

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I have been provided with a copy of the following information and/or informed of the location where the information may be found:

The application service or process the Program will require (e.g., ERAS, ResidencyCAS, etc.).

Terms, conditions, and benefits of appointment to the program including:

- Stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows
- Institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence
- Health insurance accessible to residents/fellows and their eligible dependents

Copy of the contract I would be expected to sign if matched to the Program or [copy of the current contract in use](#). The program will notify me of any material change to the appointment agreement, if applicable.

All institutional policies regarding eligibility for appointment:

- [HS Policy 14.0 House Officer Eligibility and Selection](#)
- Mandatory Urine Drug Screen (including THC): [HS 1.0 Substance Abuse and For Cause Testing](#)
- [Mandatory Employee Background Investigation](#)
- [Employment Procedures Policy](#)
- [House Staff Residents and Clinical Fellows Policy](#)
- The program has notified me of other eligibility criteria for appointment to a residency/fellowship training position including expected and/or required academic, educational, or prior training credentials

The institution's policies on visa status and eligibility for appointment:

- [HS Policy 14.0 House Officer Eligibility and Selection](#)

The Program has provided information related to my eligibility for the relevant specialty board examination(s).

Helpful links for House Staff related information:

- [Graduate Medical Education Office Website](#)
- [House Staff Policies](#)
- [House Staff Resources Page](#)

The Program will notify matched applicants and the Matching Service (e.g., NRMP, SF Match, etc.) of any circumstance (e.g., anticipated program closure, insufficient funding resulting in a reduction in training positions, etc.) that may delay, adversely impact, or prevent an applicant from commencing training with a matched program on the start date identified in the appointment agreement.

In signing your name below, you are stating the above information has been shared with you prior to the Rank Order List Certification Deadline.

Name of Training Program to which you are applying

Print/Type Name

Signature

Date