

***(Date)***

***(House Staff’s Full Name and Degree)***

***(House Staff’s Address)***

RE: ACCEPTANCE LETTER

Dear Dr. ***(House Staff’s Last Name)***,

I am happy to offer you a position as a PGY ***(level)*** Resident/Fellow in the ***(Program Name)*** Graduate Medical Education (GME) Training Programat the Medical College of Georgia –Augusta University, Augusta, Georgia. The dates of training at this PGY level will be from ***(contract date)****.* Your acceptance into the GME Training Program is contingent upon you fully meeting all Medical College of Georgia at AU’s employment requirements, departmental requirements, participating and primary site requirements, ECFMG requirements (if applicable), and Georgia Board of Medical Examiners’ license requirements. This offer of employment may be withdrawn if you are unable to present satisfactory evidence of compliance with all such requirements prior to the initiation of your training. Moreover, the offer of employment may be withdrawn if you are not fully forthcoming with all information that may hinder your ability to meet these requirements, graduate from the program, or sit for your certifying exams (if applicable). Finally, behavior deemed unbecoming to the profession may result in the loss of this offer.

Please confirm your acceptance of this position by signing below and returning to ***(Program Name)*** at

***(E-mail Address of GME Program Coordinator)***.

Sincerely,

***(Program Director’s Signature)***

GME Program Director

***(Name of GME Program)***

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I hereby accept a position as a PGY ***(level)*** in the ***(Program Name)*** GME Training Programat the Medical College of Georgia – Augusta University, Augusta, Georgia. The training dates at this PGY level will be ***(Contract Dates)****.* I understand this offer is contingent upon MY completing all the aforementioned requirements and being fully forthcoming with any potential information as detailed above. Moreover, behavior unbecoming of the profession may result in the loss of this offer*. The requirements must be met by* ***(Start Date)****.*

***(House Staff’s Signature) (Date)***