**Rush University Medical Center**

**ACKNOWLEDGMENT STATEMENT**

**NOTICE TO APPLICANTS:** The *Program Name* is responsible for providing you with information on terms, conditions, and benefits of an appointment in the RUSH program. This can include stipends, a sample residency/fellowship agreement, and policies regarding eligibility for appointment to a position in the training program.

Information on the terms, conditions, and benefits of an appointment in a RUSH program can be found here: <https://www.rushu.rush.edu/graduate-medical-education/information-applicants>. Programs may provide additional information.

I acknowledge receipt of the information described above.

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Applicant (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***A copy of this signed acknowledgement statement must be kept on file in the residency/fellowship office.***