



# FLORIDA HOSPITAL GRADUATE MEDICAL EDUCATION

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

## Visitor Registration Please Type.

### REQUIRED DOCUMENTATION (PLEASE ATTACH THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION)

Photo for Proof of Identification

### APPLICANT INFORMATION

Last Name	First	M.I.	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Address	City	State	Zip	Suite/Unit #	
Home Phone	Email				
Emergency Contact	Relationship	Contact Number			

### CONFIDENTIALITY STATEMENT

I understand that any inappropriate retrieval, review and or sharing of patient or employee information with unauthorized individuals is considered a breach of confidentiality and may result in the termination of visiting privileges in accordance with Florida Hospital policy.  
I understand my responsibilities and obligations under this policy and my signature below is my acknowledgement to adhere to its terms.

Signature, Applicant

Date

### PHYSICIAN'S INFORMATION

Last Name	First	M.I.	<input type="checkbox"/> MD	<input type="checkbox"/> DO	<input type="checkbox"/> DPM
Street Address	City	State	Zip	Suite/Unit #	
Specialty/Service	Business Phone	Business Fax			
Mobile Phone	Email				

### APPROVAL DATES

Start Date	End Date
Signature, Physician	Date

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

This Application is:	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined
Signature, Florida Hospital Representative	Date	

**Please submit documentation to the appropriate Residency Program Coordinator or Physician**  
Return the temporary Florida Hospital ID badge to the GME office

#### 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