



## Graduate Medical Education Applicant Acknowledgement and Attestation

***This acknowledgement must be completed by all GME applicants.***

**Acknowledgement:** I have received a sample appointment letter, the hyperlink for the [GME Resident and Fellow Handbook](#), and the GME Program Resident Selection and Appointment Policy indicating the conditions of employment should I match with UW Health. This information is also available on the GME website, [www.uwgme.org](http://www.uwgme.org). I understand there may be some changes to the Resident and Fellow Handbook and/or appointment letter prior to the start of my employment.

**Background Disclosure and Check:** I understand that I must complete a Wisconsin Background Information Disclosure (BID) form and that a background check will be performed as required by state law if offered employment. The BID form is considered part of the application. I understand that I will not be employed, or will be removed from employment, if the employer discovers certain crimes or offenses. If I am assigned to work at another site that requires a BID form and check, I authorize UW Health to release this information to the other site.

**Health Assessment and Drug Screening:** I understand that any offer of employment is contingent upon successful completion of a pre-employment health assessment which will include mandatory pre-employment drug screening. I understand that UW Health may rescind my offer of employment if I do not pass the health assessment and drug screening.

**Identity and Work Authorization:** Federal law requires UW Health to verify the identity and work authorization of each employee. Any offer of employment is contingent upon this verification.

**Social Security Number:** I understand that UW Health will use the Social Security Administration's Verification Service (EVS) to verify my social security number if I am hired.

**Selective Service Registration (Male Applicants Only):** Males living in the United States, between 18 to 25 years old, shall register with the Selective Service System. This includes individuals who are US citizens, non-US citizens and dual nationals, regardless of their immigration status. Male for this purpose is defined as those individuals born male on their birth certificate regardless of current gender. Only male, non-US citizens on a student or visitor visa (e.g. J-1 visa) are exempt from registration. Check the appropriate box below to indicate compliance with this law:

☐ Yes, I have registered    ☐ No, I have not registered

If no, please explain: \_\_\_\_\_

For more information about the Selective Service System and registration go to: [www.sss.gov](http://www.sss.gov).

Signed: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Program: \_\_\_\_\_

*This form should be kept with the program's application materials for each applicant until hired or Matched. After hiring (if applicable) upload this form to MedHub in resident's forms/file page, application folder. GME form updated 06/4/2020.*