



2022 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 a 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 you may fax to 303-602-8004
 Be certain to include return fax #.

 Signature (Erika Moreno, 303-602-8011) Date

National Jewish Health

Please email: ThompsonC@NJHealth.org
 Or you may fax to 303-398-1987
 Attn: Connie
 Be certain to include return fax #.

 Signature (HIM Dept. 303-398-1580) Date

Rose Medical Center

Please email:
Hasnae.Lehyan@HealthOneCares.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.Espinoza@childrenscolorado.org
 Or you may fax to 720-777-7244
 Be certain to include return fax #.

 Signature (Gabrielle Espinoza, 720-777-3826) Date

Veterans Affairs Medical Center

Email request to VHAECHHIMSMEDICALRECORDSCLEARANCE@va.gov or Carol.Shields@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 (Carol Shields, 720-244-4328) Date