



WASHINGTON HEALTH SYSTEM
Family Medicine Residency Program

As an interviewing applicant to the Washington Health System Family Medicine Residency Program, I acknowledge that I have been provided with access to the institution's information listed below as they are currently written:

- Benefits Information
- Copy of Current R1 Contract
- Visa Sponsorship Information
- Eligibility for Employment

Print and/or electronic versions of these documents were available at my interview and are also available on the program's website, www.whsresidency.org.

Applicant Printed Name

Applicant Signature

Date