



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER  
School of Medicine™

**ACKNOWLEDGMENT  
FOR  
GME PROGRAM AGREEMENT AND  
GME HOUSE STAFF POLICY AND PROCEDURES**

I acknowledge that I have been informed that the documents entitled “GME Program Agreement” and “GME House Staff Policy and Procedures” are accessible from the GME Website ([www.ttuhscc.edu/som/gme/](http://www.ttuhscc.edu/som/gme/)) and that I agree to comply with the provisions contained therein.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date signed