

## Acknowledgements

**PRINTED NAME:** \_\_\_\_\_

This signed acknowledgement is confirmation that as part of the interview process with the University of Texas Health Science Center at Tyler, I received a copy of, or made available to me, the following items:

- Sample of current year's contract
- Eligibility and Selection of Residents Policy
- Application Requirements and After-Match Process
- Texas Medical Board Physician In Training Information
- Benefits Summary Sheet and Salary information

I have been informed about the Policy on Institutional and Program Eligibility, Selection, and Advancement, as well as type of Visa accepted at this institute, which all can be found on the program's website.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

By listing the residency program of my choice, offered at University of Texas Health Science Center, on my certified rank order list, I establish a binding commitment to accept an appointment **IF** a match results. This appointment is subject to the official policies at UT Health Science Center at Tyler on the date that the residency program submits its rank order list. This is contingent upon my matching and meeting all eligibility requirements imposed by those policies. (THIS IS NOT APPLICABLE TO OCCUPATIONAL MEDICINE CANDIDATES.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**