

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

I have been provided a copy of the following information and/or informed of the location where the information may be found on the Institutional website:

- Copy of the contract applicant would be expected to sign if matched to the Program or [copy of the current contract in use.](#)
- All institutional policies regarding eligibility for appointment:
 - **[HS Policy 14.0 House Officer Eligibility and Selection](#)**
 - **Employee Background Investigation:**
<https://www.augusta.edu/compliance/policyinfo/policy/employee-background-investigation.pdf>
 - **Employment Procedures Policy:**
<https://www.augusta.edu/compliance/policyinfo/policy/employment-procedures-policy.pdf>
 - **House Staff Residents and Clinical Fellows Policy:**
<https://www.augusta.edu/compliance/policyinfo/policy/house-staff-residents-clinical-fellows-policy.pdf>
- The institution's policies on visa status and eligibility for appointment:
 - **[HS Policy 14.0 House Officer Eligibility and Selection](#)**

In signing your name below, you are stating the above information has been shared with you prior to the Rank Order List Certification Deadline.

Name of Training Program to which you are applying

Print/Type Name (First, Middle, Last Name), Jr./Sr., etc.

Signature

Date