



# FLORIDA HOSPITAL GRADUATE MEDICAL EDUCATION

2501 North Orange Avenue – Suite 235 – Orlando Florida 32804 Website: [www.fhgme.com](http://www.fhgme.com)

## GME Training Cancellation Form Please Type.

### SUBMISSION

This form must be completed in its entirety and submitted to the GME Coordinator 60 days prior to the start of your scheduled clerkship.

### CONTACT INFORMATION

Last Name		First			M.I.
Address		City	State	Zip	Suite/Unit #
Name of School/Program			Email		
Phone		Mobile Phone			

### DATE OF REQUEST

Date

### SPECIALTY AND DATES OF SCHEDULED TRAINING

Specialty	Start Date	End Date
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### NAME OF PRECEPTOR

Last Name	First	<input type="checkbox"/> MD	<input type="checkbox"/> DO
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### ACKNOWLEDGEMENT

My signature below confirms that I have requested to cancel my scheduled clerkship with Florida Hospital. I have notified my program and this request is valid. This form will not be accepted without a signature from a representative from your institution. The Preceptor and/ or department will be notified of this request. The completed form will be filed in the office of Graduate Medical Education.

Print Name

Signature, Student	Date
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### NAME OF SCHOOL/PROGRAM REPRESENTATIVE

Print Name	
Signature, Representative	Date

### DEPARTMENT OF GRADUATE MEDICAL EDUCATION (FOR GME USE ONLY)

Date Cancellation Form Received	Date
Signature, Florida Hospital Representative	Date

**Submit Documentation to:**  
**Florida Hospital Graduate Medical Education**  
 Attention: GME Coordinator  
 2501 North Orange Avenue, Suite 235 Orlando, Florida 32804  
 E-mail: [FH.GME.Coordinator@flhosp.org](mailto:FH.GME.Coordinator@flhosp.org)  
 Phone: 407.303.5270  
 Fax: 407.303.5273