
Applicant Acknowledgement

Applicant's Full Name (print): _____

Program with which you are interviewing: _____

Date of Interview: _____

Please review the information. By signing you acknowledge that you have received a copy of the Resident/Fellow Contract via the link below, as well as information on recruitment, interviews, and appointment, and agree to abide by the conditions for interview.

I, _____ (the applicant) 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. I have access to the Resident/Fellow Annual Letter of Agreement (*i.e.*, contract) through the provided link and have reviewed the contract that I would 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/annual-resident-agreement.pdf>
- 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>

The decision to conduct interviews in-person, live virtual, or through hybrid means is made on a program-by-program basis based on many factors, including, but not limited to, the recommendation of specialty boards and professional societies. Specific information about this program's requirements is available via the "Applicant Information" link on the program's webpage

The University of Tennessee 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. 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 to 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.

When complete, please scan and email to the program you are interviewing with.

Signature of Applicant

Date