

Directions on Completing OR Documentation for the University of Rochester Medical Center

Complete the following forms thoroughly:

- 1.** Attachment A – UPMC – SMH Letter of Agreement Short Term Observational Experience
 - Requires Signature

- 2.** Attachment B – UPMC – SMH Short Term Observational Experience Immunization Requirement Checklist
(Please note your PPD and flu shot must be up to date).

- 3.** Attachment C – UPMC – SMH Patient Rights

- 4.** UPMC – 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 at:
julie_burkhart@upmc.rochester.edu

Please call (585) 273-1712 with any questions.

Thanks so very much!