



UMMC<sup>TM</sup>

Department of Otolaryngology  
Head and Neck Surgery

This acknowledges that I have received the following in writing prior to the rank order list certification deadline:

1. A copy of the contract the applicant will be expected to sign if matched to the program
2. A copy of all institutional policies regarding eligibility for appointment to a residency position at the University of Mississippi Medical Center, including visa status and passage of USMLE Step 1 and Step 2 (both Clinical Knowledge and Clinical Skills)

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Applicant's Signature

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Date

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Applicant's Printed Name