

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

Residency Program at The George Washington University Medical Center, acknowledge that I have received the following documents:

- Sample Resident Agreement for 2010-2011
- Salaries and benefits information (also an ACGME requirement)
- Terms and conditions of employment (also an ACGME requirement)
- Visa information
- Signed acknowledgement

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

Signature

Date