

Acknowledgement of GME Information Form for UTHSCSA

I, _____, understand that the policies and procedures governing graduate medical education within the University of Texas Medical School at San Antonio-sponsored residency and fellowship programs, including a sample contract, are available at www.uthscsa.edu/gme.

I acknowledge that, due to the ongoing nature of oversight responsibilities inherent in accreditation processes, GME policies and procedures are subject to change throughout the year. I take responsibility for the periodic access and review of these policies and procedures.

Further, I acknowledge that UTHSCSA requires that residents who are not U.S. citizens have permanent residency status or a J-1 visa supported by the ECFMG. I understand that an H-1B visa for training is also accepted by some residency programs.

Signature

Date

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(Please return this portion to the program in which you are interviewing. Thanks.)