

UNIVERSITY OF SOUTH ALABAMA HOSPITALS COLLEGE OF MEDICINE



I acknowledge receiving a sample copy of the 2010-2011 Postgraduate Training Agreement of Appointment, which gives me information regarding the terms, conditions, and benefits of appointment at the University of South Alabama. I also understand that this contract is subject to change prior to my entering a residency at the University of South Alabama.

I acknowledge receiving information regarding financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization health, disability and other insurance provided for me and my family; and the conditions under which living quarters, meals, laundry services, or their equivalents are provided

I further acknowledge that I can receive additional information regarding policies at the University of South Alabama by visiting the Graduate Medical Education website, located at <http://www.southalabama.edu/com/residency/>. (Once at the site, click on GME Policies and Benefits).

Name (print)

Signature

Department

Date