

**Medical University of South Carolina Office of  
Graduate Medical Education  
CLEARANCE SHEET**

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

Program: \_\_\_\_\_

*I signify by the signatures below, I have no unfulfilled commitments or outstanding obligations as a resident at MUSC.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RALPH H. JOHNSON VA MEDICAL CENTER ID BADGE** (Complete all items on page 2 of this clearance sheet "VA Affiliations-Education Off Boarding". Once complete, obtain signature in room CC201 or CC205 at the VA.)

Signature: \_\_\_\_\_

**MUSC IDENTIFICATION BADGE** (Return to your Department – Program Coordinator signature.)

Signature: \_\_\_\_\_

**W2 Forwarding Address in OurDay** (Update mailing address in OurDay under profile prior to June 30<sup>th</sup>. Resident signature for confirmation below.)

Signature: \_\_\_\_\_

**MEDICAL RECORDS** (All medical records must be completed prior to signature – Email Medical Records [MedRecSignOff@musc.edu](mailto:MedRecSignOff@musc.edu) for signature.)

Signature: \_\_\_\_\_

**SIMON PAGER** (Return pager to the Communications Office, Rm M105 ART.)

Signature: \_\_\_\_\_

**No pager issued.**

**LIBRARY FINES AND/OR FEES** (The Library must certify there are no outstanding library fines and/or fees. Email Library [Library@musc.edu](mailto:Library@musc.edu) for signature.)

Signature: \_\_\_\_\_

**PARKING MANAGEMENT** (contact Parking Management at 843-792-3665 to schedule an appointment to cancel your parking registration. The office is located at 91 President Street)

Signature: \_\_\_\_\_

**New Position**

- Residency/Fellowship  
 Private Practice

- Academic Faculty  
 Other

**New Institution:** \_\_\_\_\_

**Permanent Mailing Address:** \_\_\_\_\_

**Permanent Email:** \_\_\_\_\_

**Permanent Phone:** \_\_\_\_\_

**Please return this COMPLETED form to your program coordinator.**

**For questions, call 792-7365 or 792-2575.**

You will receive your completion certificate from your Program Coordinator provided a completed Clearance Sheet has been received and approved by the GME Office.

# VA Affiliations – Education Off Boarding

Please Complete These Items in the Order Listed Below

- Turn in Scrubs and access card**

Located on the 1<sup>st</sup> floor room C107C office hours: Monday-Friday 0800-09300 and 1330-1500

- Unsigned notes & view alerts**

Located on the 2<sup>nd</sup> floor room CC201 or CC205 office hours: Monday -Friday 07300-1600

- Complete VA Form 0708 Employee's Records Clearance (Attached)**

Please complete the attached form and give to Affiliations staff in room CC201 or CC205

- Return PIV card to VA Education Office**

Located on the 2nd floor room CC201 or CC205 office hours: Monday -Friday 07300-1600



**INSTRUCTION:** This form must be completed and presented to the facility Records Officer before employee separates from the Department of Veterans Affairs (VA), and certifies that the departing employee is not removing Federal records from VA custody and all records in the control of employee have been transferred and made available for use to the employee's supervisor or other specific individual designated to assume custody of the Records.

1. NAME OF EMPLOYEE	2. SERVICE, DIVISION AND SECTION ( <i>Include mailing symbol</i> )	3. DATE ( <i>MM/DD/YYYY</i> )
4. TITLE OF POSITION	5. STATION NUMBER	
6A. SIGNATURE AND TITLE OF SUPERVISOR ( <i>Sign in ink or Official Electronic Signature</i> )		6B. DATE ( <i>MM/DD/YYYY</i> )
<b>CERTIFICATION:</b> I hereby certify that:  a. I am aware of the criminal penalties for the unlawful removal of Federal records (18 U.S.C. 2071); b. I do not have any VA Federal records in my custody and will not remove any Federal records from VA property; c. I have transferred and made available all Federal records for use to my supervisor or other specific individual designated to assume custody of the Federal records; d. I have removed the encryption and/or security measures from secured files and documents or provided access to the files to my supervisor.		
7. SIGNATURE OF EMPLOYEE ( <i>Sign in ink or Official Electronic Signature</i> )		8. DATE ( <i>MM/DD/YYYY</i> )
9. SIGNATURE OF RECORDS OFFICER ( <i>Sign in ink or Official Electronic Signature</i> )		10. DATE ( <i>MM/DD/YYYY</i> )