



Graduate Medical Education  
Residency/Fellowship Applicant Acknowledgment

1. Are you now, or have you ever been excluded from participating in any federal or state health care program (residency/fellowship) because you defaulted on a federal or state funded student loan?

Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Visa Information:

UC Davis Health can only accept a *J1 Clinical Visa* sponsored by the ECFMG. If you are a J1 Visa holder on a waiver through the US Department of state, please note that we can only accept you into the program if you obtain an EAD or revert to a J1 Clinical Visa.

3. I have been provided with residency/fellowship information that includes, but is not limited to:

- **Link to the Graduate Medical Education Prospective Applicant Webpage**  
<http://www.ucdmc.ucdavis.edu/gme/application.html>
- **Sample Contract**  
[http://www.ucdmc.ucdavis.edu/gme/pdfs/2018GME\\_SampleContract\\_PG%20I-IX.PDF](http://www.ucdmc.ucdavis.edu/gme/pdfs/2018GME_SampleContract_PG%20I-IX.PDF)
- **Eligibility and Selection Policy**  
[https://www.ucdmc.ucdavis.edu/gme/policies/GME\\_Eligibility\\_and\\_SelectionCriteria\\_2018.09.24.pdf](https://www.ucdmc.ucdavis.edu/gme/policies/GME_Eligibility_and_SelectionCriteria_2018.09.24.pdf)
- **GME Policies and Resident Medical Staff Manual**  
<http://www.ucdmc.ucdavis.edu/gme/policypage.html>
- **Salary Scale** [https://hr.ucdavis.edu/sites/g/files/dgvnsk8016/files/inline-files/2020-2021%20Salary%20Table%202020.07.28\\_1.pdf](https://hr.ucdavis.edu/sites/g/files/dgvnsk8016/files/inline-files/2020-2021%20Salary%20Table%202020.07.28_1.pdf)
- **Benefit Information** <https://ucdavis.app.box.com/s/4t1285hh4ydcgtvmcn8yhka0t6u71tvv>
- **Licensure Requirements in the State of California** <http://www.mbc.ca.gov/>
- **Substance Abuse Screening Requirement**  
[https://www.ucdmc.ucdavis.edu/gme/policies/UCDH\\_Post-Offer-Pre-EmploymentSubstanceAbuseScreening\\_2018.09.24.pdf](https://www.ucdmc.ucdavis.edu/gme/policies/UCDH_Post-Offer-Pre-EmploymentSubstanceAbuseScreening_2018.09.24.pdf)

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

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