



This attestation must be completed by all GME applicants no matter how they apply for a training position.

NRMP attestation: I have received a current copy of the UW Health Appointment Information for Residents & Fellows (AID), a sample Appointment Letter, and the Program Resident Selection and Appointment Policy indicating the conditions of employment should I match with UW Health. This information is also available on the GME website, www.uwgme.org. I understand there may be some changes in the AID before my start date.

UW Health Applicant Attestations (information not included in ERAS):

Background Disclosure and Check. I understand that I must complete a Wisconsin Background Information Disclosure (BID) form and that a background check will be performed as required by state law. The BID form is considered part of this application. I understand that I will not be employed or will be removed from employment if the employer discovers certain crimes or offenses. 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.

Health Screening and Drug Testing. I understand that any offer of employment is contingent on successful completion of a pre-employment physical which will include mandatory pre-employment drug testing and which also may include alcohol testing. I understand the UW Health will rescind my offer of employment if I do not comply with all procedures for pre-employment drug testing. I understand that I should consider whether I wish to provide notice of my intent to end my employment with my current employer prior to successfully passing the UW Health's pre-employment drug testing.

Identity and Work Authorization: Federal law requires UW Health to verify the identity and work authorization of each successful candidate. Any offer of employment is contingent upon this verification.

Social Security Number: I understand that UW Health will use the Social Security Administration's Verification Service (EVS) to verify my social security number after hire, if I am hired.

Responsibilities: I am able to carry out the responsibilities of a resident in the specialties and at the specific training programs to which I am applying including the functional requirements, cognitive requirements, interpersonal and communication requirements, and attendance requirements with or without reasonable accommodations.

Authorization of Release of Information. I authorize the release of information to UW Health regarding my work history, education, licensing/certification, performance, and malpractice claims history. I understand that any offer of employment is contingent upon UW Health obtaining satisfactory responses to inquiries. I hereby release all persons or entities from all actions, causes of action, liability, claims, demands, either criminal or civil, damages and costs arising from, or in connection with the reviewing or the furnishing of information to said Hospital or the members of the Graduate Medical Education office or residency program staff to facilitate the assessment of my qualifications for appointment to its GME training programs.

Certification of Accuracy and Completeness. I certify that all of the information provided in this application is true and complete to the best of my knowledge. I acknowledge that I may be required to verify information prior to appointment and that any omitted, false or misleading information may disqualify me from employment consideration and may be grounds for termination from employment.

Signed: _____ Date: _____

Printed Name: _____ Program: _____

This form should be filed in the program office with application materials until hired or Matched. After hiring upload this form to MedHub in resident's forms/file page, application folder. GME form updated 03/16/2017