GRADUATE MEDICAL EDUCATION
NON-VCUHS HOUSESTAFF
EDUCATIONAL ROTATION EXIT FORM

NAME: ____________________________________________

[PLEASE PRINT] LAST FIRST MIDDLE

PROGRAM: ____________________________ VCHS DOCTOR #: ______________________

ROTATION DATES: BEGINNING: __________ END: ______________________

DEPARTMENT – HOUSESTAFF COORDINATOR:

Turned In: VCUHS Parking Decal
[659 N. 8th Street, in the 8th Street Parking Deck]

Turned In: VCUHS Paging Office / Pager # __________
[West Hospital, 10th Floor, North Wing]

Cleared With: VETERANS AFFAIRS MEDICAL CENTER
[Room 141-A]

Cleared With: VCUHS Medical Records
[CSB, 3rd Floor, Room 303B]

Cleared With: Tompkins-McCaw Library
[509 12th St.]

Cleared With: VCUHS Security (cancel badge access)
[Main Hospital, 2nd Floor]

Turned In: VCU ID Badge
[Sanger-B1-018]

I acknowledge that rotator has completed the leaving process above and is exiting our program in good standing:

__________________________ ______________________
PROGRAM DIRECTOR/COORDINATOR DATE

__________________________ ______________________
GME REPRESENTATIVE DATE EVAL REC’D

__________________________ ______________________
GME OFFICE HPD DATE

RETURN THIS COMPLETED FORM & THE FINAL EVALUATION TO:

GME OFFICE
Attn: Arika Taylor
arika.taylor@vcuhealth.org
804.828.5093

ATTENTION: Program Coordinator, please maintain the originals at your office and send copies of all paperwork/final evaluation to Arika/GME Administration via e-mail.