



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Medicine

**ACKNOWLEDGMENT OF RECEIPT OF
GME PROGRAM AGREEMENT AND
GME POLICIES AND PROCEDURES**

I acknowledge that I have been informed that the documents entitled “GME Program Agreement”, “House Staff Policies and Procedures”, and “TTUHSC SOM GME Policies and Procedures” are accessible from the [GME Website](#) and that I agree to comply with the provisions contained therein.

Signature of applicant

Date signed

Printed name of applicant

Witness Signature

Date signed