
Applicant Acknowledgement

Applicant's Full Name (print): _____

Program with which you are interviewing: **Emergency Medicine Residency**

Date of Interview: _____

Please read the statements and acknowledge that you understand and will adhere to them by signing at the bottom of the page, scanning, and emailing back to the program with which you are interviewing.

I have been informed about and understand the institutional policy regarding eligibility and recruitment procedures for applicants for positions at the University of Tennessee College of Medicine Chattanooga as well as the Resident/Fellow Annual Letter of Agreement (*i.e.*, contract) that I would be required to sign if I matched with or were otherwise appointed to a resident or fellow position at this institution.

- The home page for the UT College of Medicine Chattanooga website is: www.uthsc.edu/comc
- The link to the UT College of Medicine Chattanooga current Annual Letter of Agreement is: <https://www.uthsc.edu/comc/gme/documents/resident-annual-agreement-120.docx>
- The link to the UT College of Medicine Chattanooga recruitment, selection, and appointment policy is: <https://www.uthsc.edu/comc/gme/documents/recruitment-appointment.pdf>

Specific information about the requirements for each program is available via the Applicant Information Link on each program's webpage.

This year, due to the continuing COVID-19 pandemic, our program has made the decision to follow the recommendations and guidance from the Coalition for Physician Accountability and conduct virtual interviews for all applicants. This is in the interest of protecting the health and safety of residency and fellowship applicants and programs as well as striving to create an equitable application process for the 2021-2022 season. Therefore, we guarantee the following:

The UT College of Medicine Chattanooga and our programs will neither record nor distribute any part of any interview conducted either in-person or on a virtual platform (e.g., Zoom). 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, we ask that you, the applicant, agree to the same in order to preserve the integrity of the interview process. Please enter your name in the space below and sign confirm your understanding.

I, _____ (the applicant), will neither record nor distribute any part of any interview conducted in-person or on a virtual platform (e.g., Zoom). 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.

Signature of Applicant

Date