



2025 CU SOM GME CLEARANCE FORM

Name: _____
(PLEASE PRINT)

This clearance form must be completed and returned to your Program Coordinator by your last day in training.
Do not return to the GME office.

PART I: MEDICAL RECORDS CLEARANCE - You must complete any outstanding medical records and obtain an “all clear” signature from the medical records department of each facility where you saw patients during this academic year. Again, you need clearance only from the facilities where you saw patients. The purpose of this is to make certain all medical records are complete before you leave.

PLEASE NOTE: University of Colorado Hospital (UCH) is the only facility that does not require signature. However, please be certain you have completed your UCH records as well.

All records completed:

Denver Health Medical Center

Please email: Erika.Moreno@dhha.org
Or dl_himchartcompletion@dhha.org

Signature (HIM Dept. 303-602-8011)

Date

National Jewish Health

Please email: Hamillm@njhealth.org
Or you may fax to 303-398-1987
Attn: Meaghan
Be certain to include return fax #.

Signature (HIM Dept. 303-398-1580)

Date

Rose Medical Center

Please email:
Fiona.Peterson@Parallon.com
Or you may fax to 303-320-2654
Be certain to include return fax #.

Signature (HIM Dept., 303-320-7457)

Date

Children's Hospital Colorado

Please email:
Gabrielle.Howell@childrenscolorado.org
Or you may fax to 720-777-7244
Be certain to include return fax #.

Signature (Gabrielle Howell, 720-777-3826)

Date

Veterans Affairs Medical Center

Email request to VHAECHHIMSMEDICALRECORDSCLEARANCE@va.gov SUBJECT LINE: Medical Records Clearance. Please be sure to copy in your Program Coordinator. Both you and your Program Coordinator will receive a clearance email from the VA within 24 hours.

NOTE: If you will be going to another training program outside of CU with a VA rotation, keep your badge and contact the Denver VA to have your badge transferred to the new VA location.

Other

Facility Name

Date

Signature

Date