



Dear Candidate:

Thank you for your interest in a residency/fellowship program at Marshall University Joan C. Edwards School of Medicine. As an invited applicant to our program, we provided you with following documentation for your information and review via ERAS or e-mail:

- Expected or required academic, educational or prior training credentials
- Sample Residency Contract which includes
 - Salary & Benefits Information
 - Institutional Resident Appointment and Promotion Policy
- Pre-Employment Drug Testing and Background Check
- Information relevant to licensure status or visa status

By signing below, you are acknowledging receipt of this information.

Applicant Signature: _____

Print Signature: _____

Date: _____