

**Graduate Medical Education Residency Program  
 HOUSESTAFF CHECK-OUT FORM**

*Please complete, sign, and return this form to your residency coordinator in the Graduate Medical Education Office (GME) on the last weekday of your rotation at LBMMC/MCH by 3:30 p.m. If the last day of the month is on a weekend, please check out on Friday, before the weekend begins, in GME.*

**STEP ONE: PERSONAL DATA**

Today's date:	Please check one:	<input type="checkbox"/> Resident	<input type="checkbox"/> Fellow	<input type="checkbox"/> Medical Student
Resident's Last Name		First:	Middle Initial	
Street Address:				
City:	State:	Zip Code:		

**STEP TWO: MEDICAL RECORDS CLEARANCE**

*Prior to checking out with the GME office, residents are to complete their charts and present this check-out form to the Medical Records Department for their signature verifying your completion of charts. Please have Medical Staff Representative complete information below.*

I \_\_\_\_\_ have checked the deficiency-by-physician computer screen and the  
 (Medical Staff Name)  
 above physician has completed all "Incomplete House staff Charts" in Medical Records as of this date: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STEP THREE: ROTATION INFORMATION**

Rotation:	Start Date: _____ / _____ / _____	End Date: _____ / _____ / _____
Name of Institution:		
Resident's Signature:		Date

**FOR OFFICE USE ONLY**

Application Approved & Processed by:	Date:	GME Office: ( 562 ) 933-3800 or ext. 33800
<input type="checkbox"/> Evaluations Completed	<input type="checkbox"/> Badge Returned	
<input type="checkbox"/> Pager Returned	<input type="checkbox"/> Check-out Form Completed	

White: GME Office                      Yellow: Resident/Fellows/Medical Student