



MINIMALLY INVASIVE SURGERY FELLOWSHIP PROGRAM

CANDIDATE ACKNOWLEDGEMENT

By signature below, candidate acknowledges that s/he has received and/or been informed of the following:

- Resident Stipend Rates
- Resident Health Benefit Information (*subject to change each January 1*), including disability insurance.
- Eligibility Requirements & Selection Process of Residents (Program & Sponsor)
- Sample Contract
- Employment is subject to Background Screening
- DMC Graduate Medical Education Policies and other pertinent DMC-GME policies will be provided upon request.
- Detroit Medical Center **does not** sponsor H1B Visas
- Vacation and Leave of Absence Policy
- Program **only** accepts J1 visas and **must** be valid by contract start date, if not the program has the right to request NRMP waiver or may rescind the offer.

By: _____ Date: _____
(Signature of Candidate)

Printed Name: _____