTE: #18 CANNOT BE COMPLETED UNTIL #1 THROUGH #17 IS SIGNED OFF BY THE APPROPRIATE PERSONNEL.

UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER

1. _____
Your Program Director or Designee (Date) _____ Comments _____
2. _____
Internat'l Affairs (J-1 Visa's only) (Date) _____ Comments _____
3. _____
Library Personnel (Rm 3.010) (Date) _____ Comments _____
4. _____
UT Police (Dental school garage) (Date) _____ Comments _____
5. _____
Institutional Review Board (Date) _____ Comments _____
(Rm 2.500U Dental School)
(Residents with research projects only)
6. _____
GME Office (Rm 315F) 567-4431 (Date) _____ Comments _____

SOUTH TEXAS VETERANS HEALTH CARE SYSTEM

(Must Validate Signatures By Using Service Stamp)

7. _____
Doctor's Workroom (Rm #GB105) (Date) _____ Comments _____
8. _____
Environmental Management (GL029) (Date) _____ Comments _____
9. _____
Canteen Office (1st floor new building) (Date) _____ Comments _____

10. _____
Respective Service Secretary (Date) Comments

Pathology Rm P117), (PM&R Rm GL031), (Surgery Rm Z221), (Neurology Rm C324),
(Medicine Rm E708), (Radiology Rm Z101), (Psychiatry Rm F112), (Geriatrics Rm A306)

11. _____
IT Computer Support (Rm #I100) (Date) Comments

12. _____
Police Service (Rm #R116) (Date) Comments

UNIVERSITY HOSPITAL

13. _____
Medical Records (Rm#141) (Date) Comments

14. _____
Communications (Rm#F0143) (Date) Comments

15. _____
Registration & ID (Rm#aSL22) (Date) Comments

16. _____
Employee Health Clinic (3rd fl.) (Date) Comments

17. _____
Laundry Services (Sublevel) (Date) Comments

18. _____
Professional Staff Services (Rm#G124) (Date) Meal Card Returned
Comments

FORWARDING ADDRESS: _____

