

Graduate Medical Education Applicant Acknowledgement and Attestation

This acknowledgement must be completed by all GME applicants.

Acknowledgement: I have been provided a sample appointment letter and the hyperlink for the <u>GME Resident</u> and Fellow Handbook (which includes the GME Policy 43.30, *Resident and Fellow Credentialing and Conditions* of Appointment, indicating the conditions of employment with UW Health). I have also been provided a programspecific recruitment and selection policy. This information, along with comprehensive health and supplemental benefits information, is available on the <u>GME website</u>. I understand there may be changes to the Resident and Fellow Handbook and/or appointment letter prior to the start of my employment, if offered and accepted.

I understand that any offer of employment is contingent upon the following:

Background Disclosure and Check: As required by state law, the completion of a Wisconsin Background Information Disclosure (BID) form will become part of my application. I understand that if UW Health discovers certain crimes or offenses, I may not be offered or removed from employment. 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.

<u>Health Assessment and Drug Screening</u>: I will adhere to the 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.

<u>Identity and Work Authorization</u>: Federal law requires UW Health to verify the identity and work authorization of each employee. During onboarding, I will provide a government issued ID and provide any necessary work authorization documentation.

<u>Social Security Number Verification</u>: During the onboarding process, I will provide a copy of my Social Security card for UW Health to verify my information with the Social Security Administration's Verification Service (EVS).

<u>Selective Service Registration</u>: As required by federal law, all males living in the United States, between the ages of 18 to 25 must be registered with the Selective Service. This includes individuals who are a U.S. citizen, U.S. non-citizen or dual national, regardless of their immigration status.

- Males who have not registered will be asked to provide a Status Information Letter (SIL) obtained through the <u>Selective Service System</u>.
- Male, for this purpose, is defined as an individual born male per the birth certificate regardless of current gender.
- Female, for this purpose, is defined as an individual born female per the birth certificate regardless of current gender.
 - □ Male: I acknowledge that I have either registered, will obtain a SIL, or will be a J-1 visa holder and am exempt from this requirement.

□ Female: This requirement does not apply to me.

Signed:	Date:	
Printed Name:	Program:	

 $\label{eq:coordinator} Coordinator \ Note: This form is to be kept with \ program's applicant \ materials.$

Upon hire (as applicable), upload form to Resident's Profile in MedHub, Forms/Files, Application Folder

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