## Directions on Completing OR Documentation for University of Rochester Medical Center Strong Memorial Hospital

## Complete the following forms thoroughly:

 Attachment A URMC SMH Letter of Agreement Short Term Observational Experience

## Requires Signature

- 2. Attachment B URMC SMH Short Term Observational Experience Immunization Requirement Checklist (Please note your PPD and flu shot must be up to date).
- 3. Attachment C URMC SMH Patient Rights
- 4. URMC Certificate of Health Form Shadowing & Short Term Observational Educational Experience

Requires Signature

5. Confidentially Agreement Shadowing & Short Term Observational Educational Experience

Requires Signature

Return ALL signed forms to Julie K. Burkhart in the Dept. of Surgery