



**The University of Texas Medical School-Houston  
Gastroenterology Clinical Fellowship Program  
Goals and Objectives  
Review and Discussion Verification**

As an ACGME requirement, this is to verify that I have met with the below mentioned fellowship faculty and discussed the goals and objectives for the listed rotation *prior to the start of the rotation*:

**Date of Meeting:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

**Month/YR:** \_\_\_\_\_ **PGY:** \_\_\_\_\_

**Fellow:** \_\_\_\_\_

**Attending:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
**(Attending)**

**Facility:** \_\_\_\_\_

*I also understand that a copy of this signed statement will be placed in my file.*

\_\_\_\_\_  
**Signature:** \_\_\_\_\_

**(Fellow)**

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Program Director's Signature:** \_\_\_\_\_