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

Name: ________________________________  Program Visited: ________________________________

Instructions: Obtain signatures from all hospitals at which you have rotated as part of your visiting rotation. If you did not rotate through one of the hospitals listed, enter N/A on the signature line.

You must turn in your completed check-out form, IN PERSON, to the UTMSH Graduate Medical Education Office (J JL310). FAILURE TO COMPLETE AND RETURN FORM WILL JEOPARDIZE VISITING ROTATOR EVALUATIONS.

Memorial Hermann Housestaff Office - Cullen Room 102:
- Pagers: Residency Coordinator: ____________________________ Date: ________________
- Medical Records: Record Completion Room: ____________________________ Date: ________________
- Access Card: Medical Staff Services Office: ____________________________ Date: ________________
- Scrubs: Medical Staff Services Office: ____________________________ 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 GME Office (Pickens Academic Tower at 1400 Pressler Suite FCT 7.5000) 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: ________________

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 visiting residency program coordinator must verify that you have no outstanding paperwork.

Clearance given by: ____________________________ Date: ________________

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

Phone: ____________________________________________

E-mail Address: __________________________________________

(Do not use your UTMSH email address. Your UTMSH email account will be deactivated)