



## Graduate Medical Education Applicant Acknowledgement and Attestation

**This acknowledgement must be signed & returned by all GME Applicants prior to Interview.**

Acknowledgement: I have received and reviewed the following documents:

- 1) a sample Postgraduate Training Agreement (Agreement of Appointment/Contract),
- 2) [a copy of the benefits available to associates of HFSJH](#),
- 3) a copy of the GME Program [Resident](#) or [Fellow](#) Selection & Eligibility Policy,
- 4) a copy of the HFSJH Non-Recording Agreement ([below](#)).

I understand there may be some changes in the appointment letter or benefits available to Henry Ford associates and that these documents are provided as information/reference only.

By signing this form, I acknowledge receipt of above documents and confirm that I will neither record nor distribute any part of any interview conducted with Henry Ford St. John Hospital on any virtual platform (e.g. Zoom, WebEx, Skype, etc.). This includes screenshots, still photos, audio recording and video recording and applies regardless of whether the state in which I am located at the time of the interview requires only one-party consent.

In addition, I acknowledge I have been advised of the following:

Henry Ford is committed to providing a safe environment for associates, patients and visitors. In alignment with this commitment, Henry Ford is requiring all associates, as well as individuals performing work or providing services in our facilities, to receive the influenza vaccines.

**Please complete, sign & return this document PRIOR to your Interview Date.**

Program Applied to: Choose an item., I understand this is a Choose an item. year program.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_  
(Digital signatures accepted)

Date: Click or tap to enter a date.

*Applicable ACGME Institutional Requirements:*

*4.2.b. An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointments. (Core)*

*4.2.b.1. Information that is provided must include stipends, benefits, professional liability coverage, and disability insurance accessible to residents/fellows. (Core)*

*4.2.b.2. Information that is provided must include institutional policy(ies) for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence. (Core)*

*4.2.b.3. Information that is provided must include health insurance accessible to residents/fellows and their eligible dependents. (Core)*

*Applicable ACGME Common Program Requirements:*

*2.5.i. The program director must provide applicants who are offered an interview with information related to their eligibility for the relevant specialty board examination(s). (Core)*



#### Non-Recording Agreement for Virtual Interviews:

Our Henry Ford St. John Hospital Residency / Fellowship Program wishes to maintain a fair, equitable, and confidential interview process throughout the 2024-25 recruitment season. Therefore, we will neither record nor distribute any part of the interview conducted with you on a virtual platform (e.g., Zoom, WebEx, Skype, etc.). This includes screenshots, still photos, audio recording, and video recording, and applies regardless of whether the state in which our institution is located requires only one-party consent.

Likewise, the candidate agrees to the same restrictions in order to preserve the integrity of the interview process.

As an applicant, I will neither record nor distribute any part of any interview conducted with Henry Ford St. John Hospital on a virtual platform, (e.g., Zoom, WebEx, Skype, etc.). This includes screenshots, still photos, audio recording, and video recording, and applies regardless of whether the state in which our institution is located requires only one-party consent.

By signing and dating where indicated on the Applicant Attestation Form (above), you are confirming that you have read the preceding information, understand the information, and agree to all the terms.