



Mercy Catholic Medical Center

Interview Acknowledgement

I, _____, a candidate for the Mercy Catholic Medical Center Graduate Medical Education Residency Program ("Program"), hereby represent and acknowledge that Mercy Catholic Medical Center (MCMC) has provided me with a copy of:

- MCMC's Resident Recruitment, Eligibility and Selection Policy
- Benefits Summary Sheet
- Sample Resident Agreement that reviews all terms and conditions of the residency appointment
- Virtual Interview Agreement

I have read the Agreement, Policy and Benefits Summary Sheet, had an opportunity to ask questions related to the same, and had my questions answered to my satisfaction. I fully understand the conditions and requirements of the Program as set forth therein.

I understand that my listing of the Program on my certified rank order list establishes a binding commitment to accept an appointment to the Program if a match results. My actual appointment, however is subject to the Program's official policies that are in effect on the date that the Program submits its rank order list, and is contingent upon my satisfaction of all the Program's eligibility requirements imposed by those policies.

I am legally eligible to work in the United States, or I am eligible for a J-1 Exchange Visitor visa. I understand that the Internal Medicine Residency Program at Mercy Catholic Medical Center does not sponsor H1B visas.

Received and acknowledged as described herein:

Candidate Signature

Date

Program Applied:

☐ Internal Medicine Categorical ☐ Internal Medicine Preliminary

Mercy Catholic Medical Center 2025 Virtual Interviews Agreement

Mercy Catholic Medical Center wishes to maintain a fair, equitable, and confidential interview process throughout the 2025 recruitment season. Therefore, we guarantee the following:

Mercy Catholic Medical Center will neither record nor distribute any part of any interview conducted on any virtual platform (e.g. Zoom, Teams, 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, we ask that the candidate agree to the same in order to preserve the integrity of the interview process. Please print your name in the space below and sign where indicated to confirm agreement.

I, _____ (applicant), will neither record nor distribute any part of any interview conducted on any virtual platform (e.g. Zoom, Teams, 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.

Program Representative Signature

Date

Applicant Signature

Date