



## 2024 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](mailto:Erika.Moreno@dhha.org)  
 Or you may fax to 303-602-8004  
 Be certain to include return fax #.

\_\_\_\_\_  
 Signature (HIM Dept. 303-602-8011) Date

**National Jewish Health**

Please email: [ThompsonC@NJHealth.org](mailto: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](mailto: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](mailto: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](mailto: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