Interviewee Acknowledgement Form

I hereby certify that I have received the Louisiana State University School of Medicine Terms and Conditions of Employment Applicant Information Sheet.

This document along with other pertinent information is available on the LSUHSC GME website at: <http://www.medschool.lsuhsc.edu/medical_education/graduate/page_applicants.aspx>

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print name)

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Applied to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_