## The University of Texas M. D. Anderson Cancer Center

## **Visitor Registration Form**

## **Regulations Concerning Official Visitors**

Official Visitors are those physicians, dentists and scientists who come to this institution for one month or less.

Official Visitors have the privilege of attending conferences and lectures. Those who are physicians or dentists may also attend clinics, the operating room and ward rounds; they are not permitted to administer treatment or render service to patients, nor do they participate in the decisions concerning management of patients, write orders on patients' charts or give orders verbally.

No stipend is provided. Housing, health insurance, and maintenance are the responsibility of the Visitor.

Visitors are required to register in the office of the Department Head of the specialty or subspecialty chosen. The Visitor Registration Form should be completed and returned to the Office of Education (Box 165) as soon as possible.

Full Name:				
Last or Family Name		First Name	Middle Name	Maiden Name
U.S. Social Security Num	ber (if applicable):	:		
PermanentAddress:				
Institution Address:				
Specialty:				
Current Position: Houston Address:				
Appointment Date(s) at M				
Program Description (M.I	). Anderson):			
		-	Depart	ment Chair

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