

**OU MEDICINE
ROTATING RESIDENT/STUDENT
INFORMATION**

In an effort to ensure the hospital is aware of Non-OUHSC residents rotating at OU Medicine, it will be the responsibility of the residency programs accepting the residents to notify the hospital by completing the information below and faxing it to the Medical Staff/Credentialing Services and Health Information Management Departments.

It will also be the responsibility of the Residency Programs and attending physicians accepting the residents to ensure before the rotation is complete that all medical records have been completed, otherwise it will be the responsibility of the attending physician to complete the medical record if the resident is no longer at OU Medicine.

This form must be completed in its entirety, or it will returned for completion.

FULL NAME: _____

Circle one: MSIII MSIV PA Student Fellow Resident Psych Fellow NP Student Pharm D Student
Professional Enrichment Course (MSII)

Name of Clinical Service for rotation (ex. OBGYN): _____

Do you need an access card: YES _____ or NO _____

SS#: _____ DOB: _____ Email: _____

Medical License #(if applicable): _____ NPI#: _____

Office Phone Number: _____ Pager#: _____ Cell Phone#: _____

Contact person: _____

Date Rotation to begin: _____ Completion Date: _____

Name of Training Program _____

Telephone Number: _____ Contact Person: _____

Provide Documentation of Current Influenza Vaccination:

Date of Influenza Vaccination: _____

_____ **I have not received an Influenza Vaccination within the past year and understand I must wear a mask in all patient care areas of the facilities during Flu Season (November 1 thru March 31)**

Medical Staff/Credentialing Service Office:
Office: 271-5198 Fax: 405-271-3602
Email: oumscredentialing@oumedicine.com
Health Information Management
Office: 405-271-4668 Fax: 405-271-4643