

Interview Acknowledgement

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

- MCMC' Resident Recruitment, Eligibility and Selection Policy
- Benefits Summary Sheet
- Sample Resident Agreement that reviews all terms and conditions of the resident appointment.
- Trinity Health System-Wide COVID-19 Prevention Policy.

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 does result. 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 or H1-b Visa.

Received and acknowledged:

Candidate Signature

Date

Diagnostic Radiology Residency Program