

I, _____, an applicant to the _____
(print name) *(program name)*

Residency Program at The George Washington University School of Medicine and Health Sciences, acknowledge that I have received the following documents:

- Sample Resident Agreement for 2015-2016
- Salaries and benefits information (also an ACGME requirement)
- Terms and conditions of employment (also an ACGME requirement)
- Visa information
- USMLE Step 3 Policy
- Recruitment, Eligibility, Selection and Appointment Policy
- Signed acknowledgement

I understand that the information I have received regarding the above items may change without advanced notice.

Signature

Date