



Name of Applicant: _____
(please print)

Name of Program: _____

I have received from UNC Hospitals a copy of the Graduate Medical Education Appointment Agreement that I will be required to sign if I am offered a position. The materials I received also include the salary and benefits currently in effect, the Application for Appointment to Graduate Medical Education, and a reference to UNC Hospitals policies relevant to Graduate Medical Education. These materials are available online at the UNC Graduate Medical Education website: <https://www.uncmedicalcenter.org/uncmc/professional-education-services/office-of-graduate-medical-education/>.

I understand that salary and benefits and the appointment agreement are reviewed annually as part of the fiscal year budget process; they are subject to change, and the information will be posted to the UNC Graduate Medical Education website in May or June.

I understand that the application and policies are reviewed annually by the Graduate Medical Education Committee and the Medical Staff Executive Committee and are subject to revision.

(signature)