



# BAPTIST MEMORIAL MEDICAL EDUCATION

## BAPTIST COVER SHEET

Full Legal Name: \_\_\_\_\_

(First Middle Last) \*please indicate if you do not have a middle name

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Telephone Number: \_\_ (\_\_\_\_) \_\_\_\_\_

NPI: \_\_\_\_\_

Degree: \_\_\_\_\_

Specialty: \_\_\_\_\_

Supervising Physician: \_\_\_\_\_

Baptist Location: \_\_\_\_\_

Medical Student

Resident

Fellow

PA

Email Address: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_

Dates of Rotation: (Please provide dates) Beginning \_\_\_\_\_ End \_\_\_\_\_

**Baptist Hospital uses EPIC EMR software. You may be required to attend a 4-hour class prior to your rotation start date in order to have access to the Baptist OneCare (EPIC) system.**

**Please discuss this requirement with your preceptor and contact the Graduate Medical Education Department at least three to four weeks before your rotation begins to pre-register for this training.**

Graduate Medical Education

6025 Walnut Grove Rd. Suite 404 Memphis, TN 38120

Please feel free to contact us by email [GME@bmhcc.org](mailto:GME@bmhcc.org)

Phone 901-226-1350 Office / 901-226-1351 Fax