

## 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.  
You must turn in your completed check-out form, IN PERSON, to the UTMSH Graduate Medical Education Office.**

**Memorial Hermann ( Medical Staff Services Office is 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 (HMB 16.155) 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 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 for this process and signature.

**St. Joseph's Hospital Checkout verified by:** \_\_\_\_\_ Date: \_\_\_\_\_

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

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

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

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, JJL 310.

**PVAMU parking card and ID badge rec'd by:** \_\_\_\_\_ Date: \_\_\_\_\_

**Forwarding Address:** Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

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

**Due to the fact your email access will be terminated, you will not have access to your final pay stub on GMEIS. Contact the UT System Medical Foundation to receive a copy of your final pay stub either via email or U.S. Mail.**