HOUSTON
Methodist
LEADING MEDICINE

Houston Methodist Hospital Graduate Medical Education Applicant

Acknowledgement Statement

Purpose: An applicant invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment. This includes Houston Methodist GME Policies and instructions on where to locate them.

Summary: The Acknowledgement Statement must be signed by each resident/fellow applicant interviewed for a Houston Methodist residency/fellowship program.

APPLICANT ACKNOWLEDGEMENT STATEMENT

By signing below, I acknowledge that I have received the following information and/or instructions on how to locate:

➢ Procedures page, including the procedures listed below.

   o Leave Policy including Paid Time Off and other leaves
   o Professional Liability coverage
   o Duty Hours policy
   o Moonlighting policy
   o Policy for impaired Physician
   o Grievance Policy
   o Resident Eligibility, selection and appointment
   o Residents with Visas
   o Passage of Medical Licensing Exam

➢ Benefits page

➢ Sample Resident Appointment Agreement/Contract (includes duration of appointment, gross salary. Resident/fellow responsibilities, reappointment, non-promotion, grievance procedures and references to several additional policies available on the website)

➢ State of Texas medical physician in training and licensure information
   http://www.tmb.state.tx.us/page/licensing

_____
Print Name

_____   _____
Signature of Applicant   Date

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Acknowledgement Statement

Houston Methodist is committed to improving the health of our patients, employees and communities around us. As a health care provider, it's our responsibility to promote a healthier environment for our employees.

By signing below, I acknowledge the following information:

Drug and Tobacco Screening

Job seekers will be tested for nicotine and drug usage during the post-offer physical.

If a job seeker tests positive for nicotine use, including nicotine gum and patches, the offer will be rescinded and individuals will be given the opportunity to participate in a free Houston Methodist-provided tobacco cessation program. Job seekers wishing to reapply after testing positive for nicotine may do so 90 days after the date the initial offer was rescinded.

If the job seeker tests positive for drug use, the offer will be rescinded. Job seekers wishing to reapply after the drug screening is positive may do so one year after the date the initial offer was rescinded.

Background Check

Prior to employment start date, job seekers must complete a criminal background check.

_____
Print Name

_____   _____
Signature of Applicant   Date

Houston Methodist Hospital Graduate Medical Education

Virtual Interview Attestation

The Houston Methodist Hospital_____Program wishes to maintain a fair, equitable, and confidential interview process throughout the 2023 recruitment season. Therefore, we guarantee the following:

The Houston Methodist Hospital _____Program will neither record nor distribute any part of any interview conducted on a virtual platform (eg, Zoom, WebEx, Skype, Teams, etc.). This includes screenshots, still photos, audio recording, and video recording and applies regardless of whether the state in which our institution is located requires only one-party consent.

Likewise, we ask that the candidate agree to the same in order to preserve the integrity of the interview process. Please enter your name in the space below and sign where indicated to confirm agreement. I, _____, will neither record nor distribute any part of any interview conducted on a virtual platform (eg, Zoom, WebEx, Skype, Teams, etc.). This includes screenshots, still photos, audio recording, and video recording and applies regardless of whether the state in which I am located at the time of the interview requires only one-party consent.

_____   _____
Program representative signature   Date   Applicant signature   Date