Purpose: An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. This includes Houston Methodist GME Policies and instructions on where to locate them.

Summary: The Acknowledgement Statement must be signed by each resident/fellow applicant interviewed for a Houston Methodist residency/fellowship program.

**APPICANT ACKNOWLEDGEMENT STATEMENT**

By signing below, I acknowledge that I have received the following information and/or instructions on how to locate policies and procedures, including those listed below, on the Houston Methodist Hospital GME website at: [http://www.houstonmethodist.org/education/medical/graduate-medical-education/institutional-policies/](http://www.houstonmethodist.org/education/medical/graduate-medical-education/institutional-policies/)

- Sample Resident Appointment Agreement/contract (includes duration of appointment, gross salary, resident/fellow responsibilities, reappointment, non-promotion, grievance procedures and references to several additional policies available on the website)
- Houston Methodist Hospital has a Tobacco Free Hiring Policy and all prospective new hires, including residents/fellows, are tested for tobacco/nicotine usage as part of the pre-employment health screen.
- Leave Policy including Paid Time Off and other leaves
- Professional Liability coverage
- Benefits
- State of Texas medical physician in training and licensure information [http://www.tmb.state.tx.us/page/licensing](http://www.tmb.state.tx.us/page/licensing)
- Duty Hours policy
- Moonlighting policy
- Policy for impaired Physician
- Grievance Policy
- Resident Eligibility, selection and appointment
- Residents with Visas
- Passage of Medical Licensing Exam (USMLE or COMLEX)

______________________________________________                   __________________
Signature of Applicant                                                                                 Date