

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
UNIVERSITY HOSPITAL-SHREVEPORT**

ACKNOWLEDGMENT STATEMENT

NOTICE TO APPLICANTS: LSUHSC-S is responsible for providing you with a sample residency/fellowship agreement for post-graduate training (contract), the institution's policies on visa status and eligibility for appointment to a residency or fellowship appointment. A binding commitment exists between the institution and applicant if a match occurs contingent upon the matching applicant meeting all eligibility criteria for appointment to a residency or fellowship appointment

I acknowledge receipt of the above Notice To Applicants and receipt of the information described above. Information is available at the GME website at www.sh.lsuhscc.edu/gme.

Signature of Applicant

Date

Name of Applicant (Please Print)

Residency/Fellowship Program