

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

### **Complete the following forms thoroughly:**

- 1. 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 at: [julie\\_burkhart@urmc.rochester.edu](mailto:julie_burkhart@urmc.rochester.edu)**

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

**Thanks so very much!**