The University of Texas System Medical Foundation – Resident/Fellow Check-out Form

Name: ____________________________________________

Program: ________________________________________

Instructions: Obtain signatures from all hospitals at which you have rotated as part of your training. If you did not rotate through one of the hospitals listed, enter N/A on the signature line. Your Coordinator should initial. You must turn in your completed check-out form, IN PERSON, to the UTMSH Graduate Medical Education Office. FAILURE TO COMPLETE AND RETURN FORM WILL JEOPARDIZE RECEIVING YOUR RESIDENCY COMPLETION CERTIFICATE.

Memorial Hermann Housestaff Office- Cullen Room 102:

Medical Records: Record Completion Room: __________________________ Date: ________________

Access Card: Medical Staff Services Office: __________________________ Date: ________________

Scrubs: Linen Services: __________________________ Date: ________________

UT MD Anderson: UTMDACC has its own check-out procedure. If you worked there, you must use their check-out procedure. Report to the UTMDACC Academic & VISA Administration (7007 Bertner Ave, 1MC 17.3439 on 17th Floor) for this process and signature.

UTMDACC Checkout verified by: __________________________ Date: ________________

LBJ General Hospital: LBJ General Hospital has its own check-out procedure. If you worked there, you must use their check-out procedure. Report to the LBJ Physician Services Office (1PE-18-005) for this process and signature and attach a copy of the LBJ checkout form to this form.

LBJGH Checkout verified by: __________________________ Date: ________________

Methodist Hospital: Methodist Hospital has its own check-out procedure. If you worked there, you must use their check-out procedure. Report to Methodist Hospital GME Office (Research Institute R2-201) for this process and signature.

Methodist Hospital Checkout verified by: __________________________ Date: ________________

St. Luke’s Episcopal Hospital: Badge should be turned into Medical Staff Services

Medical Staff Services: __________________________ Date: ________________

St. Joseph Hospital: St. Joseph Hospital has its own check-out procedure. If you worked there, you must use their check-out procedure. Report to St. Joseph’s Medical Staff Services Office (Strake 3rd floor #3390) for this process and signature.

St. Joseph’s Hospital Checkout verified by: __________________________ Date: ________________

TMC Library: All books and library cards must be returned. No outstanding fines/fees.

TMC Library Verified by: __________________________ Date: ________________

UT Physicians Medical Records: All records through UT Physicians system, Allscripts must be completed. UTPB LL100.

UTP Medical Records Verified by: __________________________ Date: ________________

UTMSH Program: Your residency coordinator must verify that you have no outstanding evaluations or duty hour reports to submit in New Innovations.

Pagers: Received by: __________________________ Date: ________________

Coordinator Clearance given by: __________________________ Date: ________________

UTMSH GME Office (LAST STOP): Your ID badge, parking card and this completed form must be turned in to the UTMSH GME Office, JJJ 310.

Parking card & ID badge rec’d by: __________________________ Date: ________________

Certificate given by: __________________________ Date: ________________
<table>
<thead>
<tr>
<th><strong>Forwarding Address:</strong></th>
<th>Address: ___________________________</th>
<th>Please include updated address to ensure proper delivery of your W-2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>City, State, Zip: ___________________</td>
<td></td>
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<tr>
<td></td>
<td>Phone: _____________________________</td>
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<tr>
<td><strong>Personal E-mail Address:</strong></td>
<td>(Do not use your UTMSH email address. Your UTMSH email account will be deactivated)</td>
<td></td>
</tr>
</tbody>
</table>

You may access ADP directly to get your paystubs at any time. You will not lose this access after graduation.