

UPMC HAMOT RESIDENT DEPARTING FORM

This form **must be** completed by departing residents. Each department listed below will certify that the requirements of their department have been satisfied.

Name: _____ Departing Date: _____

Home Residency: _____

Hamot Rotation: _____

Forwarding Address: _____

MEDICAL RECORDS

(Ground Floor, Medical Center)

Charts completed: _____

_____ **Medical Records**

MEDICAL LIBRARY

Ground Floor, across from Cafeteria

All books and periodicals returned: _____

_____ **Library**

MEDICAL EDUCATION

(6th Floor, Hamot Professional Building)

1. Name tag returned _____
2. Call room keys returned (if applicable): _____
3. Housing keys returned (if applicable): _____

_____ **Medical Education**

_____ **Date**