



RESIDENT & FELLOW Acknowledgement of Receipt

By signing below, I acknowledge that I will review the following documents:

1. Temple University Hospital - Graduate Medical Education Committee - Policies & Procedures via the TUH GME Website:
<https://medicine.temple.edu/education/graduate-medical-education/prospective-residents-fellows>
2. Resident Benefits Synopsis
3. House Staff Agreement Sample
4. Terms and Conditions of Residency Appointment (TUH-GMEC-303)
5. Medical Licensing Examination Requirements Policy (TUH-GMEC-306)
6. Drug and Alcohol Policy (TUHS-HR-950.553)
7. Social Media Policy (TUHS-HR-950.573)
8. Resident/Attending Communications Policy (TUH-ADMIN-950.2103)
9. House Staff Suspension for Non-Compliance Policy (TUH-GMEC-402)
10. Anti-Nepotism Policy (TUHS-HR-950.584)

Print Name

Signature

Interviewing Department

Interview Date

**Please bring the signed Acknowledgement Form
to your interview day**