# Acknowledgment of GME Information Form for Applicants to GME Programs (Form 2.1.2.1)

It is the policy of the GMEC that each GME program provide to all applicants invited to interview for a resident/fellow position information, in writing or by electronic means, the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment.

#### **Resident's Contract (Training Agreement)**

#### (https://www.uthscsa.edu/academics/medicine/about/ogme/benefits)

The link above is the current contract. We usually make small changes to the contract each year, primarily to incorporate new requirements of the accrediting agencies (ACGME, TJC, etc.) or of one or more of the governing entities (e.g., University Health, UTHSCSA, the UT System, etc.). Thus, if you do match, the contract you are given may have some changes in it.

### Resident Benefits (https://www.uthscsa.edu/academics/medicine/about/ogme/benefits)

The link above contains the current pay scale, benefits, vacation, leaves of absences, liability coverage, etc. Minor changes are sometime made each year, usually to increase stipends for increases in cost of living.

### GME Policies (https://www.uthscsa.edu/academics/medicine/about/ogme/policies)

The link above contains the current GME policies. We usually make small changes to policies each year as ACGME requirements and institutional policies change. Thus, if you do match, the policies may have some changes to them.

#### **Visa Status**

Individuals who are not United States citizens must have U.S. Lawful Permanent Resident status, asylee or refugee status, an employment authorization document (EAD), or must obtain a J-1 visa sponsored by ECFMG except if applicants qualify for the following narrow exception for continued H-1B visa sponsorship. UTHSCSA only sponsors residents for H-1B visas when an applicant is currently on an H-1B visa engaged in graduate medical training at another institution in the U.S. and is eligible to have the H-1B status transferred and extended for the duration of the program. More specific information is available at <a href="Melonicy 2.14a">GME Policy 2.14a</a>. Direct any questions to the UTHSCSA Office of International Services rather than to the GME program.

## INTERVIEW RECEIPT/ACKNOWLEDGEMENT FORM

| RECEIVED/ACKNOWLEDGED   | INITIAL HERE |
|---|--------------|
| I have received the link to the GME Policy Manual from UT Health San  |              |
| Antonio.  |              |
| ( <a href="https://www.uthscsa.edu/academics/medicine/about/ogme/policies">https://www.uthscsa.edu/academics/medicine/about/ogme/policies</a> ) |              |
| I have received the link to UT Health San Antonio's current   |              |
| compensation, benefits, insurance, and professional liability coverage .  |              |
| ( <a href="https://www.uthscsa.edu/academics/medicine/about/ogme/benefits">https://www.uthscsa.edu/academics/medicine/about/ogme/benefits</a> ) |              |
| I have received the link to the current Resident Training Agreement.  |              |
| ( <a href="https://www.uthscsa.edu/academics/medicine/about/ogme/benefits">https://www.uthscsa.edu/academics/medicine/about/ogme/benefits</a> ) |              |
| I understand that prior to my employment that a pre-employment  |              |
| background check is required. I understand that failure to pass the   |              |
| pre-employment background check may be grounds to deny  |              |
| enrollment in a residency/fellowship program.   |              |
| I understand that I must secure a Physician-In-Training (PIT) from the  |              |
| Texas Medical Board (TMB) by the first scheduled day of my training   |              |
| program. Failure to obtain a TMB issued PIT by the first scheduled day  |              |
| of my program may be grounds to deny enrollment in a  |              |
| residency/fellowship program. (Eligible trainees may substitute a full  |              |
| medical license issued by the TMB for the PIT.)   |              |
| I understand that if my program has a rotation at South Texas Veteran   |              |
| Health Care System (STVHCS) and I am a <b>male</b> , U.S. born or naturalized   |              |
| citizen, parolee, undocumented immigrant, asylum seeker, permanent  |              |
| resident or refugee, that I have registered between the ages of 18 and  |              |
| 26 for the U.S. Selective Service (The system used in the United States   |              |
| to draft young people into armed service) in order to work at the   |              |
| STVHCS. <a href="https://www.sss.gov">https://www.sss.gov</a>   |              |
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| Printed Name  |              |
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| Signature   |              |
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**Interview Date** 

**Date Signed**