Winthrop-University Hospital

Residency/Subspecialty Applicant Acknowledgement of Terms of Appointment and Residency Eligibility

As a potential applicant to Winthrop's residency/ subspecialty residency program in _____, I acknowledge that the contents of the Appointment Letter/Terms of Appointment and the conditions for eligibility have been made available to me. I have also been offered the opportunity to clarify the information. Should I require further information regarding terms, conditions and benefits, I may contact Winthrop's Office of Academic Affairs at 516-663-2521.

_____	_____	_____
Name (print)	Signature	Date