

RESIDENT/FELLOW CERTIFICATE ORDER FORM

(Please Type)

Please provide all information requested below. **Return this form to the Office of Graduate Medical Education, JJL 310 Attn: April Bass.** Resident and intern certificates are printed on 11" x 14" certificate paper. All other certificate awards are printed on 8 1/2" x 11" certificates. Allow approximately three to four weeks from submission of the request for preparation of the certificate(s). Orders are processed on a first-come, first-serve basis.

Date Submitted: _____ Contact Person: _____ Phone No: _____

The certificate(s) is/are for (check one):

____ Clinical Fellow ____ Chief Clinical Fellow ____ Research Fellow ____ Other (Specify) _____
____ Intern ____ Resident ____ Chief Resident ____ Clinical Research Resident ____ Research Resident

Dept./Specialty **exactly** as it should appear on certificate: _____

Replacement: ____ Yes (attach \$50.00 check or money order payable to UT-System Medical Foundation) or supply an FMS Chart string.

Operating Unit: _____ Department: _____ Fund: _____

Project: _____ Program: _____ Account: 69335

1. Name and Title of each faculty member to sign certificate. **7 signatures maximum.** All certificates will have the Dean's signature.

Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

2. List below the name and the beginning and ending date of each resident/fellow to receive a certificate. Type each name exactly as it should appear on the certificate. (Attach separate sheet for additional names).

Name	Begin Date	End Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I verify that the above information is correct:

Signature- Department Chairman or Program Director

Date