



## RESIDENT CLEARANCE FORM

**All Residents are required to complete the clearance form on the final day of clinical rotations at CHRISTUS Santa Rosa Health Care, or prior to graduation (whichever comes first).**

NAME: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

SPECIALTY: \_\_\_\_\_ PROGRAM DIRECTOR: \_\_\_\_\_

**PLEASE CLEAR IN THE ORDER PRESENTED. DEPARTMENTS LISTED MUST INITIAL AND DATE AS INDICATED.**

**MEDICAL RECORDS**

(Record Completions, Dictations, etc.)

INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

**GRADUATE MEDICAL EDUCATION**

(ID Badge, Parking hangtag, clear from system)  
Center for Children's and Families (CCF) 5<sup>th</sup> Floor

INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ ID Badge

\_\_\_\_\_ Parking tag

\_\_\_\_\_ Meal Card (if applicable)

**Signature of Resident:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*GME Office Use Only:*

\_\_\_\_\_ ID Agreement

\_\_\_\_\_ Brivo

\_\_\_\_\_ MD Staff

\_\_\_\_\_ MCI

\_\_\_\_\_ MEDITECH