**Rush University Medical Center**

**ACKNOWLEDGMENT STATEMENT**

**NOTICE TO APPLICANTS:** The *Program Name* is responsible for providing you with information on benefits, stipends, and a sample residency/fellowship agreement and policies on visa and licensure status; expected or required academic, educational, or prior training

credentials; and pre-employment drug testing and background checks.

NRMP: [What Information Should I Make Available To Applicants During The Interview Process?](http://www.nrmp.org/faq-questions/what-information-should-i-make-available-to-applicants-during-the-interview-proce)

Additional information on benefits, licensure, and visas can be found on the Rush GME website:

<https://www.rushu.rush.edu/education-and-training/graduate-medical-education>

I acknowledge receipt of the information described above.

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***A copy of this signed acknowledgement statement***

 ***must be kept in the residency/fellowship office.***