

Acknowledgment of GME Information for Houston Methodist Hospital

I, _____, understand that the policies and procedures governing graduate medical education within Houston Methodist Hospital-sponsored residency and fellowship programs, including a sample contract, are available at <http://www.houstonmethodist.org/education/gme-postgraduate/graduate-medical-education/>

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 Houston Methodist Hospital requires residents who are not U.S. citizens to have permanent residency status or a J-1 visa supported by the ECFMG. I understand that an H-1B visa for training may be accepted by some residency programs.

Signature _____ Date _____

✂ _____

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