

## Attestation for Applicants Interviewing with University of South Alabama Graduate Medical Education Programs

I acknowledge receiving a copy of the "Postgraduate Training Agreement of Appointment".

I also acknowledge that I have been informed that information related to the terms, conditions and benefits of appointment in a GME program at the University of South Alabama, including financial support; vacations; parental, sick and other leaves of absence; professional liability; and hospitalization, health, disability, and other insurance accessible to residents/fellows and their eligible dependents is available at the University of South Alabama Graduate Medical Education website:

https://www.southalabama.edu/colleges/com/gme/

I further acknowledge that additional information regarding other University of South Alabama Graduate Medical Education Policies and Procedures, including resident/fellow eligibility requirements for United States and international medical graduates, is available at the above website.

Applicant Name (print)

**Applicant Signature** 

GME Program

Date